



# Front Range Christian School Athletic Packet

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# The Virtues of an FRCS Athlete

The following virtues are modeled after Front Range Christian School's *Virtues of a Christian Scholar*.

## 1. Faith

Believes in a Biblical foundation for all athletics

*Matthew 17:20; Isaiah 38:19; 2 Timothy 3:16; Psalm 18:30*

## 2. Courage

Stands up for what is right in the midst of pressure to do otherwise and even when risks exist

*Isaiah 41:10; Joshua 1:9; Psalm 27:1*

## 3. Integrity

Remains competitive without seeking self-advancement through immoral and unethical means

*Proverbs 11:3, 5; Luke 16:10; Proverbs 2:1-2, 5, 9; Titus 2:7-8*

## 4. Creativity

Fosters a culture of innovation and problem-solving on and off the field/court

*Ephesians 2:10; Psalm 45:1; Psalm 139:13-14*

## 5. Eloquence

Leads and competes with confidence in speech and action

*Matthew 20:26; Joshua 1:9; Proverbs 12:15; Matthew 7:24-29*

## 6. Humility

Exhibits confidence and respect without arrogance or self-deprecation

*Matthew 18:4; Titus 3:2; Proverbs 13:10; Philippians 2:3*

## 7. Diligence

Strives for excellence to God's glory not personal gain

*Hebrews 6:10-12; Proverbs 12:24; 1 Corinthians 10:31*

## 8. Firmness

Engages in respectful and confident competition with others, including those they oppose

*1 Chronicles 28:20; 1 Corinthians 15:58; Ephesians 6:10; 1 Corinthians 16:13*

## 9. Love

Driven to express charity to others

*John 13:34-35; 1 John 4:12; 1 John 4:19; 1 Corinthians 16:14*

## 10. Balance

Pursues life and athletics with temperance

*Proverbs 11:1; Proverbs 25:16; Galatians 5:22-25; Romans 5:3-6*

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# FRCS Athletics

*Molding modern day champions for an eternal purpose.*

## Our Mission

Front Range Christian School will strive to produce athletes who love God and others with every fiber of their being. We will pursue excellence in athletics with authentic humility, while exhibiting respect for all participants. We will compete with every ounce of vigor we possess, but will always balance this with an unyielding regard for sportsmanship and respect for our opponents and officials.

## Guiding Principles

To fulfill this mission, the FRCS Athletics Department will:

- **Recruit and develop coaches who have a Christian foundation and are committed to excellence**

1. All Coaches and professional staff will be active in their faith and pursuing a deeper relationship with Christ.
2. Christian principles will be deliberately and systematically incorporated into practices and games.
3. Coaches will model Christ with personal discipline, love for the athletes, openness to learning, and commitment to excellence.
4. Coaches will develop the natural, God-given strengths of each individual athlete.

- **Develop Athletes who pursue excellence**

1. Athletes will model Christian character, intensity, humility, integrity, and openness to learning.
2. Athletes will use their position as a forum for investing in personal spiritual growth and will disciple younger athletes.
3. Athletes will be as physically, emotionally, and mentally as skillful as they are capable of becoming.
4. Athletes will submit themselves to the authority of parents, coaches, and school officials.

- **Define success for the coach, team and individual as authentically pursuing Christ, and knowing you made the effort to become the best you are capable of becoming. FRCS believes that “if you dilute the will to win, you destroy the purpose of the game”. Measurements include:**

5. Discipleship of athletes in both spiritual and life skills.
6. Athlete’s personal growth in athleticism and skill to the athlete’s potential.
7. Athlete grows in assertiveness, passion, and ‘heart’ for the spirit of competition
8. Athletes continue to enjoy the sport as measured by their continued desire to participate in the future.
9. Evidence from the coach and every player that “Our will is to win.”

## Our Vision

Front Range Christian School will be a conduit to Christ in a co-curricular setting where athletes and coaches will grow continuously in their faith. We will be known as a community that models excellence and humility, and our athletes will be recognized by the intensity of their play.

## OUR VALUES

- **TO HONOR** God through our actions and by using our God-given talents in a positive and serving way.
- **TO FURTHER** the educational and spiritual mission of Front Range Christian School in the arena of athletics and other co-curricular activities
- **TO PROMOTE** core values such as honesty, integrity, teamwork, unity, respect, and humility.
- **TO DEMONSTRATE** good sportsmanship, a commitment to fair play and a true understanding of the role of athletics and other co-curricular activities in the junior and senior high school setting.
- **TO CREATE** an environment that allows students to reach their fullest potential in a wide variety of co-curricular offerings. By encouraging our students to be involved in their school and being active in their junior and senior high school experience, students can make their experience come to life.
- **TO FOSTER** a commitment to excellence. This requires a commitment from everyone involved. As a student moves from recreation programs to competitive athletic teams and program, there is a distinct difference in terms of time and commitment level. Athletes must be “All In” and parents need to reinforce and support the coaches and athletes in this notion.

# Parent Checklist

Before a student may practice, all of the following must be completed:

- Payment of athletic fee
- CHSAA Physical Examination and Parent Permit for Athletic Participation
- FRCS Participant Waiver of Liability, Assumption of Risk and Indemnification Agreement
- FRCS Athletic Emergency Consent and Proof of Health Insurance Form
- FRCS Athlete Code of Conduct Form
- FRCS Parent Expectations Form
- FRCS Student/Parent Athletic Agreement
- FRCS Sports Eligibility Form with Signatures

Also included in this packet is an FRCS Student Driver Permission Form. This form must be on file in the Athletic Office prior to the student being able to drive to a competition venue. Please note, the student may not transport anyone besides themselves with this agreement.

## Other Items of Note

Athletes must participate in a minimum number of practices required by CHSAA in order to participate in a scrimmage or competition.

- ▶ Fall Season: 9 practices
- ▶ Winter and Spring Seasons: 5 practices
- ▶ Note that each day of practice represents one practice. A two-a-day practice still counts as one practice.

All athletes must be certified as eligible to begin the year based on a review of their previous academic year grades based on CHSAA and FRCS requirements.

Once the academic year begins at FRCS, eligibility checks will be done once a quarter. If an athlete fails to meet the conditions below, they will be ineligible to compete in any scrimmages or competitions until the next eligibility report cycle (quarterly). **The athlete must:**

1. Be in a minimum of 2.5 Carnegie units each semester.
2. Not have a grade of an "F".

Students must be in attendance no later than 10:30 a.m. on the day of a competition and be in attendance the remainder of the day (or the Friday before a Saturday competition) in order to participate. The only exceptions to this policy are:

1. Pre-approved college visits.
2. School-sponsored activities or mission opportunities.
3. Doctor or dentist appointments (a note from the doctor may be required).
4. Extenuating circumstances approved by the Athletic Director.

FRCS, CHSAA and each athletic program has additional policies that govern a student's participation in athletics at FRCS.

# Physical Examination and Parent Permit for Athletic Participation

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date: \_\_\_\_\_ Exp. Date (good for 365 days) : \_\_\_\_\_

## Parent or Guardian Permit

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. **By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.**

I hereby give my consent for \_\_\_\_\_ to compete in athletics for **FRONT RANGE CHRISTIAN** High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the *Competitor's Brochure*.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the *Competitor's Brochure*.

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

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

**NOTE:** It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e., Little League to Middle School, Middle School to High School.

**PHYSICIAN SIGNATURE REQUIRED ON PAGE 9**

## Medical History

This section must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

Medical History of Student & Family		Yes	No
1	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you currently taking any prescription or non prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
10	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11	Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection		
12	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>
13	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>
14	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>
15	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>
16	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
17	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
18	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
19	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
20	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>
21	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>
22	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
23	Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>
24	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
25	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>
26	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
27	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
28	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
29	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
30	Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>



31	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>
32	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
33	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
34	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
35	Date of last head injury or concussion: _____		
36	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
37	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
38	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
39	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
40	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
41	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
42	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
43	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
44	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
45	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
46	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
47	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
48	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
49	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
50	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
51	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
52	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
53	What is the date of your last Tetanus immunization? Date: _____		
	<b>FEMALES ONLY</b>		
54	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
55	Age when you had your first menstrual period? Age: _____		
56	How many periods have you had in the last 12 months? _____		
57	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain "Yes" answers here:</b>			

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian/Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

# Physical Examination - To Be Completed by Physician

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Tanner Stage or Maturation Index? (males only) \_\_\_\_\_ BP: \_\_\_\_\_

\*Percent Body Fat: \_\_\_\_\_ Pulse: \*(rest) \_\_\_\_\_

\*(exercise) \_\_\_\_\_

\*Audiogram \_\_\_\_\_ \*(recovery) \_\_\_\_\_

\*FEV or Peak

\*Vision Flow (rest) \_\_\_\_\_

Corrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*(exercise) \_\_\_\_\_

Uncorrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*(recovery) \_\_\_\_\_

	N	Abnormal
Eyes		
Ears		
Nose		
Throat		
Teeth		
Skin		
Lymphatic		
Lungs		
Heart		
Peripheral pulses		
Abdomen		
Genitalia/hernia (male only)		
Cervical spine/neck		
Back		
Shoulders		
Arm/elbow/wrist/hand		
Knees/hips		
Ankle/feet		
Marfan screen		

	N	Abnormal
*Urine		
*Hemoglobin/HCT &/or iron stores		
^Echocardiogram		
^Neuropsych Testing		
^Pelvic Examination		

**\*WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^WITH SPECIAL INDICATIONS**

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS
- Cleared AFTER further evaluation or treatment for: \_\_\_\_\_
- Cleared for Limited participation (check and explain "reason" for all that apply):
  - Not cleared for (specific sports):
  - Cleared only for (specific sports):
  - Reason(s):
- NOT CLEARED FOR PARTICIPATION:
  - Reason(s):
- Other Recommendations:
  - Recommend monitoring during early conditioning because of weight/fitness/other
  - Recommend restrictions or monitoring of weight loss or gain
  - Other: Reasons:

**MD/DO, PA, NP, DE-SPC#, Signature:** \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Name of Physician/PA/Nurse Practitioner/Certified-Registered Chiropractor & degree (print):**

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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# FRCS Sports Participant Waiver of Liability, Assumption of Risk, and Indemnification Agreement

THIS IS A RELEASE OF LIABILITY. IT AFFECTS YOU AND YOUR CHILD'S/STUDENT'S LEGAL RIGHTS. REVIEW IT FULLY AND CAREFULLY BEFORE SIGNING.

In consideration for \_\_\_\_\_ (my child), being permitted to participate in \_\_\_\_\_ (Activity), for my child, and on behalf of his/her and my heirs, personal representatives and assigns, I do hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Front Range Christian School (FRCS), and its Board, officers, employees, agents and representatives, from any and all liability for any and all damages, losses or injuries to persons or property, which arise out of, occur during or result from my child's participation in the Activity.

1. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems that would preclude or restrict my child's participation in the Activity. My child and I are fully aware of the risks and hazards associated with participating in the Activity, and I understand that certain, inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I understand that specific risks vary depending on the level and nature of the activity. I understand these risks can range from minor personal injuries such as scratches, bruises, and sprains, to major injuries such as, but not limited to, eye injuries, back or joint injuries, or catastrophic injuries resulting in paralysis or death, as well as emotional distress, pain and suffering, property damage, and economic losses. I understand that my child's participation in the Activity is purely voluntary and notwithstanding the risk of injury to my person or property, I elect to participate in the Activity, and I VOLUNTARILY ASSUME AND MY CHILD VOLUNTARILY ASSUMES FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, AND PERSONAL INJURY INCLUDING DEATH, that may be sustained by my child as a result of participation in such activities.
2. I have sufficient health insurance coverage to provide for and pay for any medical expenses that may be directly or indirectly result from my child's participation in the Activity. I understand that Front Range Christian School provides no insurance coverage and does not take responsibility for the payment of any such medical expenses.
3. My child and I agree to INDEMNIFY AND HOLD HARMLESS Front Range Christian School, its Board, officers, employees, agents and representatives from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, that may be incurred as a result of my child's participation and involvement in the Activity. This Release does not bar recovery to the extent of available insurance for such claims available through FRCS or the above-described persons. Further, this Release also does not waive prospective claims against FRCS and the above-described persons for a willful and wanton act or omission, a reckless act or omission, or a grossly negligent act or omission.
4. My child and I understand that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Colorado, and that if any portion hereof is held invalid, it is agreed that the remaining terms shall continue in full legal force and effect.
5. I agree that any dispute relating to this agreement or my child's participation in the Activity between me and my child and Front Range Christian School shall be subject to arbitration in Denver, Colorado, in accordance with the rules of Judicial Arbitration & Mediation Services



# Athletic Emergency Consent and Proof of Health Insurance Form

Name of Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, emergency responders, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic team or group, and hereby waive on behalf of myself and the above named child any liability of Front Range Christian School, any of its agents or employees arising out of such medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian/Responsible Person

\_\_\_\_\_  
Date

# Student-Parent Athletic Agreement

## To the Student:

### Your Purpose on this team

To glorify God by developing your highest athletic ability and blending it together into a maximum team effort.

### Your Responsibility

To give 100% effort in all physical/mental/spiritual drills assigned, even when you are tired, and to develop your highest abilities and those of the team. You will never be criticized for failing to give of abilities or energy that you do not have. You will enthusiastically encourage your teammates; even those who are trying for your position on the team. You will agree to the following Athlete Code of Conduct:

- I will strive to honor God with my words, action and play.
- I will seek to glorify God with the talents with which He has gifted me.
- I will be respectful of my teammates, coaches, opponents, officials, parents, and spectators.
- I will use appropriate language in appropriate tones when interacting with other athletes, coaches, officials, parents and spectators.
- I will not taunt my opponent or be arrogant or boastful in my celebrations.
- I will not condone or utilize tobacco products or alcoholic beverages.
- I will arrive on time for practices, meetings, and contests, with only emergencies, church activities, major family events, and illness being acceptable reasons for tardiness or absence.
- I will communicate with my coaches regarding issues of injury, illness or expected absence before practice either by phone or in person.
- I will communicate to my parents any necessary team information.
- I realize that glorifying God with my play requires me to care for my body with proper practice, nutrition, and rest. I will do it.
- I will play by the rules of the sport, demonstrating and encouraging good sportsmanship, both in victory and defeat.
- I will not leave the game site without seeking to shake the hand of my opponent and thanking the officials.
- I will be a good steward, being respectful of the property and facilities of our school and any other school I visit. I will be diligent in picking up after myself.
- I will be honest. I will not lie, steal, or cheat.
- I will strive to play safely so that I may avoid causing injury to myself or others.
- When I have a conflict with a teammate or my coach, I will follow the principles outlined in Matthew 18.
- I will humble myself to the good of the team.
- I will seek to encourage and assist my teammates in becoming better athletes and human beings.
- I will be responsible for any uniform or equipment checked out to me and will return it in a timely manner at the conclusion of the season. Any item not returned will be charged to me at the current replacement cost.



## Team Responsibilities

To strive to please God every moment, as if He were the only one watching, during practice and game situations by:

1. **Playing your best** (100% effort) at any given time. That includes team warm-ups, practices and games, when you're behind in score, etc. (Colossians 3:23)
2. Doing all you can to remember and **demonstrate the attitudes of Jesus** at any given time. These include:
  - **Respect** for coaches, referees, their decisions, and teammates - all whom God can use to sharpen you, even in difficult situations.
  - **Dependability** by keeping your grades and citizenship up in order to make ALL practices and games.
  - **Punctuality** by being on time, never late!
  - **Love** by showing a genuine concern for others, rather than self-centeredness, toward teammates, coaches, and opposing players.
  - **Enthusiasm** for representing your God, team and school—by encouraging teammates, and by carrying out quickly and willingly every part of the job.
  - **Humility** by giving God credit for your talents, rather than yourself.
  - **Endurance** to withstand hard work and "knocks" without giving up in academics and other commitments.
  - **Obedience** to God and to those He has put in charge over you.
  - **Responsibility** by doing what's expected of you without being reminded.
  - **Determination** to please God in the way you express your attitudes during practices or games, even in difficult situations.
  - **Attentiveness** by watching and listening very carefully, even when distractions are present.
  - **Forgiveness** towards teammates, referees, or even coaches whose decisions, words or actions may have hurt you.
  - **Self-control** by avoiding words or actions that could hurt you or someone else.
  - **Patience** by not giving God deadlines for you to achieve certain goals.
  - **Flexibility** by not setting your heart on plans that cannot be changed.
  - **Loyalty** by keeping your commitment to your team and coach.
  - **Gratefulness** by expressing your thanks to God for your abilities and to teammates or coaches who have helped your attitudes and abilities.
  - **Meekness** by refusing to argue or cause strife.
  - **Sincerity** by telling the truth, and by having Christ-like attitudes toward everyone at any time - not just toward the coach, certain teachers, or best friends.
  - **Contentment** by being happy with the talents you have and the progress you are making, rather than having negative attitudes about the skills you have not achieved. By being happy toward teammates who are ahead of you, or toward any of the many and difficult decisions that your coach must constantly make for the best of the team.
3. **Looking for ways to help** your teammates, coach, the referees and opposing players in any way you can. (Matthew 20:26-28)
4. **Showing that you trust God's control** during difficult situations, and that your trust will not be ruined by the results of those situations when they seem unfavorable to you. (Matthew 6:25-34)

## Team Rules

These are important in helping you and your team achieve its goals more quickly, fairly, and in close unity with each other. What you do with these rules influences your teammates for better or worse. Your commitment to the team means acceptance of its rules, and violation results in disciplinary action. Each head coach will outline the team rules. If you have questions concerning any team rules, ask your coach before or after practice for explanation. At no time will team rules supersede school policies.

## Awards

To be determined each season by players and coaches. The following awards will be given at the conclusion of the season:

1. **Athletic Letter:** Given to each player who meets the lettering requirements as outlined by the school.
2. **Sports pin:** A sports pin will be given the 1st year a player letters in a particular sport.
3. **Sports bar:** A bar is rewarded each year a player letters in a sport, other than the first year (which is rewarded with a sports pin).

All other awards are at the discretion of the Head Coaches of each sport.

## Eligibility

Athletes are representatives of FRCS and must hold themselves above reproach in all areas. Eligibility is determined quarterly and evaluated by academic performance and behavior. Athletic fees are non-refundable even if a student becomes ineligible.

1. **Academics:** During the period of participation, the student must be enrolled in courses which offer, in aggregate, a minimum of 2.5 Carnegie units of credit per semester. Students may not be receiving an "F" in any class when eligibility is checked. Eligibility checks will be done quarterly. An ineligible student cannot play until the next eligibility check and only if the academic deficiency has been corrected. Students may still practice during the period they are ineligible.
2. **Behavior:** If a player violates FRCS Code of Conduct, he/she will be ineligible to play but may still be eligible to come to practice. The length of ineligibility depends upon the seriousness of the infraction and will be determined by the athletic director and the principal. Whether at school, home games or away games, all athletes are subject to the Code of Conduct as stated in the Parent/Student Handbook.
3. **Probation/Suspension:** Students are ineligible for any athletic team while on disciplinary or academic probation/suspension. A student who is removed from probation during an athletic season will be allowed to participate in sports upon approval of the principal and athletic director.
4. **School Attendance:** Students must be in attendance at school no later than 10:30 on game day and be in attendance the remainder of the day or the Friday before a Saturday game, in order to be eligible to play. The day after a game athletes are expected to come to school ***on time with homework completed unless otherwise instructed by the athletic director and principal.***
5. **Outside Competition:** Players certified to participate as members of any high school sport may compete on any other team in any non-school activity or event in that sport during the sports season. However, the player is required to obtain written permission of the principal.
6. **Recruiting:** No school representative, volunteer, student athlete, parent or family member, school alumnus or booster club member shall recruit students for athletic participation. It is allowable to recruit students to FRCS based on the merits of our school as a whole as opposed to its athletic program.

# Parent/Student Signature Page - Parent/Student Copy

## Student's Commitment

I have read the mission, vision, responsibilities, goals, and rules of the FRCS sports program, and agree to fulfill them as a member of the team. I agree to be instantaneously obedient to my coach and the game officials, to totally devote my abilities to God, my team and to the school. I will strive to give all that I have toward becoming like Christ in every situation, no matter how difficult, and commit myself to the achievement of His attributes in myself, through athletics.

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*Student's Signature*

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*Date*

## Parent's Commitment

As a parent of a student athlete, I am making an investment in my child and in the total athletic program. I commit myself to the following:

1. Love the Lord my God with all my heart, all my soul and all my strength.
2. Pray with my student athlete to encourage them to glorify their Lord and Savior on and off the playing field.
3. Cheer in a positive manner exhibiting Christ-like behavior.
4. Let the coaches' coach. Resist the temptation to coach from the sidelines. Keep clear of the team bench.
5. Never approach a coach, athlete, referee, or school official regarding a ruling on the field of play
6. Maintain the Matthew 18 principle of going directly to the source of my frustration regarding a coach, player etc if there are issues. Be mindful first to bring the frustration before the Lord in prayer.
7. If my student athlete takes issue with a coaching decision, I will advise them to talk with their coach regarding their feelings.
8. Maintain perspective and be in control of my emotions.
9. Avoid derogatory remarks as this only weakens the team.
10. Focus on performance and effort of the student athlete, not on outcome. Winning or losing does not define success.
11. Pay the Athletic Fee in full before the start of the season. The student will not be able to participate until this is paid in full. Refunds will only occur within the first 5 days of the season, and must be requested in writing to the Athletic Department.
12. Helping further and advance the mission and vision of the FRCS Athletic Department.

Parent Expectations:

1. Help with transportation of student athletes to and from away games.
2. Student athletes are not to drive themselves to any away games.
3. Support the eligibility requirements of your student athlete.
4. Attend mandatory athletic meetings for each sport prior to the start of each season.
5. Supervise your other children at all times at home and away games.
6. Student athletes must have sports physical each year they are participating in school sports.
7. Uphold school rules regarding dress code at games.
8. Pick up students after all practices and games.
9. Read all materials distributed from coaches to you or your student/athlete.
10. Serve in any capacity as needed, when available (for example Falcon Club, or helping with gate, concessions, cleaning, or officiating).

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*Parent's Signature*

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*Date*

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*Parent's Signature*

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*Date*

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# Parent/Student Signature Page

FRCS Copy - Please sign and turn in to the Athletic Director

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Student's Signature

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Date

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Parent's Signature

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Date

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Parent's Signature

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Date

# Sports Eligibility Requirements

- All athletes must be certified as eligible to begin the year based on a review of their previous academic year grades based on CHSAA and FRCS requirements.
- Once the academic year begins at FRCS, eligibility checks will be done once a quarter. If an athlete fails to meet the conditions below, they will be ineligible to compete in any scrimmages or competitions until the next eligibility report cycle (quarterly).

The athlete must:

1. Be in a minimum of 2.5 Carnegie units each semester.
2. Not have a grade of an “F”.

I have read and understand our Sports Eligibility requirements

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*Parent's Signature*

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*Date*

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*Print Parent's Name*

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*Student's Signature*

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*Date*

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*Print Student's Name*

# FRCS Student Driver Permission

By signing below, I indicating that I choose to have my student(s) drive him/herself to \_\_\_\_\_ (event). He/she will not give any other students except siblings a ride to or from the above named event.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Parent's Name*

By signing below, I agree that I will not give any student other than siblings a ride to or from the above named event.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Student's Name*

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*Date*

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*Print Parent's Name*

By signing below, I agree that I will not give any student other than siblings a ride to or from the above named event.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Student's Name*