

Legacy Christian Academy

Athletic Packet

Please read carefully through all of the included papers. When you have finished reading the documents, sign the statements below. Then make sure all paperwork requiring signatures is completely filled out, signed, and returned to the high school office.

I, _____, have read and understand what is expected of me and agree to be the best example I can be for the rest of the student body. I am in full support of the Legacy Christian Academy Kingdom Athletic Packet.

Student's Signature _____ Date _____

I, _____, have read and understand the guidelines set forth in the Legacy Christian Academy Kingdom Athletic Packet. I agree with the principles you are teaching my child, and will give the coaches my full support and cooperation.

Parent's Signature _____ Date _____

LEGACY CHRISTIAN ACADEMY (LCA)

KINGDOM ATHLETICS

What is "Kingdom Athletics"?

Kingdom Athletics is the integration of a Kingdom Education philosophy into the area of athletics. We are partnering with parents to use athletics as part of the life-long, Bible-based, Christ-centered process of leading a child to Christ, building a child up in Christ, and equipping a child to serve Christ. *Kingdom Athletics is the working of God in and through the lives of Christians by the means of athletics. Loving God, loving others, and honoring Christ in all we say and do as a sports team and as a competitor. This is our goal!*

At LCA we believe...

Competitive interscholastic athletics is an effective vehicle in which to engage our culture and to transfer Biblical Truth and Knowledge to the next generation. Through athletics we can mold character. Tough competition in the athletic arena is a training ground for life in a tough, competitive world. *At LCA, we use athletics to mold the student's character to reflect the character of Christ.* Through athletics we can teach discipline, the importance of hard work, the setting and pursuit of worthwhile God-given goals, correct response to authority, self-sacrifice, humility and composure under pressure. At LCA, we demonstrate, through athletics, that these are biblical principles that will make us worthy servants for Christ. Through athletics we can teach respect. Respect for our school, faculty, coaches, teammates, the schools we compete against and the officials, •S Through athletics we can teach teamwork. At LCA, we teach that membership to a team is a privilege and carries with it great responsibility. S Through athletics we can teach that a team is a group of people working together sacrificing their individual desires to accomplish a common God-given goal. Through athletics we can teach students to face adversity and challenges with a steady mind, a courageous spirit and reliance upon the ultimate authority, Jesus Christ.

LCA Athletics Statements of Goals:

- To pursue with excellence athletic programs that seek to glorify God.
- To develop and maintain competitive programs, good facilities, and a mindset of success as defined by Scripture.
- To develop and maintain a training system beginning in the lower school that will indoctrinate our Faculty, Staff, Parents and Students with our Kingdom Athletics philosophy, policies and procedures.
- To develop and maintain a training system beginning in the lower school that will prepare

our students for statewide varsity level competition.

- To use athletics to share Jesus Christ with those who do not know Him and to inspire other schools to adopt Kingdom Athletics for themselves.

"And whatever you do, do it heartily, as to the Lord and not to men." Colossians 3:23

Legacy Christian Academy (LCA) Athletic Department
Athlete Code of Conduct

Our Speech:

Colossians 4:6" *Let your speech always be with grace, seasoned with salt...*"

1. Questionable language or "slang" words will not be tolerated. The athlete will never engage in any language that can be termed "trash talking" or use profanity or questionable slang. *Example: In basketball, chanting "air-ball" or screaming while the opponent is on the free-throw line shows poor sportsmanship.*
2. The athlete will address the coaches and officials with respect. The athlete will address the coach as "Coach" or "Mr., Miss or Mrs." and will take concerns or complaints directly to him or her. Insubordination and divisive speech or behavior will not be tolerated. The athlete will address officials as "Sir" or "Ma'am".
3. Never criticize the officials or coaches. These people represent the authority figure, "boss", parent, teacher and "Law". Obedience to authority is not optional and is not predicated on whether or not you agree with it. All authority is God-given and disobedience to authority is disobedience to God.

Our Relationships:

John 15:12" *This is my commandment, that you love one another as I have loved you.*"

1. Develop relationships and a good rapport with teammates and coaches. God has placed you in this situation for a purpose. You have an opportunity to develop life-long friendships. If sports becomes all about you, you need not participate.
2. Develop relationships and a good rapport with classmates. Do not attempt to set yourself upon a pedestal. Your classmates will not respect or support you.
3. Develop relationships and a good rapport with students from other schools. Never miss an opportunity to share Jesus Christ with others.

Our Unity:

I Corinthians 12:12-13' *Foras the body is one and has many members, but all the members of that one body, being many, are one body, so also is Christ. For by one Spirit we were all baptized into one body...*"

1. Develop unity within your team. *"It is amazing what can be accomplished when no one cares who gets the credit." John Wooden*

2. Develop unity within our school family. God has called each one of us to this school. Each of us has different abilities and, therefore, different roles. Never be jealous or envious of someone else's role. Be busy fulfilling your role.
3. Develop unity within the Kingdom. We must establish our philosophy with other schools in order for our ultimate purpose to be met - to further the Kingdom of God. It will take other Christian schools being successful. Pray for them as you pray for LCA.

Our Motives:

I Corinthians 10:31 *"...do all to the Glory of God."*

1. Be motivated by the love of God. Living for Him because He died for us.
2. Strive for victory in order to glorify God. Athletics is just a means to an end and not an end unto itself.
3. Demonstrating Christ in our lives by abiding by the rules of the game in letter and in spirit. Tactics that promote unfair "gamesmanship" will not be tolerated.
4. Committed to excellence. In all areas - faith, practice, academics and game preparation.
5. **Play and act like a CHAMPION!**

Our Behavior:

I John 2:6 *"He who says he abides in Him ought himself also to walk just as He walked."*

1. The athlete will maintain a good reputation. The athlete's character will be in good standing with the administration, faculty, staff and church.
2. The athlete will meet all eligibility requirements.
3. The athlete will know and understand all requirements. The athlete will know all of the expectations of their team and will follow them both in action and in spirit.
4. The athlete will show respect for all coaches, trainers and all staff personnel. This includes the game plans, methods and philosophies.
5. The athlete will show respect for their teammates. The athlete will respect the seriousness of their commitment by attending all practices, meetings and games as prescribed at the beginning of the season and by working together to accomplish a common goal. Help to hold your teammates accountable for their actions.
6. The athlete will maintain a high standard of appearance. Both in and out of the arena adhering to the strictest interpretations of the school dress code and the team

dress and uniform code.

7. The athlete will demonstrate Christ-like character. Both in and out of the arena showing respect in speech and actions for game officials, opponents and all those associated with our opponents.

8. The athlete will never engage in fighting. The athlete will maintain self control at all times. Unsportsmanlike conduct penalties will not be tolerated and will be penalized. Penalties include, but are not limited to, suspensions or dismissal from the team.

9. The athlete will know and understand our philosophy. The athlete will respect the eternal effects of their speech and actions as they represent themselves, their families, their school, their church and ultimately their Lord and Savior, Jesus Christ.

LEGACY CHRISTIAN ACADEMY
KINGDOM ATHLETICS
2017-2018 Athletic Fee Schedule

HIGH SCHOOL

SPORT	FEE	Volunteer Price <i>20hrs of service logged per season</i>	Fee Due Date
Volleyball	\$250.00	\$125.00	August 15, 2017
Soccer	\$200.00	\$100.00	August 15, 2017
Cross Country	\$150.00	\$75.00	August 15, 2017
Basketball	\$250.00	\$125.00	November 3 rd , 2017
Cheer	TBD	TBD <i>(if new uniform is not needed)</i>	September 15th, 2017
Track	\$150.00	\$75.00	March 20 th , 2017
Tennis	\$130.00	\$65.00	March 20 th , 2017
Golf	TBD	TBD	TBD
Baseball	TBD	TBD	TBD
Softball	TBD	TBD	TBD

MIDDLE SCHOOL

SPORT	FEE	Volunteer Price <i>20hrs of service logged per season</i>	Fee Due Date
Volleyball	\$150.00	\$75.00	August 15, 2017
Soccer	\$150.00	\$75.00	August 15, 2017
Cross Country	\$100.00	\$50.00	August 15, 2017
Basketball	\$150.00	\$75.00	November 3 rd , 2017
Cheer	TBD	TBD <i>(if new uniform is not needed)</i>	September 15th, 2017
Track	\$100.00	\$50.00	March 20 th , 2017
Tennis	\$100.00	\$50.00	March 20 th , 2017
Golf	TBD	TBD	TBD
Baseball	TBD	TBD	TBD
Softball	TBD	TBD	TBD

The lower fee applies to those parents who sign-up to volunteer. Parents must volunteer 20hrs per season. If athletic fee is not paid by due date, the student will not be allowed to participate in any further competition until collected. If you are planning on satisfying the 20hrs of volunteer service then volunteer price must be paid by fee due date.

Legacy Christian Academy (LCA) wishes to keep fees and tuition low for our families therefore it is imperative that parents be involved in the activities that support the Kingdom Athletic program. Remember Kingdom Education requires parents, school, and the church working together to grow and educate our children.

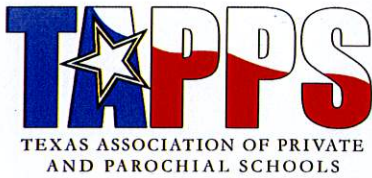
LEGACY CHRISTIAN ACADEMY
KINGDOM ATHLETICS
2017-2018 Athletic Fee Schedule

Student/Athlete Commitment

I am committed to be at every practice. I am committed to be at every game. I will commit myself to good sportsmanship at all practices and games and to be an encourager to my teammates. I will show respect to my coaches, officials, and others in authority over me. I will treat our facilities with care as well as any other facilities we may visit.

Parent Commitment

I am committed to supporting the Kingdom Athletic Program at Legacy Christian Academy by insuring my child attends every practice and game. I will be an example of support and encouragement at all practices and games. I realize that in order for my child to be a team player he/she must be present at all practices and be prepared for game times. *I understand that in order for our school to have an effective program I must be involved in the activities surrounding the athletic program.* I will instill in my child the importance of discipline, teamwork and respect for authority while participating in the Legacy Christian Academy Kingdom Athletic Program.



PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION

STUDENT'S NAME _____ SPORT(S): _____

GENDER: _____ AGE: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % OF BODY FAT: _____

PULSE: _____ BLOOD PRESSURE: ____/____ (____/____/____)

VISION R 20/____ L 20/____ CORRECTED: Y N Pupils: EQUAL____ UNEQUAL____

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to high school athletic participation **each** year of high school.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart – Auscultation of the heart in the standing position			
Heart – Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- ☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for: _____
☐ Not cleared for: _____ Reason: _____
 Recommendations: _____

Provider Name: _____ Date of Examination: _____

Provider Signature: _____

Provider Address: _____

Provider Phone Number: _____



PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY



This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in TAPPS athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

STUDENT NAME (PRINT):		
GENDER:	AGE:	DATE OF BIRTH:
HOME ADDRESS:		
HOME PHONE:	PARENT CELL PHONE:	
SCHOOL:	GRADE LEVEL:	
PERSONAL PHYSICIAN:		
PHYSICIAN PHONE:		
<i>In case of emergency contact:</i>		
NAME:	RELATIONSHIP:	
HOME PHONE:	CELL PHONE:	

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Any "YES" answer to questions 1- 28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physicians assistant, chiropractor or nurse practitioner is required before any participation in TAPPS practices, games or matches.

- | | YES | NO |
|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get tired more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever experienced racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any family member or relative died of heart problems before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any family member or relative died of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member been diagnosed with Hypertonic Cardiomyopathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has any family member been diagnosed with Long QT Syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has any family member been diagnosed with Marfan's syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a severe viral infections (myocarditis, mononucleosis, etc.) in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has a physician ever denied or restricted your participation in sports for any heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever experienced a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had numbness in your arms, hands, legs or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are you presently under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Are you currently taking any prescription or nonprescription medications or inhalers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you ever been dizzy before or during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you currently have any skin problems (itching, acne, warts, fungus or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever become ill after exercising or working in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 32. Have you ever had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever gotten unexpectedly short of breath with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you use any special protective or corrective equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever had a sprain, strain or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Have you ever broken or fractured any bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you ever dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please check the appropriate box and explain on separate sheet of paper.

Head <input type="checkbox"/>	Shoulder <input type="checkbox"/>	Wrist <input type="checkbox"/>	Thigh <input type="checkbox"/>	Shin/ Calf <input type="checkbox"/>
Neck <input type="checkbox"/>	Upper Arm <input type="checkbox"/>	Hand <input type="checkbox"/>	Knee <input type="checkbox"/>	
Back <input type="checkbox"/>	Elbow <input type="checkbox"/>	Finger <input type="checkbox"/>	Foot <input type="checkbox"/>	
Chest <input type="checkbox"/>	Forearm <input type="checkbox"/>	Hip <input type="checkbox"/>	Ankle <input type="checkbox"/>	

- | | | |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 41. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular Activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease? | <input type="checkbox"/> | <input type="checkbox"/> |

Females Only

- | | |
|---------------------------------------------------------------------------------|------------|
| 45. When was your first menstrual period? | _____ |
| 46. When was your most recent menstrual period? | _____ |
| 47. How much time elapses from the start of one period to the start of another? | _____ days |
| 48. How many periods have you had in the last year? | _____ |
| 49. What was the longest time between period in the last year? | _____ days |

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither the **Texas Association of Private and Parochial Schools**, nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, TAPPS, and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, in between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.

STUDENT SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN NAME (PRINT): _____

PARENT SIGNATURE: _____ DATE: _____

For school use only:

This Medical History Form reviewed by: NAME: _____ DATE: _____

CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

Are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache	"Pressure" in the head	Nausea	Vomiting
Balance problems	Dizziness	Blurry Vision	Double Vision
Sensitivity to Light	Sensitivity to Noise	Confusion	Memory Problems
Difficulty paying attention	Feeling sluggish, hazy, foggy or groggy		

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. Additional information is available on the Health and Safety page at www.tapps.biz. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSIONS – Don't hide it. Report it. Take time to recover.

SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart's electrical system, causing the heart to stop beating.

How common is Sudden Cardiac Arrest?

While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

Dizziness	Fatigue	Lightheadedness
Extreme tiredness	Shortness of breath	Nausea
Difficulty breathing	Vomiting	Racing or fluttering heartbeat
Chest Pains	Syncope (fainting)	

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form provided by TAPPS and required for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

What are the risks of participation and playing with these symptoms?

Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While TAPPS does not mandate Cardiac Screening prior to participation, TAPPS and the TAPPS member schools recognize the importance of our students' health and highly recommend discussing screening options with your healthcare provider. Any student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents' choosing.

I have reviewed the above material. I understand the symptoms and warning signs of SCA.

Additional information is available on the Health and Safety page at www.tapps.biz.

Parent Signature / Date: _____

Student Signature / Date: _____

PARENT AND STUDENT NOTIFICATION STEROID USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROIDS

(source: National Institute on Drug Abuse)
<http://www.nida.nih.gov/Infofacts/steroids.html>

For boys and men – shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

For girls and women – growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

For adolescents – growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

For all ages – potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

For Injectors – infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

STUDENT CERTIFICATION

I have read the above information and agree that I will not use illegal anabolic steroids.

Student Signature _____ Date _____

PARENT / GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

Parent/Guardian Signature _____ Date _____



LEGACY CHRISTIAN ACADEMY

2255 HORAL DRIVE • SAN ANTONIO, TEXAS • 78227-2405 • 210-645-4081

PERMISSION – RELEASE FORM

STUDENT'S NAME: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____ GRADE: _____

I hereby give permission for my above-named child to ride with Legacy Christian Academy to extracurricular events. I understand that in each case, the group will be traveling by school bus (and/or private vehicles if necessary).

I hereby release Legacy Christian Academy, its staff, and sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as my agent, to consent to any X-ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I also expect to be contacted as soon as possible. **I understand that if my insurance information should change it is my responsibility to notify the school.**

Please complete and return your signed permission slip to the High School Office.

Signature of Parent or Legal Guardian

Date

Person to Contact in case of Emergency

Emergency Phone Number

Medical Insurance Company

Policy Number

Member's Name

July 25, 2017