

NORTHWEST CHRISTIAN ACADEMY

ATHLETIC PACKET for 2021-2022 School Year

We are excited your student has chosen to participate in athletics at Northwest Christian Academy. Our sports program is open to students in grades 5-8.

At NCA we offer the following:

- **Fall:** Cross Country (grades 7 & 8 only), Volleyball, and Flag Football
- **Winter:** Boys Basketball and Girls Basketball
- **Spring:** Track & Field

Please pre-register online at ncslacey.org/nca-sports and complete the following required paperwork and submit to the **NCA Main Office**. Our athletic forms are available on our website as PDF fillable forms at ncslacey.org/nca-sports. You may email the paperwork to NCA@ncslacey.org or drop it off in at the NCA office.

- **Participation Form (signed by both parent and athlete)**
- **Concussion Awareness Form (signed by both parent and athlete)(one required per school year)**
- **Permission to Treat marked YES in FACTS (or a Permission to Treat Form)**
- **Sports physical good for the duration of the sport— good for 2 years; can be faxed to 360.412.0910; we accept both the NCS Physical Examination Form and the doctor's forms.**

All paperwork must be turned in to the **NCA Main Office** prior to participation in sports. (*DO NOT hand paperwork to coaches*).

Medications: Please note: if your student needs medication (epi pen, inhaler, over the counter non-prescription medication, etc.), a medication authorization form must be completed and turned in to the school office along with a doctor's permission for medication at school. You can find this form online.

Please visit our website at ncslacey.org/nca-sports for more information and athletic forms.

Thank you,

Trisha Lanham

Northwest Christian Academy
Athletic Director
nca.athletics@ncslacey.org
ncslacey.org/nca-sports

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Northwest Christian Academy ATHLETIC PARTICIPATION REQUIREMENTS 2021-2022

- Participants will follow current health and safety protocols set for students at Northwest Christian Academy
- Parents will follow current health and safety protocols when on campus or at school events
- Students must bring a water bottle as water fountains are unavailable; water bottle filling stations are open
- Students' personal sports equipment will be frequently cleaned
- Student must have a Permission to Treat Information on file
- Student who attend NCA, must attend school during the day in order to participate in the sport
- Sports participation fee will be invoiced at the beginning of each season via FACTS
- If your student has received the COVID vaccines, please provide proof of vaccination:
 - recognized proof of vaccination examples are:
 - CDC Vaccination Card
 - or Medically Verified Record
- Please note that requirements are subject to change based on CDC and Health Department requirements

I AGREE TO THE TERMS AND CONDITIONS FOR PARTICIPATING IN ATHLETICS AT NORTHWEST CHRISTIAN ACADEMY

Printed name of participant

Signature of participant

Date

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Contact Phone #

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Sports Concussion Awareness

2021-2022

CONCUSSION INFORMATION

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

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.** 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 an athlete may experience:

| | | |
|--|---|---|
| Headaches “Pressure in head” Fatigue/low energy Nausea or vomiting Neck pain Drowsiness Concentration/memory problems (forgetting game plays) | Amnesia “Don’t feel right” Balance problems/dizziness Blurred, double, or fuzzy vision Sensitivity to light or noise Change in sleep patterns Repeating the same question/ comment | Sadness Nervousness/anxiety Irritability Confusion Feeling foggy/groggy Feeling sluggish/slowed down More emotional |
|--|---|---|

Signs observed by teammates, parents and coaches include:

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

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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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: <https://www.cdc.gov/headsup/youthsports/parents.html>

I HAVE READ THE INFORMATION REGARDING CONCUSSIONS. PLEASE KEEP THE INFORMATION PAGE ABOUT CONCUSSIONS AS A REFERENCE AND RETURN THE SIGNED PORTION.

Printed name of participant

Signature of participant

Date

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Contact Phone #

On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's initiating practice or competition. RCW 28A.600.190

Northwest Christian Schools of Lacey

PHYSICAL EXAMINATION

To be completed by Licensed Health Care Professional

| | |
|--------------------------------------|---|
| Today's Date: <input type="text"/> | |
| Student's Name: <input type="text"/> | D.O.B.: <input type="text"/> |
| Height: <input type="text"/> | Weight: <input type="text"/> |
| Pulse: <input type="text"/> | Blood Pressure: <input type="text"/> / <input type="text"/> |

| |
|--|
| Vision: <input type="checkbox"/> Without Glasses <input type="checkbox"/> With Glasses |
| Right: 20/ <input type="text"/> Left: 20/ <input type="text"/> |

| Screening | Normal | Abnormal | Comments |
|----------------------|--------------------------|--------------------------|----------------------|
| Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Skin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Ears/Hearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Nose and Throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Heart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Lungs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Neuromuscular System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Extremities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Spine (Scoliosis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

| |
|---|
| General Condition |
| <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments:

Medical Conditions, Chronic Diseases or Allergies

Comments:

Present Medications:

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This child may participate fully in school activities including physical education.

This child may participate fully in Sports

This child may participate in school activities including physical education with the following restrictions/adaptation:

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Additional Comments:

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Signature/Title of Health Care Provider:

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Date:

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Name: *(Please Print)*

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Phone Number:

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All new students are to have a physical exam on record and any student wanting to participate in sports.

RETURN FORM TO:

NCP – PRESCHOOL DAYCARE

Infant – Pre-K

preschool@ncslacey.org

360-493-2223 ext. 500

360-412-0910 fax

NCA – ELEMENTARY/JUNIOR HIGH

Kindergarten – 8th grade

nca@ncslacey.org

360-493-2223 ext. 209

360-412-0910 fax

NCHS – HIGH SCHOOL

9th – 12th grade

nchs@ncslacey.org

360-491-2966

360-491-3086 fax