



WILDWOOD CHRISTIAN ACADEMY

Athletics and After School Activities

Waiver, Release, Assumption of Risk, Hold Harmless, and Indemnification Agreement

I, for child, my ward or myself, sign this Waiver and Assumption of Risk in consideration of the opportunity to participate in Athletic and After School activities at Wildwood Calvary Chapel. I represent that I am the participant or parent/guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I am aware there are inherent risks associated with participation in this activity and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risks, both known and unknown. I hereby release, waive and give up any and all claims, known and unknown, that I or the child may now or later have against Wildwood Calvary Chapel, its member(s), officer(s), instructor(s), agents or representatives related to any act, omission, statement or occurrence during or related to the activity. I, for child, my ward or myself, certify that the participant(s) is/are physically fit to participate in Athletic and After School activities at Wildwood Calvary Chapel. Parents/Guardians are responsible solely for the safety of their children.

By signing below I acknowledge that I have read and understand Wildwood Calvary Chapel's liability waiver.

Student Name:	Date:
Parent/Guardian Name:	Date:

Parent/Guardian Signature:	Date:
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Inland Empire Christian Athletic League Coach/Parent/Player Code Of Conduct



Within the Inland Empire Christian Athletic League (IECAL), we desire for all children's sports to be a time of fun, fellowship, education, healthy competition, and growth. To accomplish these goals, we realize that the coaches, parents and players must be held to a high level of accountability with the below Code of Conduct that we have adopted in part from the National Youth Sports Safety Foundation. All coaches, parents, and players are required to agree to, sign, and follow them to be able to coach or participate in sports offered by the IECAL.

1. I will remember that children participate to have fun and that the game is for them, not adults.
2. I (and my guests) will be a positive role model and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice, or other sporting event.
3. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
4. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the players, coaches, officials, and spectators.
5. I will play by the rules and resolve conflicts without resorting to hostility, violence, or verbal abuse.
6. I will treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
7. I will practice the character that doing one's best is more important than winning, so that I will never feel defeated by the outcome of a game or performance.
8. I will never ridicule or yell at other participants for making a mistake or losing a competition but be understanding that we all make mistakes.
9. I will respect the officials and their authority before, during, and after games. I will never question or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.

10. I will conduct myself in a Christ-like manner in regards to my coaches, teammates, and others. This includes in my speech, actions, and attitude. This includes at games, practices, and anywhere at school.
11. I will teach each player as an individual, remembering the large range of emotional and physical development for the same age group.
12. I will do my best to provide a safe playing situation for my players.
13. I will do my best to organize practices that are fun and challenging for all my players.
14. I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I understand that by signing this document I am agreeing to support and promote this Code of Conduct Agreement. Further, my failure to comply with this Code of Conduct will result in disciplinary action (enforceable by the participating school's Athletic Director), up to and including removal from the sport season I am coaching or participating in.

Parent/ Guardian Signature

Date

(If there are two parents in the home, one parent signature will apply for both.)

Player Signature

Date

Coach's Signature

Date

A Fact Sheet for YOUTH SPORTS PARENTS



This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead.

What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 12/2015



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP



WILDWOOD CHRISTIAN ACADEMY

Athlete Concussion Awareness Form

☐ I understand that it is my responsibility to report all injuries and illnesses to my team Coach or WCA Administration.

☐ I have read and understand the Concussion Fact Sheet. After reading the CDC Concussion Fact Sheet, I am aware of the following information:

_____ A Concussion is a brain injury, which I am responsible for reporting to my Coach or Principal.
Initial

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
Initial

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Initial

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my Coach or Principal.
Initial

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
Initial

_____ Following concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
Initial

_____ In rare cases, repeat concussions can cause permanent brain damage, and even death.
Initial

Signature of Student Athlete

Date

Printed Name of Student Athlete

Signature of Parent/Guardian

Date

Printed Name of Parent Guardian

WILDWOOD CHRISTIAN ACADEMY ATHLETIC CLEARANCE

THE ATHLETE NAMED BELOW MAY NOT TRYOUT OR PARTICIPATE IN ANY SPORT UNTIL THIS FORM IS COMPLETED IN FULL

SPORT(S) _____ MALE/FEMALE _____ BIRTHDATE _____ GRADE _____

STUDENT'S NAME _____ PHONE: _____

STREET _____ CITY _____ ZIP _____

FATHER'S NAME _____ DAYTIME PHONE _____

MOTHER'S NAME _____ DAYTIME PHONE _____

PHYSICIAN'S STATEMENT:

DATE OF EXAMINATION _____

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____

BODY / LIMBS: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

HEAD / BRAIN: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

TEETH: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

THIS ATHLETE MAY PARTICIPATE IN SPORTS: YES NO

PHYSICIAN'S SIGNATURE _____

****THERE IS AN ELEMENT OF RISK ASSOCIATED WITH ALL ATHLETIC COMPETITIONS. THE SCHOOL CANNOT GUARANTEE THAT STUDENTS WILL NOT BE INJURED DESPITE ITS COMMITMENT TO PROVIDE FOR EVERY PARTICIPANT'S HEALTH AND WELFARE.**

INSURANCE CARRIER: _____ **POLICY #** _____

RELEASE OF INFORMATION: I hereby give permission to release sports information on the above-named student. I have read the WCA Sports Handbook and agree to the provisions contained therein. I hereby give my consent for the above-named student to compete in sports and to go with a school representative on any trips.

Person to notify in case of illness or accident if school is unable to contact parent/guardian:

NAME _____ PHONE _____

In case of emergency, this doctor should be called:

NAME _____ PHONE _____

In case of an emergency, if I cannot be reached, I hereby give my consent to give such attention as may be thought necessary by the physician in charge or any available physician.

PARENT/GUARDIAN _____ DATE _____