



**Jr. High School Athletics Packet
2019-2020**

We are excited to have your son/daughter participating in the Jr. High School Athletics Program. This will be a time for your child to learn the basic fundamentals, terminology, and plays of the game. They will also build on current knowledge and strengthen skills they have already acquired. Please complete and return a sports packet in its entirety. Please make all checks payable to Pacific Coast Christian Prep.

Athlete Name: _____
(Please print first and last name)

Grade: _____

E-mail (for updates/cancellations): _____

Phone: _____

Sport(s) participating in:

Registration Fee: \$100 (non-refundable) per sport listed above.

Registration fees go towards the cost of field/gym rentals, jerseys, coaching and referee fees, etc.

Payment Method:

- Cash Check # _____

Please complete the following attached forms:

- Athletic Contract
- Athletic Permission Slip
- Emergency Card





Panthers Athletic Contract 2019-2020

Please carefully read and sign the following contract.

Standard 1

All athletes must attend every practice and every game unless excused by a doctor's note. All scheduled Doctor's appointments must be scheduled to occur during a time that has not previously been scheduled for a practice or event. All athletes must stay in the scheduled practice or event until released by their coach.

Standard 2

All athletes must arrive at each scheduled practice or event on time. The coach has the authority to appropriately penalize that athlete/team.

Standard 3

All athletes must have a "C" average (2.0 GPA) with combined citizenship and effort rating of at least Satisfactory with not more than one grade of unsatisfactory. Grade checks on academics and citizenship will be collected at the midpoint of each grading period. If an athlete's GPA falls below 2.0 or they receive two D's or one F during a grade check, the athlete and his/her parents will be required to meet with the AD. The athlete will not be able to participate in any practices/games until this meeting occurs. A student who does not meet the above requirements during the probationary period shall not be allowed to participate in interscholastic athletics in the subsequent grading period.

Standard 4

All athletes must behave in a Christ-centered manner at all times. Acting unkind, disobedient, defiant, or in a disrespectful manner at any time is not acceptable.

Standard 5

All athletes must arrive at each scheduled practice or event fully prepared; including proper PCCPrep practice attire and necessary equipment.

I, the undersigned, have read the Panthers Athletic Contract and agree to uphold these standards.

Athlete Signature

Date





**Athletic Permission Slip
2019-2020**

I hereby certify that my child _____ has permission to participate in the Pacific Coast Christian Prep athletics program during any and all off campus events. I agree and do hereby release and discharge any teacher, employee, or other persons engaged in any PCCPrep activity from all claims, present and future, known or unknown, in any manner arising out of any PCCPrep event during 2019 and 2020. I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the above described activity harmless from any and all liability relating to my child from any and all personal injury or illness that may be suffered by my child, and I further agree to hold them harmless from any loss of property by my child that may occur during the above described activity. In case of emergency, I give permission to the school authorities, or its representatives, to obtain medical treatment for my child in my absence.

Parent or Guardian

Date

Parent or Guardian

Date





**Athletic Emergency Card
2019-2020**

Students Name: _____ DOB: _____ Grade: _____
Last First

Address: _____ Phone: _____

Family Physician: _____
Name Address Phone

Emergency Contact:

Father: _____
Name Address Phone

Mother: _____
Name Address Phone

Other: _____
Name Address Phone

Medications: _____

Normal BP: _____ Normal Pulse: _____ Normal Weight: _____

Insurance Carrier: _____ Group Policy #: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, (we), the undersigned, parents of _____ a minor, so hereby authorize the PCCPrep Coaching Staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care is deemed advisable by, and is to be rendered under the general or special supervision of any physician or at said hospital. I also authorize evaluation and first aid treatment of interscholastic injuries on the field, in the training room or in the offices of Registered Physical Therapists and/or Certified Trainers.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until August 2020 unless sooner revoked in writing delivered and said agent(s).

Father Signature / Date

Mother Signature / Date

Legal Guardian Signature / Date

