



MCA ATHLETICS DEPARTMENT

2023-2024 Athletic Fees

MCA Students

1st Sport = \$250.00

Multiple Sports =

No Football or Cheer= \$400.00

W/Football or Cheer= \$500.00

Home School Students

1st Sport = \$350.00

Multiple Sports =

No Football or Cheer= \$600.00

W/Football or Cheer= \$700.00

- Athletic Fees preferred method of payment is invoicing through FACTS.
- Invoice will be sent after your athlete has attended their first practice.
- Invoicing in Facts can be paid in full or in monthly installments.
- Monthly installments can only be the duration of the sport i.e (Football= Aug-Oct, Basketball=Nov-Jan, etc).
- If you wish to be billed as a multiple sport athlete at the beginning of the school year please let us know in advance.
- All Fees are non-refundable once the team has played their first game.
- Student athletes entering **4th, 5th, 7th, 9th, or 11th grade** need a new physical after **June 1st, 2023**. They are valid for two years.
- Fall practices will begin **July 31st, 2023**.

The Athletic Department does not receive any funding. We rely solely on the Athletic Fees to cover the cost of League Fees, Referee Fees, Light Rentals, Building Rentals, Facilities Upkeep and Repairs, Uniforms, Equipment, Bus Maintenance, Gas and Tournament Fees.

Home School Students- To be eligible to play on a team homeschool students will be required to take at least 1 core class at Memorial Christian Academy.

If you have any questions don't hesitate to call the school office at (254) 526-5403.



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Memorial Christian Academy is proud to offer the following sports.

Please check all sports that the student will participate in. They may be enrolled in numerous sports simultaneously (i.e- cheer, volleyball, cross country):

Student Name: _____ Grade: _____

Fall Sports-

- | | | |
|----------------------|----------------------|----------------------|
| ES Flag Football () | JH Football () | HS Football () |
| ES Volleyball () | JH Volleyball () | HS Volleyball () |
| ES Cross Country () | JH Cross Country () | HS Cross Country () |
| ES Cheerleading () | JH Cheerleading () | HS Cheerleading () |

Winter Sports

- | | | |
|-------------------------|-------------------------|-------------------------|
| ES Boys Basketball () | JH Boys Basketball () | HS Boys Basketball () |
| ES Girls Basketball () | JH Girls Basketball () | HS Girls Basketball () |
| ES Cheerleading () | JH Cheerleading () | HS Cheerleading () |
| | | HS Bowling () |

Spring Sports

- | | | |
|------------------------|------------------------|------------------------|
| ES Track and Field () | JH Track and Field () | HS Track and Field () |
| ES Cheerleading () | JH Cheerleading () | HS Cheerleading () |
| ES Soccer () | JH Soccer () | |



MCA ATHLETICS DEPARTMENT

Student-Athlete Eligibility

To participate in athletic events (games, tournaments, matches, meets, and banquets), student-athletes must meet eligibility requirements. Eligibility is determined weekly based on the most current grade and conduct grade sheet. Eligibility/ineligibility is from Thursday at 8 a.m. to the following Wednesday at 5 p.m. to include weekend events.

Minimum standard:

1. To be eligible for participation in athletic events, student-athletes must be achieving a passing grade (passing is 70% or higher) in all subjects (any class a student is currently enrolled in), both core classes and electives) and display a conduct rating of 1-3.
2. Homeschool students must provide a weekly report reflecting the same grade/conduct information and show 10% progress or 30 hours of class time attended. The student will provide a printed report from the homeschool program that also reflects the date the report was printed.
3. Part-time students must have passing grades in both on-campus enrolled classes and homeschool enrolled classes. The student-athlete will also provide the necessary documentation (MCA grade sheet and homeschool printed report)
4. The grade sheet is submitted weekly to the head coach of the sport no later than 5 p.m. each Wednesday of the season of the sport.
5. The student must complete the sheet. Teachers will only provide the grade, conduct rating, comment (if necessary), and signature. All other information is the responsibility of the student.
6. If a student-athlete is absent on Wednesday, the grade sheet is due to the head coach by 5 p.m. the next day the student is in school.
7. If the student-athlete fails to submit the grade sheet on or before the designated date/time, they are ineligible for the next week.
8. Any student athlete ineligible for 3 consecutive weeks will not be able to practice or participate in events for 3 consecutive weeks starting on Thursday at 8 a.m. and ending on the following Wednesday at 5 p.m. Student athletes must arrange with the instructor for any ineligible class to receive 2 hours of tutoring per week or provide documentation they are receiving an equivalent amount of tutoring from an outside tutoring service (arranged and paid for by the student-athlete and/or family). If the student-athlete's grades do not improve, they are placed on academic probation for the remainder of the 9 weeks. During this time the student-athlete is not permitted to practice or participate in sports.



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9. Any student-athlete with missing work is required to submit the missing work within 24 hours of the grade sheet submission whether the student is eligible or ineligible.
10. The head coach of the sport will review the grade sheets, will record the date of submission and eligibility (Yes/No), and submit the data to the Athletic Director.

11. The head coach and the Athletic Director will implement the policy without exception.
12. This information is released/shared with the school administrator by 10 a.m. on Thursday.
13. The school administrator is the only person eligible to make exceptions to the policy.

Student-Athlete's Name

(Please print.)

I have received, read and understand the grade requirements to be eligible for participation in Memorial Christian Academy's athletic program.

Student-Athlete's signature

Date

Parent/Guardian's signature

Date

Pre-Participation Physical Evaluation Medical History

This **Medical History Form** must be completed annually (high school athletes)/every two years (middle school and elementary athlete by parent (or guardian) and student in order for the student to participate in MCA athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student Name (print): _____

Gender: _____ Age: _____ Date of Birth: _____

Home Address: _____ City: _____ State: TX Zip: _____

Home Phone: _____ Parent Cell Phone: _____

School: Memorial Christian Academy Homeschool Grade Level: _____

Circle One

Personal Physician: _____ Hospital or Clinic: _____

Physician Phone: _____

In case of emergency contact

Name: _____ Relationship to athlete: _____

Home Phone: _____ Cell Phone: _____

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Written clearance from a physician, physician's assistant, chiropractor or nurse practitioner is required before any participation in MCA practices, games or matches. When reporting for a physical, please take a copy of this form for the examiner.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get tired more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever experienced racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any family member or relative died of heart problems before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any family member or relative died of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member been diagnosed with Hypertrophic Cardiomyopathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has any family member been diagnosed with Long QT Syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc)? | <input type="checkbox"/> | <input type="checkbox"/> |

17. Has any family member been diagnosed with Marfan's syndrome?
18. Have you ever had a severe viral infection (myocarditis, mononucleosis, etc) in the past year?
19. Has a physician ever denied or restricted your participation in sports for any heart problem?
20. Have you ever had a head injury or concussion?
21. Have you ever been knocked out, become unconscious or lost your memory?
22. Have you ever experienced a seizure?
23. Have you ever had numbness in your arms, hands, legs or feet?
24. Have you ever had a stinger, burner or pinched nerve?
25. Are you missing any paired organs?
26. Are you presently under a doctor's care?
27. Are you currently taking any prescription or non-prescription medications or inhalers?
28. Do you have any allergies?
29. Have you ever been dizzy before or during exercise?
30. Do you currently have any skin problems (itching, acne, warts, fungus or blisters).
31. Have you ever become ill after exercising or working in the heat?
32. Have you ever had any problems with your eyes or vision?
33. Have you ever gotten unexpectedly short of breath with exercise?
34. Do you have asthma?
35. Do you have seasonal allergies that require medical treatment?
36. Do you use any special protective or corrective equipment?
37. Have you ever had a sprain, strain or swelling after injury?
38. Have you ever broken or fractured any bones?
39. Have you ever dislocated any joints?
40. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints?

If yes, please check the appropriate box and explain on a separate sheet of paper.

- | | | | | | | | | | |
|-------|--------------------------|-----------|--------------------------|--------|--------------------------|-----------|--------------------------|------|--------------------------|
| Head | <input type="checkbox"/> | Shoulder | <input type="checkbox"/> | Wrist | <input type="checkbox"/> | Thigh | <input type="checkbox"/> | Foot | <input type="checkbox"/> |
| Neck | <input type="checkbox"/> | Upper Arm | <input type="checkbox"/> | Hand | <input type="checkbox"/> | Knee | <input type="checkbox"/> | | |
| Back | <input type="checkbox"/> | Elbow | <input type="checkbox"/> | Finger | <input type="checkbox"/> | Shin/Calf | <input type="checkbox"/> | | |
| Chest | <input type="checkbox"/> | Forearm | <input type="checkbox"/> | Hip | <input type="checkbox"/> | Ankle | <input type="checkbox"/> | | |

41. Do you want to weigh more or less than you do now?
42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular activities?
43. Do you feel stressed out?
44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?

Females Only

45. When was your first menstrual period? _____
46. When was your most recent menstrual period? _____
47. How much time elapses from the start of one period to the start of another? _____ (days)
48. How many periods have you had in the last year? _____
49. What was the longest time between periods in the last year? _____ (days)

- ❖ It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither Memorial Christian Academy, nor its coaches assumes any responsibility in case an accident occurs.
- ❖ If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.
- ❖ If, in between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to disqualification from any and all Memorial Christian Academy athletic activities.

Student Signature: _____

Date: _____

Parent / Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

For School Use Only

This Medical History Form was reviewed by

Athletic Director

Date: _____

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

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

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician? Have you ever passed out 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 unexpected death before age 50? Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? 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 activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below:	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Females Only</i>		
			19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
			<i>Males Only</i>		
			20. Do you have two testicles? _____		
			21. Do you have any testicular swelling or masses? _____		

An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the TCAF
 Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in TCAF practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / ____ / ____)
brachial blood pressure while sitting
 Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It *must* be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.



MCA ATHLETICS DEPARTMENT

Medical and Emergency Contact Information

Student's Name _____
Last First MI

Please notify the following in the event of an emergency involving this student:

Mother's Name: _____ **Home Phone:** _____
Cell Phone: _____
Employer: _____ **Work Phone:** _____

Father's Name: _____ **Home Phone:** _____
Cell Phone: _____
Employer: _____ **Work Phone:** _____

Please List two other people we may contact in the event we are unable to contact the parents:

Name: _____ **Home Phone:** _____
Cell Phone: _____
Employer: _____ **Work Phone:** _____

Name: _____ **Home Phone:** _____
Cell Phone: _____
Employer: _____ **Work Phone:** _____

If the student requires specific medical attention, please contact the doctor listed below who has knowledge about his/her situation/condition/treatment:

Doctor's Name: _____ **Phone (1):** _____
Phone (2): _____

Hospital of Choice:

Name of Facility	Location
Alternate Facility	Location

Please list any medical information that might assist emergency medical personnel in administering aid:



MCA ATHLETICS DEPARTMENT

Insurance Information

Memorial Christian Academy strives to provide excellent coaches and protective equipment for all student athletes. It is known that even though protective equipment is worn, the possibility of an injury or accident exists. Memorial Christian Academy requires that all student athletes be covered under a family medical insurance policy.

I do _____ or do not _____ carry hospitalization insurance on _____
Athlete's Name

Name and Address of Insurance Company _____

Name of Policy Holder _____

Subscriber ID Number: _____ Group Number: _____ Code Number: _____

Please indicate if parent or guardian is:

_____ Active military and athlete is covered under military medical benefits

_____ Retired military and athlete is covered under Champus, Tri-Care Prime, or other retired military medical benefits

Memorial Christian Academy has my permission to obtain medical treatment for my son/daughter. I indemnify and hold the school or its representatives harmless for any claim on account of such care and/or treatment.

I, _____, have read all of the above and understand the provisions as set forth.
Parent/Guardian (print)

Signature of Parent/Guardian

Date: _____

No student athlete will be allowed to participate in any practice, scrimmage or game without providing evidence of medical insurance coverage.



MCA ATHLETICS DEPARTMENT

Parent and Student Notification Steroid Use Agreement Form

Memorial Christian Academy Policy

- ❖ Memorial Christian Academy School and athletic policy prohibits the use of anabolic steroids or any other performance enhancing drug. Athletes who are discovered using these drugs will be immediately suspended from the athletic program and face probable expulsion from school.

Legal Issues

- ❖ State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- ❖ State law requires that only a medical doctor may prescribe a steroid for a person.
- ❖ State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.
- ❖ Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

Health Consequences Associated with Anabolic Steroids

(Source: National Institute on Drug Abuse)

- ❖ For Boys and Men - Shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.
- ❖ For Girls and Women - Growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.
- ❖ For Adolescents - Growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.
- ❖ For All Ages - Potentially fatal liver cysts and liver cancer, blood clotting, cholesterol changes, and hypertension which can promote heart attack, stroke and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.
- ❖ For Injectors - Infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site causing pain and abscess.

Student Certification

I have read the above information and agree that I will not use illegal anabolic steroids.

Student Signature

Date

Parent/Guardian Certification

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids

Parent/Guardian Signature

Date



MCA ATHLETICS DEPARTMENT

Transportation Permission Form

Memorial Christian Academy athletic teams will be participating in many events that require transportation to and from these activities. These activities may include but are not limited to: competitions, scrimmages, practices and team related field trips. If possible, all trips will be made on vehicles owned by Memorial Christian Academy or Memorial Baptist Church and operated by Memorial Christian Academy. All drivers are licensed and certified and have passed state mandated background checks. At times, such as unavailability of buses, Memorial Christian Academy may contract with a professional entity (charter bus) to provide adequate transportation.

I hereby give my permission for _____ to ride on school operated or contracted conveyance to and from all school sponsored athletic events.

Date: _____

Parent/Guardian Signature: _____

Please circle one of the following:

I **DO** authorize my child to ride with another person to and from sporting events.
Please identify those people below.

I **DO NOT** authorize my child to ride with another parent or guardian.

In the event that the bus provided by the school has reached its maximum capacity and the school has to utilize parents to assist with transportation I authorize my athlete to ride with:

Name: _____

Name: _____

Name: _____



MCA ATHLETICS DEPARTMENT

Agreement to Media Release for Advertising and Promotion

The Memorial Christian Academy's athletic department will be using media tools such as the school's website, Killeen Daily Herald newspaper, MaxPreps.com, Athletic.Net, Leagueminder.com, Facebook and Twitter to advertise and promote the various activities of its programs and its athletes. Please read and sign the following agreement and return this agreement with your athlete's Athletic Package. If you do not agree with this Media Release, please contact the School Administrator or the Athletic Director. Failure to agree will not keep your child from participating in athletics but may limit your child's ability to participate in certain athletic activities.

I agree to assign to Memorial Christian Academy all rights to publish, exhibit, broadcast, and /or distribute videotape, digital, film and/or sound recordings of my child(ren) listed below for the sole purpose of advertising and/or promotion of the Athletic Program at Memorial Christian Academy. I hereby waive any right to inspect or approve the finished video tape, film or soundtrack, advertising copy or printed matter that may be used in conjunction with advertising or promotion of the athletic programs.

Parent Signature _____

Date: _____

Student Name(s)

1. _____

2. _____

3. _____

