



# Washtenaw Christian Academy

7200 Moon Road, Saline, Michigan 48176. - (734) 429-7733. - Fax: (734) 944-8343

## Athletic Fees

School Year \_\_\_\_\_

Parent / Family name: \_\_\_\_\_

Student(s) Participating: \_\_\_\_\_

Fees to participate in the athletic program at WCA are as follows (no student/family cap):

Student Status	Middle School		Varsity	
	Full-Time	Part-Time	Full-Time	Part-Time
<b>First Sport</b>	<b>\$200</b>	<b>\$200</b>	<b>\$250</b>	<b>\$250</b>
<b>Each Additional Sport (excluding Golf)</b>	<b>\$50</b>	<b>\$100</b>	<b>\$50</b>	<b>\$100</b>
<b>Golf, as additional sport</b>	<b>\$100</b>	<b>\$150</b>	<b>\$100</b>	<b>\$150</b>
<b>Cheer, Cross Country, Wrestling, IF ONLY SPORT</b>	<b>\$150</b>	<b>\$150</b>	<b>\$150</b>	<b>\$150</b>
<b>Boys Volleyball (as first or add'l sport)</b>	<b>\$30</b>	<b>\$30</b>	<b>\$30</b>	<b>\$30</b>

Please circle the sport(s) below that your student-athletes are committing to:

Fall Sports	Winter Sports	Spring Sports
MS Volleyball (4 <sup>th</sup> -8 <sup>th</sup> )	MS Boys Basketball (4 <sup>th</sup> -8 <sup>th</sup> )	Varsity Baseball
Coed MS Soccer (4 <sup>th</sup> – 8 <sup>th</sup> )	MS Girls Basketball (4 <sup>th</sup> – 8 <sup>th</sup> )	Varsity Girls Soccer
Varsity Volleyball	MS Cheer (3 <sup>rd</sup> – 8 <sup>th</sup> )	Golf (6 <sup>th</sup> – 12 <sup>th</sup> )
Varsity Boys Soccer	Varsity Girls Basketball	Boys Volleyball (7 <sup>th</sup> – 12 <sup>th</sup> )
Cross Country (6 <sup>th</sup> – 12 <sup>th</sup> )	Varsity Boys Basketball	
	Varsity Cheer	

Amount Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Please return these forms to the front office**



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## PARENT/GUARDIAN ATHLETIC AGREEMENT

By initialing each item and signing below, I, \_\_\_\_\_, affirm that I have read, understand, and agree to comply with the expectations and responsibilities of parents/guardians of a student-athlete as outlined in the WCA Athletic Handbook.

- \_\_\_\_\_ I have read, and agree to uphold, the policies outlined in WCA's athletic handbook.
- \_\_\_\_\_ I agree to read all materials pertaining to the team including coach communication, schedules, the athletic handbook, and other materials.
- \_\_\_\_\_ I understand that, prior to participating in athletic practices/games, my student-athlete(s) must have an updated sports physical, completed athletic forms, and a payment plan in place for the sports fee.
- \_\_\_\_\_ I agree to ensure that my student-athlete(s) arrive(s) punctually to all practices and games. I understand that student-athletes are expected to arrive to games thirty (30) minutes prior to the scheduled start-time. I further agree to inform the Coach in advance if my student-athlete(s) will be late to a practice or game.
- \_\_\_\_\_ I agree to pick up my student-athlete(s) from all practices/games punctually. I agree to inform the Coach in advance if I am unable to do so.
- \_\_\_\_\_ I understand that I must have a Volunteer Driver form completed in the office in order to transport any student-athletes other than my own children.
- \_\_\_\_\_ I understand that if a car pool arrangement is required, I am responsible for arranging the car pool and informing the Coach of the individuals approved to drive my child to/from a game/practice.
- \_\_\_\_\_ I agree to support and assist the Athletic Department with my time and energy through activities such as working the admissions table or concessions stand, line judging for volleyball, keeping the scorebook or scoreboard at home games, driving student-athletes to away games, assisting with tournament set-up, and cleaning up after home games.
- \_\_\_\_\_ I understand and acknowledge that WCA does not carry insurance to cover student athletic injuries and that I, as the parent/guardian, maintain full responsibility for my student-athlete(s) in the event of an injury, whether during a practice, scrimmage, or game.
- \_\_\_\_\_ I agree to act as a positive role model through my actions and words when in attendance at athletic practices/games by demonstrating respect to referees, coaches, players, fans, and anyone else through in attendance at all times.
- \_\_\_\_\_ I give permission for my student-athlete's picture to be used on Washtenaw Christian Athletics' social media pages (Facebook & Instagram).

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

Date: \_\_\_\_\_



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## STUDENT-ATHLETE ATHLETIC AGREEMENT

By initialing each item and signing below, I, \_\_\_\_\_, affirm that I have read, understand, and agree to comply with the expectations and responsibilities of a student-athlete as outlined in the WCA Athletic Handbook.

- \_\_\_\_\_ I have read, and agree to uphold, the policies outlined in WCA's athletic handbook.
- \_\_\_\_\_ I agree to read all materials pertaining to the team including coach communication, schedules, the athletic handbook, and other materials.
- \_\_\_\_\_ I understand that, prior to participating in athletic practices/games, I must have an updated sports physical, completed athletic forms, and a payment plan in place for the sports fee.
- \_\_\_\_\_ I agree to abide by WCA's dress code as outlined in the Upper School Handbook during my participation in athletic practices and games.
- \_\_\_\_\_ I agree to prioritize my academic pursuits and agree to abide by WCA's standard of athletic eligibility as stated in the Athletic Handbook.
- \_\_\_\_\_ I understand that my commitment to the team means that I will attend every scheduled practice and game with exceptions only being made in extreme circumstances. I understand that missing practices and games may result in disciplinary action.
- \_\_\_\_\_ I commit to arrive punctually and well-prepared to all practices and games. I understand I am expected to arrive to games thirty (30) minutes prior to the scheduled start-time. I further agree to inform the Coach in advance if I am unable to do so.
- \_\_\_\_\_ I agree to take responsibility for all uniforms and equipment assigned to me as a member of an athletic team, and I understand that I will be held financially responsible if the uniforms and/or equipment are not returned or are damaged through negligence.
- \_\_\_\_\_ I commit to exhibiting respect and common courtesy towards coaches, teammates, officials, opponents, spectators, and any other individuals in the athletic arena. I further commit to exercising self-control as I compete.

Student-Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_



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## HOLD HARMLESS WAIVER

*It is my intent as a parent/guardian to allow my student-athlete(s) to participate in practices and games through Washtenaw Christian Academy (WCA). I acknowledge that there are risks to myself and my student-athletes of direct or indirect exposure arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. In consideration of allowing my student-athlete(s) to participate as either a team member or competitor at WCA, and in acknowledging the I am aware of and willing to assume the risks associated with participating in the WCA athletic program, I hereby voluntarily agree to waive, hold harmless, and indemnify WCA and its trustees, agents, volunteers, and employees from any and all claims, demands, damages, and causes of action of any nature whatsoever arising out of ordinary negligence which I, my hers, my assigns, or successors may have against them for, on account of, or by reason of my participation in WCA Athletics. I indicate my agreement to this hold harmless elective by including my electronic signature below.*

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

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

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**HEADS UP**

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