



**Cornerstone**  
CHRISTIAN ACADEMY  
FOR LEARNING & LEADERSHIP

## Athletic Registration

Athlete's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone - Guardian \_\_\_\_\_ Cell Phone – Guardian \_\_\_\_\_

Email – Guardian \_\_\_\_\_ Email - Guardian \_\_\_\_\_

**Students are not eligible until all the following have been completed:**

- |   |   |
|---|---|
| <input type="checkbox"/> Athletic Registration                | <input type="checkbox"/> Concussion Information Sheet |
| <input type="checkbox"/> Athletic Handbook                    | <input type="checkbox"/> Travel Consent & Release     |
| <input type="checkbox"/> Student Athletic Waiver              | <input type="checkbox"/> Transportation Policy        |
| <input type="checkbox"/> Current Physical (valid for 2 years) | <input type="checkbox"/> Athletic Fees Paid           |

☐ I have read the CCALL Athletic Handbook and agree to abide by the standards stated therein. The Handbook can be accessed at [www.ccak12.net](http://www.ccak12.net). The above student has my permission to participate in interscholastic athletics and travel to any practice or contest in a school approved vehicle.

Father/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Student Athletic Waiver

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Athlete's Name	Date of Birth	Age
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Address	City	State	Zip
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Home Phone	Parent/Guardian Cell	Parent/Guardian Cell
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I give my permission for my above-named child to attend and participate in the sports programs that are endorsed by Cornerstone Christian Academy, 715 NW Onsdorff Blvd. Battle Ground, WA. 98604. This includes permission to participate and release of any and all claims, and authorization for medical treatment which includes, but is not limited to the following event: sports. I hereby release and agree to hold harmless Cornerstone Christian Academy together with its agents and employees from all actions, causes of damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Cornerstone Christian Academy for any and all personal injuries, loss, or damages, known or unknown, which my child may incur by participating in the above activity. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance. The undersigned further agree to assume full financial responsibility for any and all charges incurred, specifically including ambulance, doctor, hospital, and/or medication. In the event of an injury to the attendee, the individual's parent(s)/guardian(s) is/are to be held financially responsible for any and all medical related expenses.

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Father/Guardian Name	Signature	Date
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Mother/Guardian Name	Signature	Date
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Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Restrictions on Participation: \_\_\_\_\_

Pertinent facts to which a physician should be alerted: \_\_\_\_\_

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Medical Insurance	Phone Number
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Policy/Group Number	ID Number	Certificate Number
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**715 NW Onsdorff Blvd.**  
**Battle Ground, WA 98604**

**360-256-9715**

**ccak12.net**



## CONCUSSION INFORMATION SHEET

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness





**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. **And when in doubt, the athlete sits out.**

**For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>**

\_\_\_\_\_  
Athlete's Name (Printed)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name (Printed)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport Document created  
6/15/2009



## Parent & Student Athletic Agreement

### Statement of Purpose

High school athletics are an essential element of the education of students because they foster the development of Godly character, life skills, sportsmanship, and teamwork. In addition, our athletic programs strive to develop a positive self-image in each of our athletes and to encourage physical activity as a part of a healthy balanced lifestyle. CCA athletics serve as a source of school pride and strive to maintain positive relationships between schools and communities. While we recognize the pride in winning, it does not supersede the spiritual goals of Cornerstone Christian Academy.

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

As a student – athlete, I understand my responsibilities for participating in Cornerstone Christian Academy’s athletic programs. I also understand there will be consequences for violating any of the expectations for violating any of the expectations outlined in this agreement.

As a student – athlete, I, \_\_\_\_\_ pledge to:

- Commit to my sports schedule by attending all practices and competitions as well as communicating my schedule to my employer, teachers, and parents. If there are conflicts, I will communicate those with my coach immediately.
- Commit to my team by striving to contribute to the program, follow the training rules, and always exercising sportsmanship.

As a parent/guardian, I \_\_\_\_\_ pledge to:

- Commit to my student – athlete’s practice and competition schedule and to minimize conflicts between family schedules and the athletic schedules to ensure that my student – athlete attends all practices, competitions, and special events.
- Support my student – athlete by attending team meetings, competitions, and special events as much as my schedule allows
- Discuss issues of concern with my student – athlete at the coach before they become a problem.
- Respect the coach and understand that it is his/her responsibility to determine strategy and player selection (any questions or concerns should be directed to the coach in a private meeting).
- Work cooperatively with coaches, other parents, and school personnel to ensure a wholesome and successful athletic program for the school.
- Encourage and model good sportsmanship by demonstrating positive support for all players, coaches, and officials at every practice, competition, and/or special event.

\_\_\_\_\_  
Signature of Student – Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





## School Transportation Policy & Agreement

It is a privilege for a student to ride in school-arranged transportation, including busses, vans, or parent-owned vehicles. It is the responsibility of both the driver and student to do everything possible to make it a safe ride. The privilege of a student to ride in these vehicles is contingent on observation of safety rules and acceptable behavior.

1. Please enter and exit the vehicle in an orderly manner.
2. Be respectful towards everyone both verbally and physically.
3. The driver is in full charge of the vehicle and students. The driver will assign seats if necessary, and students must sit in the assigned seat facing forward during the entire ride.
4. If the vehicle is in motion, do not walk or run toward the vehicle. Approach the vehicle once it has come to a complete stop.
5. Students are responsible for the area in which they sit. No food or drinks in school-owned vehicles.
6. Unnecessary conversation with the driver is prohibited. Classroom noise level and behavior are the expected standards in a vehicle.
7. To prevent injury, do not place objects, heads, hair or hands out of windows.
8. Students must sit in their seats facing forward. All aisles, emergency exits, and stairwells must be kept clear at all times; this includes students and/or objects.
9. To prevent injury and driver distractions, passengers are not allowed to stand or move around while the vehicle is in motion.
10. Aggressive behavior toward the driver or other passengers is unsafe and prohibited.
11. Throwing, spitting, kicking or shooting items inside the vehicle or out the windows is hazardous and prohibited.
12. Student will pay for any damage caused by the student to the vehicle.

**I have read the rules and understand them. I know that if I choose not to follow these rules, I will be given a school discipline referral, which, if warranted, may result in immediate suspension of riding privileges.**

**I understand that CCALL administrators and transportation personnel are responsible to enforce consistent policies. My signature below indicates I understand the school vehicle rules and consequences I face if I choose not to follow them. I understand and agree to follow the rules.**

Student Name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Legal Guardian (please print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ, SIGN AND RETURN SIGNATURE PAGE TO  
CORNERSTONE CHRISTIAN ACADEMY FOR LEARNING AND LEADERSHIP**



## Travel Consent & Release

Cornerstone Christian Academy heavily relies on parents for transportation to and from athletic events that occur during school hours, as well as non-school times, such as after school, weekends and holidays.

By signing this release, I authorize my student athlete, \_\_\_\_\_ to travel in a private automobile to and/or from athletic events and practices with another parent / family member, or CCA Staff during this school year. In the absence of this signed release, I acknowledge that I will be solely responsible for transporting my child to and from these activities.

I further acknowledge that CCA, its employees or agents, has no responsibility to supervise the transportation of my student athlete or to exercise supervision and control over my child when not in attendance at the designated activity.

Please check the following if you permit your child to travel to and/or from **ANY GAMES and/or PRACTICES** with a Cornerstone staff, parent and/or family member.

My student-athlete can ride with (check all that apply):

- ☐ Any CCA Staff
- ☐ Any authorized CCA Parent
- ☐ Any authorized CCA Family Member

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_