

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: \$100/athlete, first sport, and \$75/athlete each additional sport
 - Non-SRCA Students: \$175/athlete, first sport, and \$150/athlete each additional sport
 - **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 Shaun Phillips

Athletic Director

Solid Rock Christian Academy
530 Meadow Drive

**North Tonawanda, NY 14120
2025-2026**

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
Shaun Phillips, 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: _____

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

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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 _____