

# Solid Rock Christian Academy

## Participation in Sports

Dear Parents,

In order for your child to qualify for participation in sports, the following forms are required FOR EACH STUDENT, FOR EACH SPORT:

Please check the item that is complete and hand the entire packet into the school office.

1. \_\_\_\_\_ Participation in Sports
  - Please read all the information included on this form
  - Sign and return
2. \_\_\_\_\_ Physical Exam Form
  - Physicals are good for 1 year from date of physical. (may be on file)
  - Must be completed before try-outs or practice
3. \_\_\_\_\_ Interim Health History/Parent Permission Form
  - Parents are to fill this out completely
  - Required for each sport the student participates in
  - Completed no more than 30 days prior to the beginning of the sport
4. \_\_\_\_\_ Sports Fee
  - SRCA Students: \$75/athlete, first sport, and \$50/athlete each additional sport
    - i. CIRCLE ONE: **Pay Now** - CASH/CHECK **Pay Later** - BILLED BY SRCA
  - Non-SRCA Students: \$100/athlete, first sport, and \$75/athlete each additional sport
    - i. **Please submit payment WITH the application**

*Sports fees and fundraising support all our sports programs. This includes the cost of equipment, uniforms, referees, awards, and transportation for all sports.*
5. \_\_\_\_\_ Vaccination Records **\*\*Homeschool Athletes ONLY\*\***
  - NYS Required (does not include Flu, Covid, or HPV)

All forms should be returned to the office and will be reviewed by our nurse from the North Tonawanda School District. Once approval is given, the coach will be given the “coach copy” signifying the student is cleared to participate. If your child is out of gym/sports for any reason, we must receive a clearance note from your child’s doctor before they are eligible to participate in a sport. Paperwork cannot be processed if incomplete.

Yours in Christ,

Bro Matt Dier

Athletic Director

**Solid Rock Christian Academy**  
**530 Meadow Drive**  
**North Tonawanda, NY 14120**  
**2024-2025**

**PARTICIPATION IN SPORTS PROGRAMS**

Participation in the sports programs teach self-discipline, responsibility, cooperation, team effort; these all being quality student characteristics. To have a good team and drill the fundamental skills, it is required that your child be at practices regularly. Several rules will be followed:

- 1) The players should have all of his/her practice clothes or may not be allowed to practice.
- 2) Attendance will be taken at each practice. Players must be in attendance at school in order to participate in practice or games.
- 3) Players must attend every practice unless excused by a parental note or absence from school.
- 4) Any student with a lower than "C-" average OR failing a subject will result in not being permitted to participate on an athletic team for a minimum of two weeks. After the two-week period, the teacher will determine eligibility.
- 5) If a child becomes a discipline problem in practice or school, he/she will be suspended from the team for a minimum of one game.
- 6) The student named below has permission to be transported to any athletic event our school is a participant in.
- 7) The student named below will have a physical on file in the office dated WITHIN ONE YEAR of the start of each sport.
- 8) The expectation is that the student-athlete WILL participate in any team/sports related fundraisers.

**\*For additional information, please reference the SRCA Sports Handbook\***

Remember, the purpose of these rules is to develop a team concept and responsibility to each other.

We would appreciate your support by signing this note and returning a copy to the school promptly. It is suggested that you make a copy for your reference.

Thank you for your cooperation.  
Solid Rock Christian Academy School Board  
Pastor Joshua Freundsuh, Principal  
Matthew Dier, Athletic Director

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**STUDENT MUST SIGN TO BE ELIGIBLE**

**SOLID ROCK CHRISTIAN ACADEMY**  
**THIS CARD MUST BE RETURNED TO THE OFFICE.**

**Part C– Parent Card/Interim Health History for Athletics & Parent Permission**

I hereby permit \_\_\_\_\_ to play \_\_\_\_\_.  
(student name/grade) (sport)  
during the \_\_\_\_\_ school year. In the event of an emergency requiring medical attention,  
I hereby grant permission for a physician or hospital personnel to attend to my son/daughter, if I  
am unable to be contacted.

**SPORTS CANDIDATES QUESTIONNAIRE**  
**HISTORY WITHIN LAST 12 MONTHS**

1. Have you missed more than 3 consecutive days of participation in usual activities because of injury this **past year**? Yes \_\_\_\_\_ **DATE** \_\_\_\_\_ No \_\_\_\_\_  
If yes: a) Describe injury \_\_\_\_\_  
b) Were you seen by a MD for this? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
c) Is written clearance for sports on file in nurse's office? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical illness diagnosed that has not resolved in this **past year**? Yes \_\_\_\_\_ Illness: \_\_\_\_\_ Date(s) \_\_\_\_\_ No \_\_\_\_\_
3. Have you had a seizure, concussion or been unconscious for any reason in the **last year**? Yes \_\_\_\_\_ **DATE** \_\_\_\_\_ No \_\_\_\_\_
4. Have you had surgery or been hospitalized in this **past year**? Yes \_\_\_\_\_ **DATE** \_\_\_\_\_ No \_\_\_\_\_  
If yes: a) Reason for hospitalization \_\_\_\_\_  
b) Type of surgery \_\_\_\_\_  
c) Treating physician \_\_\_\_\_  
d) Is written clearance for sports on file in the nurse's office? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you **presently taking** medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: List all medications and what condition the medication is for:  
a) \_\_\_\_\_  
b) \_\_\_\_\_
6. Last Menstrual Period: \_\_\_\_\_ N/A

I hereby state that to the best of my knowledge, the answers given above are correct and that there is no condition which would restrict participation in sports.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

.....  
**TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE:**

Are you currently excused from gym for any reason? (Please circle)

Yes No Reason: \_\_\_\_\_

Sports Participation (Check): \_\_\_\_\_Approved \_\_\_\_\_Date

Signed: \_\_\_\_\_  
School Nurse

Date: \_\_\_\_\_

**PARENT CARD – Coach's Copy**  
**(To be filled out by the parents)**  
**HEALTH HISTORY**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ SPORT: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

List known

Allergies: \_\_\_\_\_

Medications needed at games & practices: \_\_\_\_\_ purpose \_\_\_\_\_

Will student carry? Yes/No Location of Medicine \_\_\_\_\_  
(Parents must supply)

**NOTE: PARENTS OF STUDENTS WITH ASTHMA, SEVERE ALLERGIES, DIABETES OR OTHER HEALTH CONDITIONS REQUIRING MEDICATION MUST SUPPLY THE APPROPRIATE MEDICATION(S) TO THE COACH TO CARRY. STUDENTS WILL NOT BE CLEARED FOR PLAY IF MEDICATION IS NOT SUPPLIED**

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

The following information MUST be completed:

Mother's name: \_\_\_\_\_ (H) \_\_\_\_\_

(W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's name: \_\_\_\_\_ (H) \_\_\_\_\_

(W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ (H) \_\_\_\_\_

(W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ (H) \_\_\_\_\_

(W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**COACHES WILL KEEP THIS PAGE ON FILE AT ALL PRACTICES AND GAMES**

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_