



Dear Christian Student Athlete,

Congratulations on becoming a member of the HCS Athletic Program. I feel confident that you will represent yourself, your team, our school, and God with honor and respect. My prayer is that you grow both as a player and in your walk with Jesus Christ. I hope you see that winning is not the goal, rather a byproduct of executing skills, maintaining a positive attitude, team unity, and perseverance.

This packet contains important papers. Please read and sign them, then return them to Ms. Phillips. If you have any questions or concerns please feel free to contact me!

God Bless,

Casie Phillips

Casie Phillips
HCS Athletic Director
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“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.” 1 Corinthians 9:25

Code of Conduct for Christian Student Athletes

In order for every student to have a successful experience with the athletic team that they joined they must be aware of what is required from them before the season begins. The following set of guidelines is a list of policies that all athletes have to abide by. Along with the following guidelines, each coach will establish specific guidelines for their team.

Please read and initial #1- 14. Answer #7.

A HCS student athlete is required to follow this set of guidelines:

1. Always seek to glorify God in all your athletic endeavors. _____
2. Always practice and play in a manner in which you give your best effort. _____
3. Respect coaching staff, teammates, referees, opposing team, and parents. _____
4. Never speak to an official unless you are the appointed spokesperson and are conveying an attitude of respect. _____
5. Play in a manner that glorifies God through teamwork not individual accomplishment. _____
6. Never engage in a physical confrontation during any athletic event. _____
7. Meet the school's requirements academically to remain eligible (maintain a minimum 2.0 GPA)

What is your personal minimum GPA goal? _____

8. Be a good citizen and not receive any detentions or referrals during the season. _____
9. Manage time wisely, so that an appropriate amount of time is allocated to academics during athletic seasons. _____
10. Attend and be on time to every scheduled team event. _____
11. Notify the head coach in advance if a scheduled event is to be missed. _____
12. Arrive with all necessary gear and equipment. _____
13. Hand in all the required forms in a timely manner, including physical once a year. _____
14. Turn in your jersey and any borrowed equipment at the end of the season to the athletic director. _____

Violations of any of the above mentioned rules will be reviewed by the athletic director and administration for determination of consequences.

I have read and will adhere to Huntington Christian School's 'Code of Conduct for Student Athletes.'

Student Print Name: _____

Student Signature: _____ Date: _____

I have read and understand the Code of Conduct that my student athlete must follow.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Huntington Christian School Athletics

Here are a few rules and routines we want to make sure everyone is aware of.

1. Tuition Dues need to be paid in full in order for a child to participate in any team event.
2. Athletic Packet (including Physical Exam) and player fee has to be completed and turned in before the first game. Player may not participate in any games until both are turned in.
3. A player must have attended a minimum of 4 academic classes to be eligible to participate in that day's game or practice. This can be waived with proof of a doctor/dentist appointment.
4. Uniforms - If an athlete does not have his or her uniform by game time, he or she may not play in the game. If there is an extra jersey, he or she will only be given it in extreme situations. Uniforms need to be turned in at the end of the season.
5. At the end of practice or home game, coaches will wait up to 10 min for athletes getting picked up late. After the 10 min grace period, coaches will take the athlete to Kid's Overtime. Athletes may not wait by themselves or with friends, even if they have been given permission by a parent over the phone. Only athletes that have turned in the walk/bike home paper into the office may walk/ride home.
6. For any games outside on a rainy day, schools do not make the decision to cancel or not until noon the day of the game. Parents will be notified by the A.D. or coach after 12pm with the decision. Practice days will be decided by 1:30pm if coaches will cancel or move inside to a classroom.

Student signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Huntington Christian School

9700 Levee Drive, Huntington Beach, CA 92646
714-378-9932

Emergency Medical Release and Consent Form – Athletics

Student Name: _____

Home Address: _____

Date of Birth: ____/____/____

Parent/Guardian Email Address: _____

Parent/Guardian Contact Numbers:

*In an event of an emergency,
person should be contacted first.*

*In an event of an emergency, this
this person should be contacted second.*

Name: _____

Name: _____

Relation to student: _____

Relation to student: _____

Cell (____) _____ Hours _____

Cell (____) _____ Hours _____

Work (____) _____ Hours _____

Work (____) _____ Hours _____

Home (____) _____ Hours _____

Home (____) _____ Hours _____

Which emergency contact is the best person to contact regarding the student or the Athletic Program?

Name: _____

Best time to Call: _____

Family Physician: _____ Phone: _____

Please note any allergies, medical conditions or physical limitations of which you wish us to be aware:

We hereby give permission for our child to travel off campus on foot or with parent volunteer approved drivers for practices and games.

We do hereby release the Huntington Christian School, its faculty and staff from any responsibility and/or liability in case of accident, illness, or injury resulting from our child's involvement in the athletic program. We authorize the coach, athletic director, or person in charge to arrange for emergency medical treatment in the event that we cannot be reached. Medical treatment may be provided for our child by paramedic, doctor, nurse, or any emergency room facility available as deemed necessary and selected by the above personnel or the Huntington Christian School faculty or staff.

Parent/Guardian Signature: _____

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Transportation Permission Slip

Huntington Christian School chooses to use volunteer parent drivers to transport players to away sporting events. Each team is responsible for their team's transportation arrangement. If you choose not to return this slip, you are responsible for transporting your child to and from each away game and facility.

At the end of every game a player may leave with their parents or guardian after receiving permission from the head coach and notifying your driver that drove you to the game.

I, the parent/guardian of _____ (athlete's full name) give permission to Huntington Christian School parent volunteers to transport my son/daughter in a private vehicle driven by an adult driver (25 or older) to sporting events and practices.

Parent/Guardian Signature _____ Date _____

_____ Yes, I am willing to drive to some games. I have seatbelts for (#) _____ students.

Driver's Name _____ Cell Phone# _____

Driver's License # _____ State _____

Insurance co. _____ Policy # _____

Parental Authorization to Consent to Treatment of Minor

I request that my child _____ be permitted to go with Huntington Christian School on a school trip on: **Various Days in the School Year 2018-2019** to **Huntington Christian School Athletic Games**
Teacher in charge (designated agent): **Athletic Director/Team Coaches**

The parent/guardian of the above named minor has entrusted the minor into the care of Huntington Christian School.

The parent/guardian hereby authorizes the designated agent of Huntington Christian School to consent to X-ray examinations, anesthetic, medial or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the laws of the State or County in which the medical care is being sought and on the medical staff of any hospital. Also, to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the state of which the dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the designated agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The parent/guardian hereby authorizes any hospital, which has provided treatment to the minor surrender physical custody of the minor to the designated agent upon completion of treatment.

The parent hereby agrees to fully pay all costs of medical or dental care incurred for the minor by the designated agent under this authorization.

This authorization shall remain in effect until June 30, 2019 unless sooner revoked in writing delivered to the said designated agent.

Parent/Guardian Signature: _____ Date: _____



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ANNUAL PHYSICAL EXAM FORM

2018-2019

Top portion to be completed by a parent/guardian. Please print all information.

Student _____ Date of Birth _____ Grade _____

Please circle gender: male female

Medical History

Allergies _____ Food allergy _____ Illness _____

Surgeries _____ Accident/Injury _____

Is student taking any medication on a routine basis? Yes _____ No _____

List all medication: _____

Is student allergic to any medication? Yes _____ No _____ Please list and describe reaction: _____

Has student consulted with a specialist in the past 5 years?

Yes _____ No _____ If yes, please describe nature of condition: _____

This section to be completed by examining physician.

PHYSICAL EXAMINATION

Height _____ Weight _____ BMI _____ Blood Pressure _____ Pulse _____

	Normal	Abnormal		Normal	Abnormal
General Appearance			Cardiovascular		
Skin			Gastrointestinal		
Eyes			Genito-urinary		
Ears/Nose/Throat			Neurological		
Mouth/Dental Assessment			Developmental Screening		
Muscular			Nutritional Assessment		
Skeletal			Respiratory		

Comments (use additional sheet if needed): _____

Is the student capable of physical activity and participation in a competitive athletic program? ____ Yes ____ No

Are there any sports in which this student should not participate? _____

Are there any restrictions or activity limitations? _____

SCREENING TESTS:

Vision: Right 20/ _____ Corrected to 20/ _____ Left 20/ _____ Corrected to 20/ _____

RECENT IMMUNIZATION DATES:

DT/DPT: _____ MMR: _____ HEP B: _____, _____, _____ Polio: _____ Tdap: _____

Results of the physical exam completed by me on this date indicate that the individual named above is in good health. Any problems to the contrary have been noted above.

Date _____ Examining Physicians Signature _____

Physician's Name _____ Address _____ Phone _____