

Memorial Christian Academy

Warrior Athletic Department

Athletic Programs Information Sheet

Memorial Christian Academy is pleased to offer a competitive after-school athletics program for students in 4th – 12th grade. One of the joys of Memorial Christian Academy's athletic program is the very high student participation rate at both the high school and middle school levels. This year we are excited to offer competitive sports for the elementary level as well. Our students are able to participate in a variety of sports during the fall, winter and spring seasons. Athletics is just another one of the many avenues in which our students are able to use the amazing abilities with which God has so richly blessed them.

High School Grades: 9th – 12th League Affiliation: *Texas Christian Athletic Fellowship*

Fall

Football

Volleyball

Cheer

Winter

Basketball

Cheer

Bowling

Spring

Track & Field

Archery

Middle School Grades: 6th – 8th League Affiliation: *Austin Christian Athletic Association*

Fall

Tackle Football

Volleyball

Cheer

Winter

Basketball

Cheer

Spring

Track & Field

Soccer

Archery

Elementary Grades: 4th – 6th League Affiliation: *Austin Christian Athletic Association*

Fall

Cheer

Volleyball

Winter

Basketball

Cheer

Spring

Track & Field



Memorial Christian Academy

Athletic Department

Agreement to Media Release for Advertising and Promotion

Beginning with the 2018-2019 school year, 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. _____



MCA Athletic Fees

Memorial Students

1st Sport = \$ 125.00

2nd Sport = \$ 100.00

3rd Sport = \$ 75.00

Home School Students

1st Sport = \$ 200.00

2nd Sport = \$ 175.00

3rd Sport = \$ 125.00

All Fees are non-refundable once an athlete has started practicing with a team.

- Family discount – 3rd child in the immediate family enrolled in sports will receive a 50% discount for all sports. To receive this discount there must be 3 children enrolled in the same sports season.
- Fees must be paid in full to the business office before your child will be allowed to practice, scrimmage or compete with the team.

Athletic Fees are used 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.

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

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.

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:

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.

1. Have you had a medical illness or injury since your last checkup or sports physical?
2. Have you been hospitalized overnight in the past year?
3. Have you ever had surgery?
4. Have you ever passed out during or after exercise?
5. Have you ever had chest pain during or after exercise?
6. Do you get tired more quickly than your friends during exercise?
7. Have you ever experienced racing of your heart or skipped heartbeats?
8. Have you ever had high blood pressure?
9. Have you ever had high cholesterol?
10. Have you ever been told you have a heart murmur?
11. Has any family member or relative died of heart problems before age 50?
12. Has any family member or relative died of sudden unexpected death before age 50?
13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?
14. Has any family member been diagnosed with Hypertonic Cardiomyopathy?
15. Has any family member been diagnosed with Long QT Syndrome?
16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc)?
17. Has any family member been diagnosed with Marfan's syndrome?

YES NO



100

110

□ □

100

100

100

□ □

□ □

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

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease? | <input type="checkbox"/> | <input type="checkbox"/> |

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 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: _____

Personal Information

Student's Name _____
Last First MI

Address _____ TX _____
Street City Zip

Phone _____ Date of Birth _____ Sex () Male () Female

Grade Level _____ Email Contact: _____

Student will participate in these sports: (check all that apply – this is just for planning purposes – students are allowed to reconsider)

Elementary Division

- | | |
|--|---|
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Girls Volleyball | <input type="checkbox"/> 4 th , 5 th , 6 th Grade Boys Flag Football |
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Girls Basketball | <input type="checkbox"/> 4 th , 5 th , 6 th Grade Boys Basketball |
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Girls Track & Field | <input type="checkbox"/> 4 th , 5 th , 6 th Boys Track & Field |
| <input type="checkbox"/> 4 th , 5 th , 6 th Cheerleading | |

Middle School Division

- | | |
|--|---|
| <input type="checkbox"/> 6 th , 7 th & 8 th Grade Girls Volleyball | <input type="checkbox"/> 6 th , 7 th & 8 th Grade Boys Flag Football |
| <input type="checkbox"/> 6 th , 7 th & 8 th Grade Girls Basketball | <input type="checkbox"/> 6 th , 7 th & 8 th Grade Boys Basketball |
| <input type="checkbox"/> 6 th , 7 th & 8 th Grade Girls Track & Field | <input type="checkbox"/> 6 th , 7 th & 8 th Grade Boys Track & Field |
| <input type="checkbox"/> 6 th , 7 th & 8 th Grade Cheerleading | |

High School Division

- | | |
|--|---|
| <input type="checkbox"/> High School Girls Volleyball | <input type="checkbox"/> High School Boys Tackle Football |
| <input type="checkbox"/> High School Girls Cross Country | <input type="checkbox"/> High School Boys Cross Country |
| <input type="checkbox"/> High School Girls Basketball | <input type="checkbox"/> High School Boys Basketball |
| <input type="checkbox"/> High School Girls Track & Field | <input type="checkbox"/> High School Boys Track & Field |
| <input type="checkbox"/> High School Girls Cheerleading | |

T-shirt Size YS YM YL AS AM AL AXL AXXL AXXXL (circle one)

Shorts Size YS YM YL AS AM AL AXL AXXL AXXXL (circle one)



PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION



Student Name (Print): _____

Gender: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ % Body Fat: _____

Pulse: _____ Blood Pressure: _____

Vision: R 20/____ L 20/____ Corrected: Yes ____ No ____ Pupils: Equal ____ Unequal ____

In accordance with Memorial Christian Academy policy, all athletes must have a completed sports physical form on file prior to any athletic participation (practice, scrimmage or game). A new sports physical examination is required every two years. When visiting your physician, please take a completed copy of the medical history form. Please return both signed copies to the MCA Athletic Director prior to any participation.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart – Auscultation of the heart in supine position			
Heart – Auscultation of the heart in standing position			
Heart – Lower Extremity Pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata			

- Initials for station-based examination only

MUSULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			

- Initials for station-based examination only

Clearance

_____ Cleared for participation

_____ Cleared for participation after completing evaluation / rehabilitation for: _____

_____ Not cleared for participation

Recommendations: _____

Provider Name: _____ Date of Examination: _____

Provider Signature: _____

Provider Address: _____

Provider Phone Number: _____

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

TEXAS CHRISTIAN ATHLETIC FELLOWSHIP
Official Transfer Eligibility Statement

Schools must submit a transfer form to the TCAF Director for every new student that intends to participate in high school athletics. This includes Home-School students. Transfer students participating in High School Level Athletics are not eligible for play until the school has received approval from the TCAF Director.

Student Name _____

Former School _____

Address _____

Phone Number _____

Administrator/Principal _____

New School _____

Address _____

Phone Number _____

Administrator/Principal _____

Date of Transfer _____ Before School Year Began (circle one) YES NO

If no, give a brief reason for the transfer. _____

Please circle correct answer

1. Yes No Has the student ever practiced or participated in extracurricular athletic activities at another school? This includes before school, after school and during an athletic period.

2. Yes No Will or was the student 19 prior to **September 1** of the current year.

3. Yes No Did the student **ENROLL** in the 9th grade more than 4 years ago?

4. Yes No Has the student repeated a grade in High School?

5. Yes No Is the student enrolled in at least 4 classes at the present school?

6. Yes No Does the student presently reside with parent(s) (either birth or adoptive parents)?

7. Yes No Is the student a citizen of the United States?

8. Yes No Is the student presently under suspension or ineligible to participate in extracurricular activities at the previous school?

Prior to applying to the new school, has the student, family or representative of the family

9. Yes No Communicated with any coach at the school about ATHLETIC PARTICIPATION?

10. Yes No Communicated with any booster club member or school board member about ATHLETIC PARTICIPATION?

11. Yes No Attended a SPORTS CAMP at this school?

12. Yes No Participated on an AAU, CLUB, or similar team coached or operated by a coach at this school?

13. Yes No Participated in an OFF SEASON League on a team coached or operated by a coach at this school?

14. Yes No Been promised a SCHOLARSHIP for ATHLETIC PARTICIPATION from this school or representative of school?

16. Yes No Attended a tryout to determine eligibility for ATHLETIC PARTICIPATION at this school?

17. Yes No Has the student been promised payment of expenses or financial aid based on ATHLETIC ACTIVITY at this school?

18. Yes No Has the student been promised college scholarships or placement based on ATHLETIC ACTIVITY at this school?

19. Yes No Has the family agreed to pay individuals future sums for past or present representation in an ATHLETIC ACTIVITY?

Certification Statements

We certify that, to the best of our knowledge, that no undo influence was exerted upon the student or parents to transfer schools for strictly athletic purposes. Furthermore, I (Administrator/Principal) certify that, to the best of my knowledge, no one connected with our school exerted upon the student or parents any inducements or privileges not afforded to any other student coming to our school who does not participate in athletics.

(BOTH SIGNATURES REQUIRED.)

School Administrator/Principal _____ Date _____

Athletic Director _____ Date _____

Certification of Parents

I certify that I (we), as parent(s), are not placing our child(ren) in this school strictly for athletic purposes and there was no pressure or inducements to us, or our child(ren), from anyone at this school. By signature below, we attest that the above information is factual, true and correct. We understand that if information is later determined to be incorrect or untrue, the eligibility of the student would be in jeopardy and any contests in which the student participated would be subject to forfeiture by the school.

Parent(s) _____ Date _____

Certification of Previous School

We certify that, to the best of our knowledge, that no undo influence was exerted upon the student or parents to transfer schools for strictly athletic purposes. We also certify that all student information is true and accurate.

School Administrator/Principal _____ Date _____

Athletic Director _____ Date _____

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: _____