

NEW HARVEST CHRISTIAN SCHOOL

Athletic Packet



2024-2025

Athlete's Name:
(Please Print)



OFFICE USE ONLY:

- | | |
|---|---|
| <input type="checkbox"/> Code of Ethics _____ | <input type="checkbox"/> Financial Commitment _____ |
| <input type="checkbox"/> Proof of Insurance _____ | <input type="checkbox"/> Sports Committing To Play _____ |
| <input type="checkbox"/> Copy of Card _____ | Volleyball___ Basketball ___ Baseball ___ |
| <input type="checkbox"/> Informed Consent _____ | <input type="checkbox"/> Uniform \$ Paid _____ |
| <input type="checkbox"/> Emergency Release _____ | <input type="checkbox"/> Volleyball _____ |
| <input type="checkbox"/> Physical _____ | <input type="checkbox"/> Basketball _____ |
| <input type="checkbox"/> Cleared _____ | <input type="checkbox"/> Baseball _____ |
| <input type="checkbox"/> Not Cleared _____ | <input type="checkbox"/> Academic Clearance VB___ BK___ BS___ |

Notes: _____

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the New Harvest Christian School (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

**NEW HARVEST CHRISTIAN
INTERSCHOLASTIC ATHLETIC DEPARTMENT**

PROOF OF INSURANCE

Name of student/athlete: _____

The California Education Code requires that a member of an athletic team have a t least \$1,500.00 medical insurance coverage before participating in any interscholastic sport, or while traveling as part of a team, (player, manager, or statistician) to and from any athletic activity.

Please indicate the form of insurance you will use:

____ 24 Hour a Day Plan

____ My own Insurance, my child is insured by:

Name of Insurance Company _____

Please photocopy Insurance Card (both sides) and include with this form. If you do not have access to a photocopy machine, bring your card to school office and we will photocopy for our records.

____ Photocopy Received

Signature of Parent/Guardian

Date

NEW HARVEST CHRISTIAN INTERSCHOLASTIC ATHLETIC DEPARTMENT

INFORMED CONSENT FORM

The athletic department at New Harvest Christian School is required to inform all parents and student/athletes of the risks of participation in sports. To assure that the student/athlete and their parents fully appreciate the risks involved in participating in sports and that the student/athlete is participating with the parents approval the following signatures are required.

I understand that while participating in sports activities, there are certain unavoidable risks of accidental injury. I accept that the risks exist, and I agree to allow my child to participate in the interscholastic athletic program.

Name of student/athlete

Name of Parent

Signature of student/athlete Date

Signature of Parent Date

NEW HARVEST CHRISTIAN SCHOOL

2024-2025

Emergency Release Form

Child's Name _____ Date of Birth _____
 Address _____ City _____ Zip _____
 Date of last Tetanus Toxoid _____ Known Allergies _____
 Daily Medications _____ Dosage _____
 Other pertinent information _____
Child Lives With _____

Mother _____
 D.O.B _____
 Work Phone (____) _____
Father _____
 D.O.B _____
 Work Phone (____) _____

Home Phone (____) _____
 D.L.# _____
 Cell Phone (____) _____
 Home Phone (____) _____
 D.L.# _____
 Cell Phone (____) _____

I/We, the parent(s) of the above-named child (minor), do hereby authorize the hospital most accessible during the time of accident, illness, or other emergency, or our **family physician** _____
Phone (____) _____, to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act or the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This action would not be taken unless the parents could not be reached. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of New Harvest Christian School or its acting agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective for the duration of attendance at New Harvest Christian School unless sooner revoked in writing to the school. My child has my permission to attend all field trips and school-sponsored activities.

In addition to parents, the following persons are authorized to take my child from the facility:

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
	D.O.B _____		D.L.# _____	
2.	_____	_____	_____	_____
	D.O.B _____		D.L.# _____	
3.	_____	_____	_____	_____
	D.O.B _____		D.L.# _____	
4.	_____	_____	_____	_____
	D.O.B _____		D.L.# _____	
5.	_____	_____	_____	_____
	D.O.B _____		D.L.# _____	

NOTE: Your child can only be released to the above listed people. Identification of above individuals will be required before child is released.

 Father's Signature

 Mother's Signature

 Date

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal Physician _____

In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ Phone(W) _____

**Explain "Yes" answers below.
 Circle questions you don't know the answers to.**

	Yes	No		Yes	No					
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>					
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>					
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>					
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>					
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>					
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>					
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>					
9. Has a doctor ever told you that you have (check all that apply):			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> High blood pressure			33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> High cholesterol			34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> A heart murmur			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> A heart infection			36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>					
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>					
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	38. 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"/>					
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>					
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>					
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>					
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>					
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>					
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>					
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>					
19. 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? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>					
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest	FEMALES ONLY		
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
								48. How old were you when you had your first menstrual period? _____		
								49. How many periods have you had in the last 12 months? _____		
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____							
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	_____							
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	_____							
23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____							

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.
 +Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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NEW HARVEST CHRISTIAN SCHOOL

SPORTS ENROLLMENT FEES 2024-2025

ATHLETIC REGISTRATION: \$125 Per Year - Non-Refundable

ATHLETIC SPORT: \$200.00 Per Sport - Deposit is due at registration.

Girls' Volleyball - Payment is due: **October 11**
 Boys' & Girls' Basketball - Payment is due: **February 7**
 Boys' Volleyball & Baseball - Payment is due: **April 18**

UNIFORM COSTS:

*Volleyball-----	\$75.00	(Jersey & Short)
*Basketball-----	\$110.00	(Jersey & Short)
*Baseball-----	\$60.00	(Jersey & Hat)

***Costs for uniforms vary from year to year and are based on availability of our specific uniforms (some uniforms become discontinued or obsolete), changing of vendors and price changes. We cannot control this and thus there may be changes from year to year.**

Because the sports programs are very costly to our school, we have created fundraisers for each individual athlete that can eliminate all the cost to participate.

*****CONTACT: Sports Fundraising – Mr. Gaxiola 562-929-6034**

I agree to pay New Harvest Christian School the full amount due for each sport. I understand that should my child be sick, injured, become ineligible or miss a portion of the sport; the full enrollment fee is still due and payable. I understand that the sports enrollment fees are non-refundable and are not pro-rated. I have had this material explained to me and all my questions have been satisfactorily answered.

	NAME	SPORT
STUDENT ENROLLED:	_____	_____
	_____	_____
	_____	_____

Father's Signature: _____ **Date:** _____

Mother's Signature: _____ **Date:** _____

Legal Guardian's Signature: _____ **Date:** _____

Student Athlete, Parent/Guardian and Spectator Guidelines

New Harvest Christian School is a member of CIF (California Interscholastic Federation) and offers a complete athletic program for high school boys and girls. Volleyball, Basketball and Baseball programs are available for students who wish to participate. Participation is a privilege and students must maintain high academic and behavior standards in order to take part.

PLAYERS'S GUIDELINES

1. Shall be attired at games in appropriate and modest dress clothes.
2. Shall at all times give of your best.
3. Shall at all times respect the authority of coaches, referees and teammates.
4. Shall refrain from yelling stomping, throwing of any objects or any outward display of emotion including facial displays, in regard to officials and their decisions.
5. Shall refrain from making remarks to opposing player for the purpose of injuring said player in any way, or to make him fear you in any way.
6. No physical action shall be displayed to an opposing player for the purpose of injuring said player in any way, or to make him fear you in any way.
7. While on the bench, no remarks are to be made to the opposing team players or spectators. Remarks shall be confined to positive ones encouraging teammates.
8. Effort should be consistently made to gain the respect of both teammates and opposing team members.
9. Shall consistently strive for proper team spirit, by encouraging those who by words or deeds seem to destroy team spirit.
10. Shall remember that at all times as Christians we are representing Jesus Christ and the principles of Christianity.
11. Shall discuss with the coaches any incident that you feel would hinder team spirit or might reflect on the Christian standards of the team. This is to be done in private.

STUDENT SPECTATORS GUIDELINES

1. Must be modestly attired at all school functions.
2. Shall support the team by cheering with positive remarks to encourage team and players.
3. Shall refrain from booing or making derogatory remarks to opposing team members or officials.
4. Shall remain silent during free throws of both the home team and visitors.
5. Shall not be disrespectful to any person's attending the game.
6. Shall not use, or bring to games, any horns or other noisemakers.

BEHAVIOR STANDARDS FOR NEW HARVEST CHRISTIAN SCHOOL SPECTATORS

We ask all parents, friends and students abide by the following guidelines at athletic contests. As you watch and enjoy the game, please remember the following points:

- Your entrance is a privilege to observe an athletic contest and support high school activities, not a license to verbally assault others or to be generally obnoxious.
- We expect you to respect all decisions made by the contest officials.
- We expect you to be an exemplary role model by positively supporting teams in every manner possible.
- We expect you to respect all fans, all coaches and all participants.
- Treat competition as a game, not a war.
- Everyone should show concern for an injured player, regardless of team.
- Applause at the end of contest for performances of all participants.

SCHOOL SPIRIT

Colors: Navy Blue, White and Gray

Motto: "All for God."

Team Name: Warriors

Mascot: Warrior



We understand that participation in CIF athletics is a privilege for student athletes and parents/guardians. We understand that these guidelines must be kept and not abiding by the guidelines could result in the loss of this privilege to those involved. I have had this material explained to me and all my questions have been satisfactorily answered. By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that they shall abide by these player and spectator guidelines.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date