



Returning Athletes

What must be submitted to the school office prior to participation:

In order to participate in any Christ Preparatory Academy athletic program, all outstanding academic and athletic bills need to be paid in full.

1. Returning Athlete Enrollment Forms

- All forms below must be completely filled out. Complete online the first part of the Application for Admission (go to ChristPrep.com > Athletic Documents > Returning Athletes). Once completing the online application, print and sign the following documents and return them to the office.
- Marilyn Madsen, who works in the office, is a Notary Public and can complete the Waiver with you.

2. KSHSAA Form

- All KSHSAA documents must be completely filled out and returned to the school prior to participating in any athletic program.

3. Enrollment Fee

- *Annual* Enrollment fee: \$50 per student, \$80 maximum per family/one or more students - Christ Prep Academic students are exempt from the enrollment fee.

4. Sport Tuition

- Each sport is individually priced; check with the coach or with our office for the exact amount.

5. Uniform Deposit

- Some sports require a Uniform Deposit Fee; this amount must be paid separately from any other payment: it will be held by the school and returned to you once the uniform is returned at the end of the season.

All checks can be made payable to Christ Preparatory Academy (or CPA) - write in the memo what the payment is for.

Christ Preparatory Academy

• 15700 West 87th St. Prkwy, Suite 200, Lenexa, KS 66219 • (o) 913.831.1345 •

Athletic Code of Conduct

Christ Preparatory Academy's Code of Conduct reflects a Biblical philosophy and standard. This code of conduct establishes the expectations we have for our students and staff as they embrace and participate in the activities and academics of our school. As each of us signs this code of conduct we are promising our teachers and our peers that we will carefully obey the letter of this code and that we will also conform to the spirit behind this code of conduct.

We have identified three attributes that we hope will influence all that we do at Christ Preparatory Academy. The first is righteousness. We want uprightness and integrity to be the hallmark of Christ Prep. The second is honesty. We desire to be honest in all our dealings both within the context of our school and as a school to our community. We also value kindness. We simply hope to be fruitful and exemplary in showing kindness.

We hope that these values will be intrinsic to our school atmosphere and that all of us together will continually strive to achieve growth both personally and corporately as a school. With these general principles in place, we want to elaborate how these are to be demonstrated in our code of conduct.

1. I will be truthful in all of my affairs.
2. I will conform to the values and truths set forth in the statement of faith and will introduce no opposing philosophy into the school.
3. I will esteem the gospel and all those who embrace it. I will bring no reproach against the gospel or against those who embrace it.
4. I will be careful with and protect my fellow students. I will strive to be a positive and encouraging influence on all my peers. Thus I will not shame my fellow students through ridicule or name calling. I will give special consideration to those weaker than I and especially strive to encourage them.
5. I will not use profanity.
6. I will not engage in public displays of affection between the sexes such as hand-holding, kissing, etc.
7. I will honor and quickly submit to all those who are in authority over me and do all I can to make their responsibility a joy and not a burden. I will respectfully address them as Mr. or Mrs. or Coach.
8. I will treat the school facility and grounds in a manner that is reflective of gratitude. This means I will keep them clean and orderly.
9. I will treat any facility that I am using in the name of Christ Preparatory Academy with the same attitude that I have at the school facility.
10. I will conduct myself at all of the off campus activities as if I were on the campus of the school.
11. I will not engage in tale bearing (gossip or tattling). I will be responsible to report the misconduct of my peers for their protection as well as for the honor of the school. I acknowledge that by my silence I become a partaker (partner) with them in their misconduct.
12. I will be careful to conform to the Biblical standard for the godliness in all that I do and will honestly confess my guilt in any infraction.

Student's signature:

Date:

Parent's signature:

Date:

Email:

Phone:

Emergency Medical Insurance Consent Waiver Form

Christ Preparatory Academy • 15700 West 87th Street Parkway, Suite 200, Lenexa KS 66219 • (o) 913.831.1345

Student/Child's Last Name:	First Name & Middle Initial:	Male/Female:	Grade:	DOB:
Home Address:		Home Phone: Email Address:		
Father/Guardian:	Work Ph.:	Mobile Ph.:		
Mother/Guardian:	Work Ph.:	Mobile Ph.:		
Family Doctor:	Office Phone:			
Name of Other Emergency Contact:	Home Ph.:	Mobile Ph.:		
Name of Other Emergency Contact:	Home Ph.:	Mobile Ph.:		
Medicine/Allergies:				
Other factors:				
Insurance: Name of Insurance Company _____ Policy # _____ Phone: _____				
We/I, the undersigned, verify that the above-indicated insurance policy is currently in effect, provides medical and health insurance coverage for the above-named student, and will remain in full force and effect at all times the above-named student participates in any extracurricular activity offered by Christ Preparatory Academy during the current school year. By signing this document, I agree to accept full responsibility for all medical care and treatment, including all expenses incurred for such medical care and treatment, provided to the above-named student as a result of participating in school extracurricular activities. YOUR ATTENTION IS DIRECTED TO THE FACT THAT MANY INSURANCE POLICIES EXCLUDE CERTAIN ACTIVITIES SUCH AS TACKLE FOOTBALL AND GYMNASTICS. PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.				
Agreement to Obey Instructions and Acknowledgment of Risk: We/I recognize the importance of following the instructions of coaches and sponsors regarding playing techniques, training and other rules while participating in extracurricular activities. We/I also understand that participation in extracurricular activities may involve risk of injury and that some contact sports involve greater risk of injury than other sports. Transportation of students shall be in compliance with board policy and administrative guidelines.				
Medical Authorization: We, I the undersigned parent or legal guardian of the above named student, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authority to provide emergency medical treatment to my child. Further, should the attending physician determine, after examination, that life-saving surgery or other life-saving procedures are necessary, I do hereby grant permission to administer necessary lifesaving surgery or other life-saving procedures.				
The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above Student/Child, hereby consents to the participation by the Student/Child in _____ (describe activity) conducted by Christ Preparatory (Name of "Organizer") and to the participation of the Student/Child in all events relating to the activity on _____ through _____ (dates). This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.				
Signed on _____ (date), at _____ (city), _____ (state). (Parent/Guardian's names) _____ being first duly sworn and know to be the person whose name is subscribed before me, states that s/he has read the above and foregoing Parental Permission and Medical Consent, and freely consents to the authority it confers upon a representative of Christ Preparatory Academy or a member of it's coaching staff.				
Signature of Parent/Legal Guardian: _____ Date: _____				
Subscribed and Sworn to before me this _____ day of _____, 20____				
Signature Notary Public: _____				
My Appointment expires: _____				



HISTORY

PRE-PARTICIPATION PHYSICAL EVALUATION

Name _____ Sex _____ Age _____ Date of birth _____

TO BE COMPLETED ANNUALLY BY EVERY PARTICIPANT AND PARENT OR GUARDIAN

Grade _____ School _____ Sport(s) _____

Address _____ Phone () _____

Personal physician _____ Parent Email _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.
STUDENT/PARENT/GUARDIAN - answer questions below PRIOR TO EXAMINATION by physician.
Explain "YES" answers in space below. Circle the number of the questions you do not know.

YES NO

1. Have you had a medical illness or injury since your last check up or sports physical?
 Do you have an ongoing or chronic illness?
2. Have you ever been hospitalized overnight?
 Have you ever had surgery?
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?
 Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?
5. Have you ever passed out during or after exercise?
 Have you ever been dizzy during or after exercise?
 Have you ever had chest pain during or after exercise?
 Do you get tired more quickly than your friends do during exercise?
 Have you ever had racing of your heart or skipped heartbeats?
 Have you had high blood pressure or high cholesterol?
 Have you ever been told you have a heart murmur?
 Has any family member or relative died of heart problems or of sudden death before age 50?
 Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
 Has a physician ever denied or restricted your participation in sports for any heart problems?
6. Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)?
7. Have you ever had a head injury or concussion?
When? _____ How many? _____
 Have you ever been knocked out, become unconscious, or lost your memory?
 Have you ever had a seizure?
 Have you ever had numbness or tingling in your arms, hands, legs, or feet?
 Have you ever had a stinger, burner, or pinched nerve?
8. Have you ever become ill from exercising in the heat?
9. Do you cough, wheeze, or have trouble breathing during or after activity?
 Do you have asthma?
 Do you use an inhaler before exercise?
 Do you have seasonal allergies requiring medical treatment?

YES NO

10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
11. Have you had any problems with your eyes or vision?
 Do you wear glasses, contacts, or protective eyewear?
12. Have you ever had a sprain, strain, fracture or dislocation of a muscle, tendon, bone or joint?
If yes, check appropriate box and explain below.
 Head Elbow Hip
 Neck Forearm Thigh
 Back Wrist Knee
 Chest Hand Shin/calf
 Shoulder Finger Ankle
 Upper arm Foot
13. Do you want to weigh more or less than you do now?
 Do you lose weight regularly to meet weight requirements for your sport?
14. Has a doctor told you or a family member that you are at risk for blood disorders? Ex: Sickle Cell, etc...
15. Were you born without or are you missing a kidney, testicle or any other organs?
16. Do you feel that you have fatigue or increased shortness of breath with activity?
17. Do you have any concerns that you would like to discuss with the doctor?

FEMALES ONLY

18. Have you begun menstruation?
 If yes, are you ever experiencing any problem (i.e., irregularity, pain, etc.)?

IDENTIFY "YES" ANSWERS (by number)

PHYSICAL EXAMINATION

PRE-PARTICIPATION PHYSICAL EVALUATION

Name		Date of Birth	
Height	Weight	Pulse	Blood Pressure /
Vision	R 20/ L 20/	Corrected: Y N	Pupils: Equal Unequal
Date of recent immunizations: Td		Tdap	Hep B
Varicella		HPV	Meningococcal

NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia/Hernia		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

*Station-based examination only

CLEARANCE

Cleared for all activities

Not cleared for: _____

Reason: _____

Recommendations: _____

I HEREBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM

Name of physician (<i>print/type</i>)	Date
Address	Phone ()
Signature of physician	, MD, DO, DC or PA <i>(please circle)</i>

ATTENTION PARENTS AND STUDENTS

KSHSAA ELIGIBILITY CHECK LIST

PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

Rule 7 Physical Evaluation - Parental Consent—Students shall have passed the **attached evaluation** given by a physician and have the written consent of their parents or legal guardian.

Rule 14 Bona Fide Student—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

Rule 15 Enrollment/Attendance—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

Rule 16 Semester Requirements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.

Rule 17 Age Requirements—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before September 1 of the school year in which they compete.

Rule 19 Undue Influence—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

Rules 20/21 Amateur and Awards Rules—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

Rule 22 Outside Competition—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

NOTE: Consult the coach or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.

Rule 25 Anti-Fraternity—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

Rule 26 Anti-Tryout and Private Instruction—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

Rule 30 Seasons of Sport—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name _____

(PLEASE PRINT CLEARLY)

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a practicing physician or registered physicians assistant certifying the student has passed an adequate physical examination and is physically fit to participate. (See KSHSAA Handbook, Rule 7.) A complete history and physical examination must be performed upon a student's initial entrance into KSHSAA interscholastic athletics/cheerleading.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, the school nurse, certified athletic trainer, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

**The above named student and I have read the
KSHSAA Eligibility Check List
and how to retain eligibility information listed in this form.**

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on **all** transfer students.)

YES **NO**

1. Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2. Did you **pass at least five new subjects (those not previously passed)** last semester? (The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.)
3. Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? (The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.)
4. Did you **attend** this school or a feeder school in your district last semester? (If the answer is "no" to this question, please answer Sections a and b.)
 - a. Do you reside with your parents?
 - b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

Parent or Guardian's Signature

Date

Student's Signature

Date

Birth Date

Grade

KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM

Fill out this form only if your student athlete has had a head injury/concussion.

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

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 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:

- 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
- 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 (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling 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 written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date