

Agape Christian Academy
2019 Boys Soccer

To: Agape Boys' Soccer Players and Parents
Re: Practices 2019 Season

Dear Parents and Players,

Soccer season is fast-approaching! This letter is to inform you of several important dates and to give you information regarding practices and the upcoming season. We are excited to start a new season and look forward to our time together. First, we want parents and players to be aware that the fourth quarter grades will be used to determine eligibility. As written in the Agape Family Handbook, *"Students must maintain a minimum of a "C" average to participate in extra-curricular activities. They must have passed each class in the prior grading period and maintain no failing grades (F) each week during the extra-curricular season."* We will be routinely checking in with the other teachers and it is important to review your student's online grades regularly. If a student has an F in any class, he will not be able to participate until his grade is brought up to a 60%.

We recognize that "we are ambassadors for Christ, God making His appeal through us," (2 Cor. 5:20). For this reason, we expect each player to participate in a manner that honors God and gives Him the glory for everything.

We will have after-school practice every Tuesday and Thursday at the Troy Campus, beginning August 20 from 3:15-5:00. As games are scheduled, practices may be cancelled or rescheduled. At all practices players are expected to wear modest athletic clothes, soccer shoes/cleats and shin pads. In addition, there is a fee for participating in soccer.

Each year, the goal of the soccer team is not to win every game, but to glorify God. As Christian athletes, we recognize that our ability and opportunity to play this sport is granted to us by God. We encourage each player to play as if they are playing for the Lord (Col 3:23). We will work hard this season and strive to do our best, but at the end of the season we consider ourselves victors if we play each game in a manner that glorifies God. Please complete and return the forms by August 05, 2019.

Thank you,
Coach Boggs
330-888-9631
jboggs@ambassadorsfootball.org

Administrator's Intro to Season 2019

AGAPE CHRISTIAN ACADEMY
2019-2020 BOYS SOCCER

PERMISSION TO PARTICIPATE, EMERGENCY CONTACTS, UNIFORM, HOMESCHOOL CONTACT INFO.

PERMISSION TO PARTICIPATE

I/we consent to _____ participating on the Agape Ambassador's soccer team for the 2019-2020 school year. We understand that the team will be transported by the Agape bus to and from their games.

We agree to release and discharge Agape Christian Academy, its officers, agents and employees exercising reasonable care within the scope of employment, from liability growing out of personal injuries and/or property damage resulting or occurring during the event.

We also agree to pay the required participation fee of \$150 for the first sport or \$175 for homeschool families. This fee may be broken up into three equal payments and paid over a three month period beginning in September 2019.

The student has had a doctor's examination within the last twelve months and the OSHA medical form is attached.

Parent Signature: _____ Date: _____

EMERGENCY CONTACTS

IN THE EVENT OF AN EMERGENCY I CAN BE REACHED AT ONE OF THE FOLLOWING PHONE NUMBERS:

Name: _____ **Phone Number:** (____) _____

Name: _____ **Phone Number:** (____) _____

HOMESCHOOL AND AGAPE FAMILIES

Please provide info. It is only for Agape Christian Academy's use.

Phone number(in the event of game cancellation): _____ Player(s) Grade in 2019-2020: _____

Parents first and last names: _____

Mailing address: _____

(to send our your invitation to the Sports Banquet)

UNIFORM SIZING

Agape will need each student's uniform sizes to order uniforms. Sizing runs from youth sizes up to adult sizes (small, medium, large or extra-large).

Please fill out the information below. Thank you.

Student(s) Name: _____

Short size: _____ Shirt size : _____

AGAPE CHRISTIAN ACADEMY

2019-2020 Boys Soccer Participation Guidelines

The following criteria will be used to determine a student's eligibility for participation on Agape's soccer team.

1. Parent has signed a permission slip and agreed to pay the participation fee (\$150.00 for first sport and \$100.00 for the second sport. Homeschool families \$175.00).
2. The student must maintain a 2.0 grade point average and receive no failing grades in any nine week grading period. A failing grade will disqualify the student from participating for the next quarter. A failing grade for any week during the quarter will disqualify the student from participating until the grade is above 60%.
3. Students who are absent the day of a game are not permitted to participate in or attend a game on that given day.
4. All students participating must have had a doctor's examination within the last twelve months. (Attached OSHAA Medical form).
5. All students must agree to abide by the character and practice guidelines established by the coaches at Agape Christian Academy. (Homeschool students must sign our Code of Conduct form attached).
6. Students who receive two (2) warning or detention slips in a week will miss all meets scheduled for the following week.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

AGAPE CHRISTIAN ACADEMY
TROY CAMPUS
STUDENT CODE OF CONDUCT

The Bible says we are to be careful how we walk, not as unwise men (Eph. 5:15) and we are to conduct ourselves with wisdom especially toward outsiders (Col. 4:5). In order to accomplish this we have established certain biblical standards by which each student is expected to live. At Agape Christian Academy's Middle/High School, we have based these behavioral standards on God's Word. The specific areas we believe are important for a student to reflect Christ in their lives are identified on the attached page. We believe that each student is an Ambassador for Christ (II Cor 5:20), therefore, it is expected that they will exhibit these qualities both on and off the campus.

When God created man, He gave him responsibility to be a steward of His creation. Since we view ACA and its property to belong to the Lord, students become stewards with us of school property, as well as, stewards of their personal bodies. Respect for school authority is a fundamental principle (Rom 13:1-2). Students are expected to demonstrate a positive and respectful attitude toward all members of the administration, faculty and staff, as well as, fellow students. The goal for each student is to be an example in speech, conduct, faith, love and purity (I Tim 4:12). Such behavior is reflective of wisdom from above and results in personal holiness rather than disorder and every evil behavior we see in our culture which is reflective of man's wisdom (James 3:14-18).

Agape Christian Academy encourages students to initiate confession related to any sin, and to seek forgiveness and repentance whenever this code is violated. When a student and/or parent come forward for help, the administration will extend "grace" and respond appropriately (Gal. 6:1-2).

The Bible teaches that unity among believers is a critical foundation for making Christ known to the unsaved world (John 17:21-23). Thus we are committed to relationships, first with Jesus Christ our Savior, and second with one another such that others see Christ. The ACA Code of Conduct is intended to accomplish unity within the school.

As Ambassadors for Christ:

1. We commit to having Christ-like behavior in view of God's mercy (Rom. 12:1).
2. We agree to follow God's word rather than being influenced by the world we live in (Rom. 12:2).
3. We are committed to be holy in our speech and behavior for the benefit of others (I Peter 1:15).
4. We agree that we must prove ourselves doers of God's word every day (James 1:22).
5. We will put on a new self in Christ and become different than the world (Eph. 4:24).
6. We commit to having a new attitude which regards others as more important and allows them to correct us (Phil. 2:3-5).
7. We agree to be wise according to God's will so that our conduct will glorify Him (I Cor. 10:31).
8. We will walk in love just as Christ by sacrificing self and showing more concern for others than ourselves (Eph. 5:1-2).
9. We will accept one another just as they are because Christ has also accepted us (Rom. 15:7).
10. We are committed to building-up one another through the words we use in our conversation (Eph. 4:29).

My signature below is an acknowledgement that we understand the spiritual, behavioral and academics standards of Agape Christian Academy and agree to be held accountable for any failure to uphold these expected behaviors.

Student Name _____

Students Signature _____

Date _____

Parents Signature _____

Date _____



PREPARTICIPATION PHYSICAL EVALUATION 2019-2020 HISTORY FORM

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.)

Date of Exam _____
Name _____ Date of birth _____
Sex _____ Age _____ Grade _____ School _____ Sport(s) _____
Address _____
Emergency Contact: _____ Relationship _____
Phone (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

Do you have any allergies? [] Yes [] No If yes, please identify specific allergy below.

- [] Medicines [] Pollens [] Food [] Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

Table with 3 columns: Question, Yes, No. Sections include: GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS.

Table with 3 columns: Question, Yes, No. Section: BONE AND JOINT QUESTIONS - CONTINUED.

Table with 3 columns: Question, Yes, No. Section: MEDICAL QUESTIONS.

Table with 3 columns: Question, Yes, No. Section: FEMALES ONLY.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____

The student has family insurance [] Yes [] No If yes, family insurance company name and policy number: _____



THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Table with 16 rows of questions regarding disability and medical history, including a Yes/No column for questions 6-16.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

Please indicate if you have ever had any of the following.

Table with 17 rows of medical conditions and a Yes/No column.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____



PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 1. Consider additional questions on more sensitive issues.
• Do you feel stressed out or under a lot of pressure?
• Do you ever feel sad, hopeless, depressed or anxious?
• Do you feel safe at your home or residence?
• Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?
• Have you ever taken anabolic steroids or used any other performance supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?
• Do you wear a seat belt, use a helmet or use condoms?
• Do you consume energy drinks?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Table with columns: EXAMINATION, DATE OF EXAMINATION, NORMAL, ABNORMAL FINDINGS. Rows include: Height, Weight, BP, Pulse, Vision, Medical (Appearance, Eyes/ears/nose/throat, Lymph nodes, Heart, Pulses, Lungs, Abdomen, Genitourinary, Skin, Neurologic), MUSCULOSKELETAL (Neck, Back, Shoulder/arm, Elbow/forearm, Wrist/hand/fingers, Hip/thigh, Knee, Leg/ankle, Foot/toes, Functional).

ªConsider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.
Consider GU exam if in private setting. Having third part present is recommended.
Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ Sex M F Age _____ Date of birth _____

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not Cleared
 - Pending further evaluation
 - For any sports
 - For certain sports _____
Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Date of Exam _____

Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____

**THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL**



OHSAA AUTHORIZATION FORM 2019-2020

I hereby authorize the release and disclosure of the personal health information of _____ ("Student"), as described below, to _____ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is a not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: _____

School Address: _____

This authorization will expire when the student is no longer enrolled as a student at the school.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Student's Signature Birth date of Student, including year

Name of Student's personal representative, if applicable

I am the Student's (check one): Parent Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable Date

A copy of this signed form has been provided to the student or his/her personal representative

