



**CORNERSTONE**  
**CHRISTIAN ACADEMY**  
for Learning & Leadership

10818 NE 117th Avenue, Vancouver, WA 98662

• Phone 360-256-9715 •

Athletics Information - Mary Pesacreta

[email: mpesacreta@ccak12.net](mailto:mpesacreta@ccak12.net)

## 2019-20 ATHLETIC REGISTRATION

Please check which sport your child will be participating in (one form PER sport):

☐

**CROSS COUNTRY:**

5th-8th Grade

\$75 Fee

☐

**GIRLS' BASKETBALL:**

Middle School Team

\$150 Fee

☐

**TRACK:**

Middle School Team

\$75 Fee

☐

**VOLLEYBALL:**

Middle School Team

\$150 Fee

☐

**BOYS' BASKETBALL:**

Middle School Team

\$150 Fee

Athlete's Name		Date of Birth	Grade
Address		City	State
Zip			
Home Phone	Cell Phone-Father/Guardian	Cell Phone-Mother/Guardian	

### **STUDENTS ARE NOT ELIGIBLE UNTIL ALL OF THE FOLLOWING HAVE BEEN COMPLETED:**

☐

Signed Athletic Registration Form

☐

Signed Student Athletic Waiver

☐

Current Physical (*Physical valid for two years*)

☐

Signed Concussion Information Sheet

### **ATHLETIC AGREEMENT:**

☐

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

☐

I understand that my student will not be allowed to participate in any CCA athletic activity, **including practice**, until all Athletic Forms are turned in to the Middle School office.

☐

I understand that Athletic Fees are due prior to the 1st official game of the season.

Father/Guardian Name	Signature	Date
Mother/Guardian Name	Signature	Date

Office Use Only	
Fees Paid \$	Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # <input type="checkbox"/> Online <input type="checkbox"/> Date Received <input type="checkbox"/>
Documents Received: Student Athletic Waiver <input type="checkbox"/> Current Physical <input type="checkbox"/> Registration Form <input type="checkbox"/>	
Revised 6/28/19	



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## 2019-20 STUDENT ATHLETIC WAIVER

Permission to Participate, Release of All Claims and Authorization for Medical Treatment of Child

**THIS FORM DOES NOT TAKE THE PLACE OF STUDENT PHYSICAL**

Athlete's Name	/ /	Date of Birth	Age
Address	City	State	Zip
( )	( )	( )	
Home Phone	Cell Phone	Other Phone	

**Emergency Contact (if parent/guardian cannot be reached):**

Name	Relationship	( )	Phone
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- ♦ I authorize the above named child to attend and participate in the athletic programs endorsed by Cornerstone Christian Academy for Learning and Leadership. This includes permission to participate and release of any and all claims, and authorization for medical treatment relating to and including, but not limited to athletic events.
- ♦ I hereby release and agree to hold harmless Cornerstone Christian Academy for Learning and Leadership together with its employees, coaches, representatives and agents from all actions, causes of damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Cornerstone Christian Academy for Learning and Leadership for any and all personal injuries, loss or damages, known or unknown, which my child may incur by participating in the above activity.
- ♦ I authorize emergency medical care and treatment for my child during the 2019-20 athletic season in the event I am not present or otherwise able to personally consent to care. I understand that every effort will be made to contact me or the persons listed as emergency contacts at the phone numbers provided herein to explain the nature of the problem prior to treatment. I agree to assume full financial responsibility for any and all charges incurred relating to emergency medical treatment provided for my child, specifically including but not limited to ambulance, doctor, hospital and medication.
- ♦ I, the undersigned, have read this release and understand all of it's terms. I execute it voluntarily and with knowledge of it's significance.

Father/Guardian Name	Signature	Primary Phone	/ /	Date
Mother/Guardian Name	Signature	Primary Phone	/ /	Date

**Any hospital and/or practitioner not having access to the child's medical history needs the following information:**

Allergies: \_\_\_\_\_

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

Date of last Tetanus shot: \_\_\_\_\_

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

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

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

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

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

POLICY/GROUP NUMBER: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

**ATTACH A COPY OF INSURANCE COVERAGE.**

Revised 1/30/19



## 2019-20 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

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

### 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