



NORTHWEST CHRISTIAN HIGH SCHOOL

ATHLETIC PACKET

We are excited your student has chosen to participate in athletics at Northwest Christian High School. One sport season counts toward 0.5 credits of their 1.5 fitness credit requirement toward graduation.

At NCHS we offer the following:

- **Fall:** Cross Country, Volleyball, and Football
- **Winter:** Boys Basketball, Girls Basketball, and Powerlifting Club
- **Spring:** Baseball, Softball, Track & Field, Golf, and Powerlifting Club

Please complete the following required paperwork and submit to the NCHS Main Office. *Our athletic forms are available on our website as PDF fillable forms. To fill out: download/save to your computer, type into the form boxes, print, and turn paperwork in to the athletic office (you may email to NCHS@ncslacey.org).*

- **Sudden Cardiac & Concussion Awareness Form**
- **Athletic Code of Conduct**
- **Permission to Treat**
- **Interscholastic Athletic Participation**
- **Sports physical good for the duration of the sport**— *good for 2 years; can be faxed to 360.491.3086; we accept both the NCS Physical Examination Form or the Doctor's Forms*

All paperwork must be turned in to the **NCHS Main Office** prior to participation in sports. *(DO NOT give 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.

Please visit our website at ncslacey.org/nchs-sports for more information, sports schedules/scores, and athletic forms.

Thank you,

Kyle Dunn

Northwest Christian High School
Athletic Director
nchs.athletics@ncslacey.org

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NORTHWEST CHRISTIAN HIGH SCHOOL
2021-2022 ATHLETIC EMERGENCY PERMISSION TO TREAT

TO WHOM IT MAY CONCERN: I (the parent or legal guardian)
hereby give permission that my child,
may be given emergency treatment to include first aid and CPR by a qualified emergency medical or first aid caregiver. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Name: **Relationship to child:**

Parent/Guardian Signature: **Date:**

Witness Signature: **Date:**

Emergency Numbers:

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Name/Relationship | Best Contact Number |
| <input type="text"/> | <input type="text"/> |
| Name/Relationship | Best Contact Number |
| <input type="text"/> | <input type="text"/> |
| Name/Relationship | Best Contact Number |

Student Address:

Student Date of Birth: **Preferred Hospital:**

Insurance Company:

Policy/Membership #: **Group #:**

Policy Holder Name:

Allergies and/or Important Health Information; List any operations, injuries, medications. Please explain:

Remarks regarding your child's health, mental or emotional development you would like to call to our attention?

Continued on Back: This form must be completed every school year.

2021-2022 Student Health Information Continued

Student Name:

Physical Date:

Physician:

Has your child ever been around anyone known to have Tuberculosis? Yes ☐ No ☐

I state that the above answers to the above questions are correct.

Parent/Guardian Signature

Date:

Interscholastic Athletic Participation for 2021-2022

(Student Name)

is turning out for athletics at NCHS during the 2021-2022 school year.

I (Name of Parent/Guardian)

, give permission for the above named student to participate in athletics at NCHS. I understand that Football, Cross Country, Track & Field, Golf, Tennis, Baseball, Softball, Powerlifting, Volleyball, Basketball, Games, Meets, and Matches are conducted off campus.

By signing this permission form, I acknowledge that NCHS is not responsible for any accident or injury during participation on our athletic teams. I, the parent/guardian, and Family insurance are responsible for injury care and emergency information has been provided to NCHS (see above).

The above student is not at this time under suspension, or in any other way, ruled ineligible from participating in athletics from any school or school district.

Parent/Guardian Signature

Date:



Sudden Cardiac Arrest

Information Sheet for Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

***SCA is also the leading cause of sudden death
in young athletes during sports***

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1, begin CPR,
and use an AED as soon as possible!***



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second
Counts!**

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>

Northwest Christian High School believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Northwest Christian High School athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLET.

Printed name of participant

Signature of participant

Date

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Contact Phone Number

On a yearly basis, a sudden cardiac awareness & 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 HIGH SCHOOL

Athletic Code of Conduct

As a member of Northwest Christian High School Athletics, I agree to the following rules and standards:

Athletic Code: Administered by the Athletic Department

1. I will not abuse or misuse any prescription or non-prescription medications.
2. I will not use, accept delivery of, purchase, or promote use of any alcoholic beverages or product, tobacco product, or illegal drugs.
3. I will not participate in any immoral sexual contact or activity.
4. I will not use or excuse use of profane or vulgar language.
5. I will maintain my eligibility and academic standing.
6. I will use the three minute rule. (The three minute rule requires the athlete to leave a location, within three minutes, where the athlete encounters any condition that may result in violation of this contract. Following this rule allows the athlete to avoid temptation and guilt by association).
7. Due Process: Violations of the Athletic Code will be dealt with in the following steps:
 - a. First Violation: Probation, the student athlete will be placed on probation and will not be allowed to compete in interscholastic contests for one week. Student athlete will be expected to practice during their probation.
 - b. Second Violation: Suspension, the student athlete will be placed on suspension and will miss two weeks of interscholastic competition and will not be allowed to practice with the team during suspension.
 - c. Third Violation: Dismissal, The student athlete will be dismissed from the team for the duration of the season and participation in further NCHS athletics could be impacted as well as determined by Administration.

Team Code: Administered by the Team Coaching Staff

1. Be on time and in attendance to all team activities including practice, game day, meetings, etc. pertaining to the overall development and success of the team.
 - Extenuating circumstances such as absences from school, sickness, injury, etc. will be excused.
2. In season athletes will not be allowed to participate in off season conditioning BEFORE going to practice.
3. In season athletes will not be allowed to participate in off season conditioning on game days.
4. In season athletes can not miss in season games/competitions to compete in an out of season competition.
5. Any effort less than complete participation by the athlete as determined by the coaching staff may result in diminished playing time and/or possible demotion and/or possible dismissal from the team
6. Due Process: Violations of the Team Code will be dealt with in the following steps:
 1. First Violation, Diminished playing time: the student athlete could lose playing time as a result of a violation of the team code.
 2. Second Violation, Demotion of position: the student athlete could lose his/her position on the team.
 3. Third Violation, Dismissal from the team: The student athlete could be dismissed from the team.

Throughout the “Due Process” procedures, parents/guardians must be informed and involved in the administration of the steps to help facilitate restoration and the return of the student athlete to full standing with the team. Final disposition of the steps should only happen after all attempts have been made to restore and return the student athlete to the team.

Athlete's Printed Name

Athlete's Signature

Date

Legal Parent or Guardian Printed Name

Legal Parent or Guardian Signature

Date

Northwest Christian Schools of Lacey

PHYSICAL EXAMINATION

To be completed by Licensed Health Care Professional

| | | | |
|-----------------|--|-----------------|---|
| Today's Date: | | | |
| Student's Name: | | D.O.B.: | |
| Height: | | Weight: | |
| Pulse: | | Blood Pressure: | / |

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

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

| General Condition |
|---|
| <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: <div></div> |
| Medical Conditions, Chronic Diseases or Allergies |
| Comments: <div></div> |

Continued

Present Medications:

| |
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| |
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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