

## STATEMENT OF COMMITMENT

I, \_\_\_\_\_, as a member of the Legacy Christian Academy Athletic Program, do agree to abide by the following rules and standards of conduct listed here and also in the Legacy Christian Academy Athletic Handbook, which I acknowledge I have received a copy. I realize that athletic involvement is a privilege, and not a right, and carries with it responsibilities. I further acknowledge that there will be consequences for misconduct or not fulfilling my commitment.

- A. I agree to attend and be on time for all practices, meetings, and games. This includes Awards Banquets, team parties, team pictures and all other team functions: Though I may have outside activities, I will not allow them to interfere with my LCA commitment.
- B. I agree to personally gain PRIOR permission from my coach if extenuating circumstances arise where I must be late or miss a team function (i.e. academic help, family emergency, etc.) This does not excuse vacation. Or out of school activities.
- C. I agree to give 100% effort during practices and in games.
- D. I agree not to consume any type of energy drink or Pre-Workout including but not limited to Monster, Red Bull, 5 Hour Energy, Celsius, Rockstar, Ghost, Bang, etc.
- E. I agree to inform my coach of an illness or injury that I feel may affect my playing ability. I recognize that lack of practice due to an injury may limit my playing time and that I am still responsible to attend practices and games when injured unless excused by my coach.
- F. I understand that the coaching staff has the best interests of the whole team in mind and that I may not get the majority of playing time or may at times not play an entire game.
- G. I agree to inform my coach of transportation problems as soon as they arise.
- H. I agree to keep an attitude of encouragement towards my teammates in every situation.
- I. I agree to perform any function that the coach, in his/her best judgment, not my own, determines is best for the team's overall success.
- J. I agree to refrain from smoking, dipping, drinking, drugs and profanity anytime and anywhere.
- K. I realize that being late due to a detention WILL NOT be tolerated and will avoid actions/attitudes that may lead to detention.
- J. I agree to maintain my academic and attendance eligibility and to inform my coach of any academic problems that may occur such as: term paper due; or upcoming tests, which may necessitate help in managing my time properly or included tutoring. I realize I will have two weeks from notification in order to bring my grades up to athletic standards and if not, I will be dismissed from the team.
- K. I agree to take of any uniforms and/or equipment that may be issued to me and will return it when I am asked. If any damage occurs during my possession, I agree to pay for repair or replacement costs. I agree to not use any school issued equipment for any outside activities unless approved by my head coach and/or the Athletic Director.
- L. I agree that should I be seriously injured during practice or a game and pulled from the game or practice, I will be required to either provide a doctor's note before being allowed to resume participation OR should my parents/guardian not wish to see a doctor, the parent/guardian will sign a waiver releasing Legacy Christian Academy from all liability for that injury before I may resume participation. My Coach, Athletic Director and Headmaster will determine if a doctor's note or waiver will be required to resume participation.
- M. I understand if I am not in school attendance three periods on game day, I will not be allowed to participate, unless prior arrangements have been made with Athletic Director.
- N. I agree that if I break my commitment to my teammates, coaches, and LCA by quitting the team, I will not be allowed to try out for any other teams until the beginning of that sport's season the following year.
- O. I agree that if I quit during a season, I am not eligible for any postseason awards.
- P. When traveling as part of the team, I understand the coaches are fully responsible for me. If my coach deems me or my ride unfit or dangerous, they have full authority to pull me from that ride and re-assign me to another vehicle with no exceptions, with or without parent permission and call 911 to ensure the safety of the remaining child/ren.

By signing below, I, the student-athlete, and we, the parents/guardians, understand and agree to the above stated responsibilities along with abiding by the LCA Parent/Student Handbook and the LCA Athletic Handbook

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete Printed Name

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

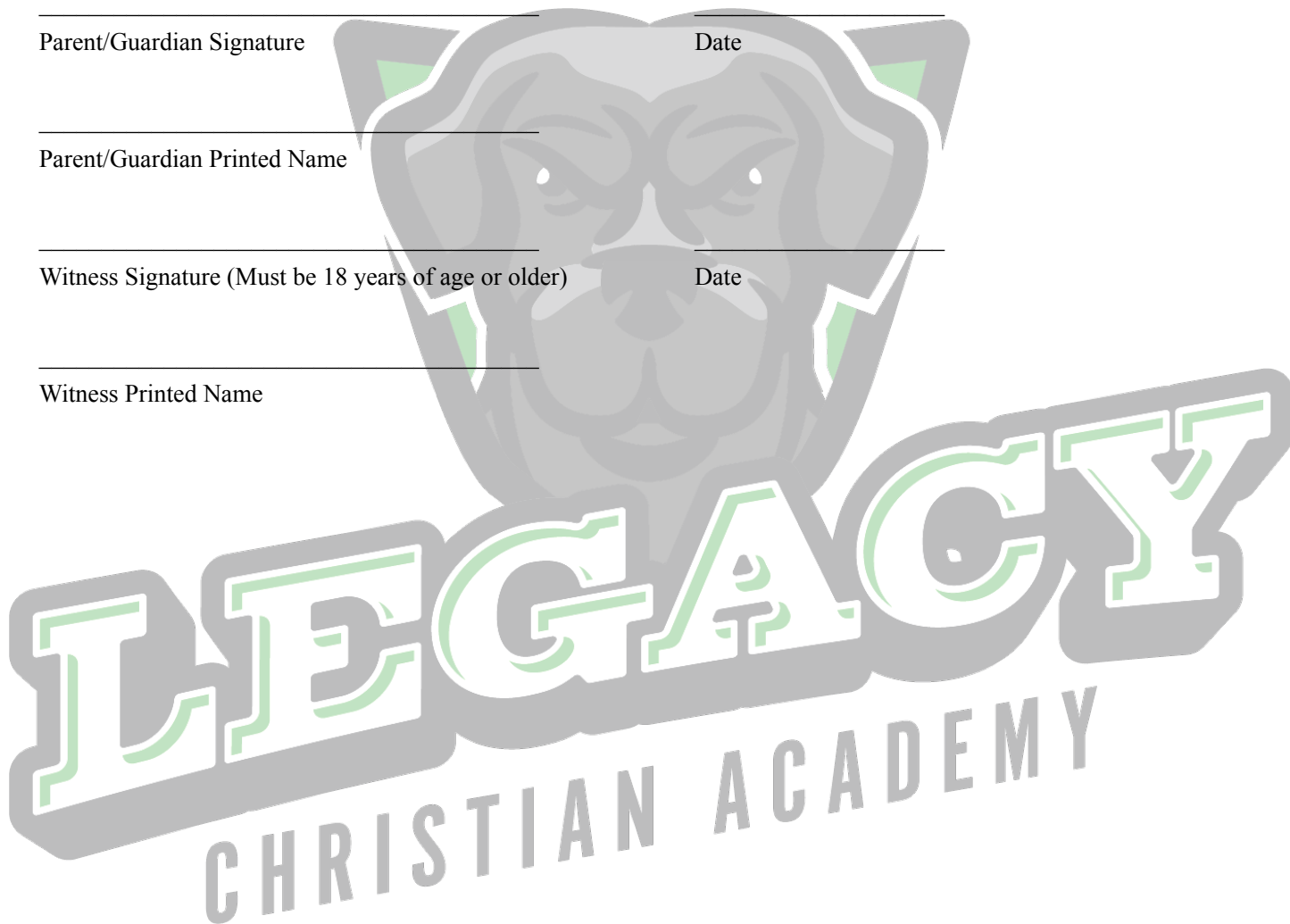
\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Witness Signature (Must be 18 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name



# Warning of Inherent Risk

## Assumption of Risk / Waiver of Liability / Indemnification Agreement

### Release of Liability for minor Participants: Read before signing

Participation in athletics includes the **risk of injury** which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

### Waiver/Release for Communicable Diseases including COVID-19

In consideration of being allowed to participate in my school's athletic program in SCACS and related events and activities, the undersigned acknowledges, appreciates, and agrees that: Participation includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation.

IN CONSIDERATION OF (name of student participant) \_\_\_\_\_, my child/ward, being allowed to participate in any way in the related events and activities of the **SCACS Athletic Association and this school's athletic program**, the undersigned acknowledges, appreciates, and agrees that:

1. The **risk of injury** to my child/ward from the activities involved in athletic programs exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. Participation includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist
3. I for myself, spouse, and child/ward, knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child/ward's participation and we also assume all risks as a spectator at athletic events where we may also be exposed to an illness from infectious diseases; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such to the attention of the nearest official immediately; and,
5. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS LCA Foundation and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs.
6. I grant permission to athletics trainers, first responders, nurses, and coaches as well as physicians or those under their direction who are a part of athletic prevention and treatment, to have access to necessary medical information.
7. I understand that the physical evaluation for participation is simply a screening evaluation and not a substitute for regular health care.

**I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms,**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
Date Signed

### Student Participant Understanding of Risk

I understand the seriousness of the risks involved in participating in an athletic program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
Date Signed

# Warning of Inherent Risk

This school strives to protect each student from possible injury while engaging in school activities. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of our school's overall student-safety program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

We accept and understand that participation in athletics involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We accept and understand that participation in athletics and by attending public events as spectators includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19.

Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

We understand that the inherent risks of participation in athletics cannot be eliminated. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We understand that Participation includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We understand that attending public events (including sporting events) includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

Having read and initialed the statements above, I acknowledge that I have read and fully understand the RISKS associated with participating in this voluntary school athletic program. By signing below, I certify that I have read the above, understand its content and wish to participate.

Student name (please print) \_\_\_\_\_

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Having read and initialed the statements above, I acknowledge that I have read and fully understand the RISKS associated with participating in this voluntary school athletic program. By signing below, I certify that I have read the above, understand its content and give my permission for my student to participate.

Parent/guardian name (please print) \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_



# South Carolina Association of Christian Schools

## Liability Waiver Form

*This Liability Waiver Form must be completed and signed by the parent or guardian for each student before participation in any **SCACS Athletic Event**. The original must be on file in the school office.*

### PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the undersigned parent or guardian—on his or her own behalf, the behalf of any co-parent or co-guardian, and the behalf of the participant (hereinafter collectively “the undersigned”)—agrees as follows:

The undersigned hereby releases, forever discharges, and covenants not to sue the South Carolina Association of Christian Schools (“SCACS”) along with all of its agents, employees, directors, officers, assigns, and attorneys (collectively, the “Releasees”), from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any SCACS-sponsored event that takes place at any location approved by SCACS.

The undersigned hereby assumes all risk of injury associated with any such event and fully indemnifies and holds harmless the Releasees from and against each and every liability, loss, cost, damage, and expense, including attorney’s fees, which the Releasees may incur as a result of any SCACS-sponsored event that takes place at any location approved by SCACS. The undersigned understands and appreciates that the risk of injury from such activities may be significant, including but not limited to the potential for paralysis and death.

The undersigned hereby releases and waives all liabilities for, and covenants not to sue the Releasees for, any and all loss, damage, and any claims or demands on account of injury to his or her child or property arising out of or in any way connected with the child’s participation in any SCACS-sponsored event, whether caused by actual or passive negligence of the Releasees or other participants. The undersigned hereby agrees to comply with all rules and instructions for participation, and assumes liability for harm caused by participant to any co-participant or facilities.

The undersigned hereby certifies that his or her child is in good physical condition, is able to safely participate in SCACS sponsored events, and has no medical condition that would either prohibit his/her participation or make participation more hazardous. The undersigned hereby consents to medical care and transportation in order to obtain treatment in the event of injury to his or her child as deemed appropriate by Releasees’ employees, staff, volunteers or medical professionals, and understands that this Liability Waiver extends to any liability arising out of or in any way connected with such medical treatment or transportation.

The undersigned expressly agrees that this Liability Waiver is intended to be as broad and inclusive as permitted by the law of the State of South Carolina, and that if any portion is held invalid, the balance shall remain in full legal force and effect. The undersigned further represents that no oral representations or inducements apart from this Liability Waiver have been made by the Releasees. The undersigned understands and acknowledges that the laws of South Carolina shall apply to all matters relating to this Liability Waiver, and the exclusive jurisdiction for any dispute with the Releasees relating in any way to this Liability Waiver shall lie in the state or federal courts in and for South Carolina.

*This liability waiver/release applies to the following student-athlete:*

Student's Name: \_\_\_\_\_

*who is currently enrolled in the following SCACS member school:*

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

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

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

**I HAVE READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING BELOW, INCLUDING THE RIGHT TO SUE THE RELEASEES. I ACKNOWLEDGE THAT I AM SIGNING THIS LIABILITY WAIVER FREELY AND VOLUNTARILY AND INTEND MY SIGNATURE TO BE A WAIVER AND COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY DUE TO THE NEGLIGENCE OF RELEASEES OR THE INHERENT RISKS OF PARTICIPATING IN SCACS-SPONSORED EVENTS.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

**Notice to sponsoring school:** *A parent or guardian of the named student must sign this document before such student can participate in any SCACS-sponsored event.*

**\*The SCACS reserves the right to periodically perform random checks on schools to make sure their forms are current. Schools found out of compliance with these policies will be subject to a \$100 fine and/or forfeiture of games played.**

SCACS

# Preparticipation Physical Evaluation – Physical Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Examination			
Height:	Weight:		
BP:     /     (     /     )	Pulse:	Vision:    R 20/     L 20/	Corrected____Yes____No

Medical	Normal	Abnormal Findings
<b>Appearance:</b> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
<b>Eyes / Ears / Nose / Throat</b> - Pupils equal / Hearing		
<b>Lymph Nodes</b>		
<b>Heart</b> - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Skin</b> - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
<b>Neurologic</b>		
<b>Musculoskeletal:</b>		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

## Preparticipation Physical Evaluation

☐ Medically eligible for all sports without restriction.  
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: \_\_\_\_\_  
☐ Medically eligible for certain sports: \_\_\_\_\_  
☐ Not medically eligible pending further evaluation.  
☐ Not medically eligible for any sports.  
 Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_ MD, DO, NP, or PA

# Preparticipation Physical Evaluation – Physical Form

**Note: Complete and sign this form (with your parents if younger than 18) before your appointment.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

List past and current medical conditions: \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures: \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): \_\_\_\_\_

General Questions. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
<b>Heart Health Questions About You</b>		<b>Yes</b>	<b>No</b>
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography).			
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
<b>Health Questions About Your Family</b>		<b>Yes</b>	<b>No</b>
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?			
<b>Bone and Joint Questions</b>		<b>Yes</b>	<b>No</b>
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			

Medical Questions	Yes	No	
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or someone in your family have sickle cell trait or disease?			
24. Have you ever had or do you have any problems with your eyes or vision?			
25. Do you worry about your weight?			
26. Are you trying to or has anyone recommended that you gain or lose weight?			
27. Are you on a special Diet or do you avoid certain types of foods?			
28. Have you ever had an eating disorder?			
<b>Females Only</b>		<b>Yes</b>	<b>No</b>
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain a "Yes" answer here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date \_\_\_\_\_