

- Soccer Volleyball Basketball
- Cheer (not offered 20/21) Track & Field

2020-2021

PERMISSION TO PARTICIPATE

***Cedar Park Christian Schools
17931 64th Ave W
Lynnwood, WA 98037***

The undersigned parent(s) or legal guardian(s)... ("Parent") gives permission for:
 _____ ("Student") to participate in the activity
 described in the attached document Student Athlete Handbook ("Activity").

Medical Care and Treatment Consent: Release: Payment of Expenses:

1. The Parent grants permission for the Cedar Park Christian School Staff and agents to take the participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Student becomes ill, sustains an injury or for any other reason requires medical attention or treatment. The Parent gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the participant's life or health.
2. The Parent agrees to assume the responsibility for all medical, transportation, rescue and related expenses incurred on behalf of the participant.
3. If the School Staff determines the participant should return for any reason, including, but not limited to, medical reasons, the Parent will assume all transportation costs.
4. The Parent releases and agrees to hold harmless, defend and indemnify Cedar Park Christian School and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (Except those caused entirely by the gross negligence or intentional conduct of the School) that the Student or the Parent may suffer as a result of the Student's participation in the activity.

Please describe the Student's allergies or medical conditions.

This document contains a release and waiver of liability.

I have read, understood and agree to abide by the rules, policies and requirements of Cedar Park Christian School as stated in the Student-Athlete Handbook.

Signature of Parent or Legal Guardian

Date

Signature of Student

Date

Student Information

Students Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Allergies and/or Drug Reactions _____

Chronic Illnesses: _____

Regular Medications: _____

Any previous/ongoing health problems: _____

Date of Last Tetanus Immunization: _____

Student's Physician's Name: _____

Physician's Phone Number: _____

Parent's or Guardian's Address: _____

Parent's or Guardian's Work Phone Number: _____

Dad Mom

Parent's or Guardian's Home Phone Number: _____

Dad Mom

Each student who participates in CPCS Athletics must have an active medical Insurance policy. Please complete the following for your student:

Name of Insurance Company: _____

Policy or Group Number: _____ Subscriber Number: _____

Should your child require emergency treatment, is there a preferred clinic, hospital or doctor?

Name of Doctor Address Phone

Name of Hospital or Clinic Address Phone

Emergency Phone Numbers: (We MUST have at least one)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Cedar Park Christian - Lynnwood Campus

17931 64th Ave W Lynnwood WA 98037 (425) 774-7773

Medical History

FOR OFFICE USE ONLY		
SPORTS PARTICIPATION <input type="checkbox"/> VOLLEYBALL <input type="checkbox"/> SOCCER <input type="checkbox"/> CHEER <input type="checkbox"/> TRACK <input type="checkbox"/> BASKETBALL	<input type="checkbox"/> CASH \$ _____	<input type="checkbox"/> CHECK CK # _____

To be Completed by Parent / Legal Guardian

CHILD'S NAME	BIRTH DATE	GRADE	BIRTH PLACE	PHONE NO. () _____
ADDRESS (STREET)	CITY	STATE	ZIP CODE	
PARENTS / GUARDIAN				HOME PHONE NO.
FATHER'S EMPLOYER	EMAIL ADDRESS	CELL PHONE NO. () _____	WORK PHONE NO.	
MOTHER'S EMPLOYER	EMAIL ADDRESS	CELL PHONE NO.	WORK PHONE NO. () _____	
ALTERNATIVE TO NOTIFY IN CASE OF EMERGENCY		CELL PHONE NO.	WORK PHONE NO. () _____	
PREFERRED HOSPITAL				

Medical History

	Yes	No	Question	Year
1.	_	_	Have you ever been "knocked out" or lost consciousness?	_____
2.	_	_	Have you ever had any "fits" or seizures?	_____
3.	_	_	Have you ever been hospitalized?	_____
4.	_	_	Have you ever required an operation?	_____
5.	_	_	Have you any organs missing other than tonsils or appendix? (eye, kidney, testicle, _____)	_____
6.	_	_	Are you allergic to any medications?	
7.	_	_	Do you take any medications regularly?	
8.	_	_	Do you have any chronic or recurrent illness	
9.	_	_	Do you have to stop while running two laps of a ¼ mile track?	
10.	_	_	Has any close relatives of yours had a heart attack or heart trouble under age 50? _____	
11.	_	_	Do you wear glasses or contact lenses?	
12.	_	_	Do you wear any dental appliances such as a bridge or plate?	
13.	_	_	Have you ever had asthma or breathing difficulty?	
14.	_	_	Do you have allergies (hay fever, food allergies, skin allergy)? _____	
15.	_	_	Is there a family history of allergies (mother, father, brothers, sisters)?	
16.	_	_	Have you ever had rheumatic fever or a heart murmur?	
17.	_	_	Have you ever had a fracture? Where: _____	
18.	_	_	Have you ever had a dislocated knee, hip, shoulder, elbow, _____?	
19.	_	_	Have you had a tetanus shot within the last 10 years? Date: _____	

Examiner's Comments on the Above:

PARENTAL PERMISSION: If the parent or authorized individual above cannot be reached at the time of any EMERGENCY, and if immediate observation or treatment is urgent in the judgment of the school authorities or the coach, I AUTHORIZE and direct the school to send the pupil to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as is immediately necessary?

Yes No

_____ Date

_____ Parent Signature

Physical Examination



Transforming hearts & minds in a decidedly Christian community

Patient's Name _____ Date of Birth _____

Examination:			
Height:	Weight:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
BP	/	(/)	Pulse Vision R 20/ L20/
Musculoskeletal			

	Normal	Abnormal
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Back/Spine/ Posture	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder/Arm	<input type="checkbox"/>	<input type="checkbox"/>
Elbow/Forearm	<input type="checkbox"/>	<input type="checkbox"/>
Wrist/Hand/Fingers	<input type="checkbox"/>	<input type="checkbox"/>
Hip/Thigh	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Leg/Ankle	<input type="checkbox"/>	<input type="checkbox"/>
Foot/Toes	<input type="checkbox"/>	<input type="checkbox"/>
Functional – walk	<input type="checkbox"/>	<input type="checkbox"/>

Medical

	Normal	Abnormal
Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Pulses	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary (*Males Only)	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>

- Cleared for All sports without restriction
- Cleared for All sports with restrictions for further evaluation or treatment for _____
- Not cleared for any sports.

Name of Examiner: _____

Examiners Signature: _____

Date of Exam: _____

Concussion Information

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A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of a concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">* Headaches* “Pressure in head”* Nausea or vomiting* Neck pain* Balance problems or dizziness* Blurred, double, or fuzzy vision* Sensitivity to light or noise* Feeling sluggish or slowed down* Feeling foggy or groggy* Drowsiness* Change in sleep patterns | <ul style="list-style-type: none">* Amnesia* “Don’t feel right”* Fatigue or low energy* Sadness* Nervousness or anxiety* Irritability* More emotional* Confusion* Concentration or memory problems (forgetting game plays)* Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents, and coaches include:

- | | |
|---|---|
| <ul style="list-style-type: none">* Appears dazed* Vacant facial expression* Confused about assignment* Forgets plays* Is unsure of game, score, or opponent* Moves clumsily or displays incoordination* Answers questions slowly | <ul style="list-style-type: none">* Slurred speech* Shows behavior or personality changes* Can’t recall events prior to hit* Can’t recall events after hit* Seizures or convulsions* Any change in typical behavior or personality* Loses consciousness |
|---|---|

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under-report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time” and “may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<https://www.cdc.gov/headsup/youthsports/index.html>

Signature of Parent or Legal Guardian

Signature of Student

*Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document revised 5/12/17*



Cedar Park Christian – Lynnwood Secondary

Parent Pledge

Helping our athletes be their best

*"Be devoted to one another in brotherly love. Honor one another above yourselves."
Romans 12:10*



1. I pledge to get my child to practice and games on time. I understand that it can be embarrassing for my child to be late and that I may be putting him/her at risk by not providing adequate time for warm up. I will be on time to pick up my child from all games and practices. This shows respect for the coach, and it tells my child that he or she is my top priority. _____

2. I pledge to use positive encouragement to fill my child's Emotional Tank because athletes do their best when their "Emotional Tank" is full. I understand that less than 1% of youth sports participants receive college scholarships and that the top three reasons kids play sports are a) to have fun, b) to make new friends, and c) to learn new skills. I understand that the game is for the players, and I will keep sports in the proper perspective. _____

Research shows that the home team wins about 60% of the time because of the emotional support a team receives when it plays in front of its own fans. Like gas tanks in cars, athletes have "Emotional Tanks" that need to be filled to do their best. There will be times when you need to correct and criticize. Research has shown that a "Magic Ratio" of 5:1 (praise to critique) is ideal. Help us achieve this Magic Ratio with your child.

Here's how you can help: 1 Your #1 job is to fill your child's Emotional Tank. Encourage him regardless of what happens in the game. 2 Try not to give your child a lot of advice (which after a tough game can seem like criticism, which drains a person's tank). Remember, it's difficult to do well with a low tank. When he makes a mistake, you might say, "Don't worry. Let's get the next one. You can do it." After tough losses, it's often helpful to acknowledge feelings of disappointment. For example, you might say "I can imagine you must be disappointed to have lost."

3. I pledge to reinforce the **ELM Tree of Mastery** with my child (E for **Effort**, L for **Learning** and M for **bouncing back from Mistakes**). Winners are people who make maximum effort, continue to learn and improve, and do not let mistakes, or fear of making mistakes, stop them. I understand that mistakes are an inevitable part of any game and that people learn from their mistakes. I understand that children are born with different abilities and that the true measure is not how my child compares to others but how he/she is doing in comparison to his/her best self. _____

4. I pledge to "Honor the Game." I understand the importance of setting a good example for my child. No matter what others may do, I will show respect for all involved in the game including coaches, players, opponents, opposing fans, and officials. I understand that officials make mistakes. If the official makes a "bad" call against my team, I will Honor the Game and be silent! _____

5. I pledge to refrain from yelling out instructions to my child. I understand that this is the coach's job. I understand that games are chaotic times for children trying to deal with fast-paced action and respond to opponents, teammates and coaches. I will limit my comments during the game to encouraging, not instruct, my child and other players for both teams. _____

6. I pledge to refrain from making negative comments about my child's coach in my child's presence. I understand that this plants a negative seed in my child's head that can negatively influence my child's motivation and overall experience. _____

I choose to honor the Parent Pledge in my words and actions, which honors the athletes and helps them become the best they can become.

Parent's Signature

Lion Athletics

"Everyone who competes in the games goes into strict training. They do it to get a crown that will not last; but we do it to get a crown that will last forever."

I Corinthians 9:25



Team Focus

Athletics is an amazing venue to grow as a person in many ways. Our goal for us this season is to rise to these standards/values. We believe when we do, great things happen among the team, inside of you, and we ultimately honor God.

COACHABLE

We listen and accept instruction. We learn all we can.

Proverbs 4:13

TEAM FIRST

We make each other look good. We pick each other up.

Romans 12:4

MENTAL TOUGHNESS

We don't get shaken. We W.I.N. (What's Important Now: we quickly recover after a mistake)

II Corinthians 4:7-9

CALM CONFIDENCE

We are prepared and ready. "This is my ball. Bring it!"

Joshua 1:10-11

HEART

We always give our very best. We work hard at everything we do.

Colossians 3:23

RESPECT

We respect our family, our teammates, our opponents, our officials, & ourselves in word and action.

I Peter 2:17

CPCS Lynnwood Secondary

SHUTTLE SIGN-UP EMERGENCY INFORMATION

SPORTS RIDERS

Only students who have all of the proper paperwork signed and on file with the school are allowed to ride the bus.

FAMILY NAME _____

PHONE NUMBER (____) _____ - _____

Emergency contact: _____

Phone number: _____

STUDENT _____ CAMPUS _____

LIST ANY MEDICAL CONDITIONS YOUR CHILD HAS:
(USE A SEPARATE SHEET IF NECESSARY)

MEDICATIONS:

Parent Signature

Date