



OLD PLANK CHRISTIAN ACADEMY ATHLETE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Today's Date _____

DOB: _____ Grade: _____ Gender: M/F (Circle One)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Student Cell: _____

Contact Lenses or Glasses Y/N (Circle One) Inhaler Y/N (Circle One)

Please list any current medication(s) or known allergies: _____

Please list any concerns, and physical or medical condition(s): _____

Parents or Guardian Name(s): _____

Address (if different than Athlete) _____

City: _____ State: _____ Zip: _____

Mom's Cell: _____ Dad's Cell: _____

Email Address: _____

Emergency Contact (other than parent/guardian): _____ Cell: _____

Physician Name: _____ Ph _____

Address: _____ City _____ State _____

Insurance Co: _____ Pol# _____ Grp# _____

- PLEASE ATTACH A COPY OF INSURANCE CARD (FRONT AND BACK)
- PLEASE ATTACH A COPY OF BIRTH CERTIFICATE
- PLEASE ATTACH COPY OF UP TO DATE SPORTS PHYSICAL

ATHLETE NAME: _____

Place check by each sport that your athlete plans on participating with Old Plank Athletics:

Football _____ Volleyball _____ Cross Country _____ Cheerleading _____

Basketball _____ Soccer _____ Baseball _____ Softball _____

I understand that sports fees are required for each sport and must be paid two weeks prior to first game.

Sports Physicals are required before the first practice unless it is current. It cannot be a yearly well physical. Forms are available in Athletic office or front office if needed.

Practices are mandatory for each sport. Times and days will be designated by each sport and coach. I understand that if my athlete misses practice without notifying his/her coach, he/she will possibly forfeit play time in the next game. If I am late picking my athlete up from practice, I understand that they will report to aftercare, where I will accrue a fee for those services.

Grades will be monitored by school administration and will follow the eligibility guidelines set forth in the student handbook.

I understand that my athlete may not play in every game, OR the entire game. I also understand that it is the direct decision of the coaching staff and is based on what is best for the WHOLE team.

All athletes must travel to away games with the team either on the bus or designated coaches carpool. There are no exceptions. Any athlete who will ride home with their parent/guardian must be signed out with coach/coordinator prior to leaving event. If the athlete is riding home with a designated adult, permission to do so must be submitted TO THE COACH IN WRITING prior to leaving OPCA unless they are listed on the Travel Consent below. A text will not be accepted.

All parents/guardians are required to work at least once in the concession stand per sport played. You must work all games that are scheduled that night. (ie. JV, Varsity) If you are unable to do so because of work etc, you may pay \$25 to have a student work in your place OR you may swap with another parent.

Uniforms are the responsibility of the athlete. They must be hand washed or delicate cycle and dried with no/low heat. Lost uniforms will be charged to the athlete based on the replacement cost. If athletes lose OR do not turn in their uniform after the season, they will not be allowed to play the next sport until either the replacement fee has been paid or the uniform has been turned in.

During or after games and practices, I understand that I should not approach the bench and/or coaches. If you need to speak with a coach or address a problem/situation, please call and speak with them the next day.

Parent/Athlete sportsmanship is a must! We cannot accept disrespect towards a teammate, coach, official, opposing team, school staff, or parents/fans. Athletes will be immediately suspended until further notice depending on the severity of the action. This includes bullying of any kind.

Parents and athletes must comply with the dress and conduct code written in the OPCA Student handbook. Athletes may be asked to change during/after ANY school event or game if they are not dressed appropriately. Parents and athletes must refrain from using profanity or drugs and alcohol during any school/sports event whether at OPCA or another facility.

Athletes who miss a school day or more than 2 hours of school are not eligible to participate in any sporting activity for that day without prior approval and/or extenuating circumstances. In these cases doctor's notes or other such documents must be provided prior to play.

Athletes with injuries may require a doctor's release to return to that sport or future sport. It will be at the discretion of the Coaches, school staff or school nurse to determine eligibility.

I have received a copy of the rules and regulations of the OPCA Athletic Program and agree to comply.

Parent Signature: _____ Date: _____

Printed Name: _____

Athlete Signature: _____ Date: _____

Athletic Consent and Release From Liability

I, the legal parent or guardian of _____ student athlete, a minor, hereby give consent for my child to participate in the OPCA Athletic program. I further agree to hold harmless OPCA staff, coaches, and volunteers in the event of an injury or catastrophic event. In case of an emergency, I hereby authorize an adult leader of the organization, as an agent for me, to consent to any x-rays, examinations, testing, emergency transportation, medical, dental, surgical intervention, treatment or hospital care advised and supervised by a physician and/or medical facility licensed to practice under the laws of the state where services are rendered as deemed medically necessary for my child. I will be held financially responsible should any fees be incurred with treatment. I will not hold OPCA, staff, or volunteers liable. I voluntarily waive, release, and forever discharge any and all rights and claims for damages against OPCA arising for my child's participation in athletics. I understand that, given proper time and circumstances, I will be notified as soon as possible when treatment is secured. Furthermore, should it be necessary for the athlete to return home for medical or disciplinary reasons, I assume all responsibility for transportation.

Parent Signature: _____ Date: _____

Printed Name: _____

Travel Consents

I, the legal parent or guardian give my child _____ permission to travel with OPCA Athletics to games and events that are scheduled away from school.

I, the legal parent or guardian give my child _____ permission to travel from sporting events with _____.

Parent Signature: _____ Date: _____