

The Details

CONDITIONING is requested of all players over the summer. Swimming, jogging, and bike riding are some examples of exercise that strengthen muscles and build endurance.

PLAYERS are asked to be picked up promptly from practices and games.

RESPECT AND COURTESY is required of all athletes to their coaches and referees.

FORMS must be completed and submitted with appropriate fees to the SCS office by August 25. Regrettably, if forms and fees are not received by this time, the student will be unable to participate. Once the appropriate paperwork is received and reviewed, the student may participate.

UNIFORMS will be provided. It is the responsibility of the player to purchase shin guards, black soccer socks and cleats. All practices will be held at the SCS field. Home games will be played at Woodbourne Park in Wantage. During all home games and most away games, the Varsity team plays first followed by JV. All JV players should arrive at the playing field no later than 4:15pm. Should a player be unable to attend a practice or game, please advise the coach. Players traveling to a game with anyone other than a parent need to provide written consent to the office authorizing your child to be released to another adult. Players will not be released without consent.

Also, all players are required to adhere to the academic and disciplinary guidelines below.

PLAYERS who intend on traveling to a game with another person other than their own parent is REQUIRED to provide a written note the day of said game indicating who the child is authorized to be released to. This note is to be given to Mrs. King. No student will be released to anyone other than their own parent without written consent. Any student who does not follow this procedure will be detained at school until a parent is reached to pick them up.

ATHLETIC REVIEW PROGRAM: This program would be to encourage those participating in athletics to maintain a "C" or better average, and be responsible for their grades. Each teacher would receive a list of student's participation in athletics for each season. The teacher would advise Mrs. King of any student with less than a "C" average. The parents would be notified, and encouraged to work with the student and teacher to raise their average. Within two weeks, should no effort be shown, the student would consequently be benched and not permitted to participate in the game. The student would be expected to attend the event and sit with the team. Once the student's effort and average improve, they will be able to participate with the team. Students with extenuating circumstances will be considered on a case by case basis as advised by the teacher and administration.

In addition, should a student receive a demerit, Mrs. King will advise the coach. The student will automatically be benched at the next game as a consequence of the behavior. They will be expected to attend the game and sit on the bench with the team. Three demerits within a sport season will result in dismissal from the team.

Participation with athletics is a privilege with the student being held responsible for their actions. This program should not be considered a punishment, but as encouragement to students to always strive to do their best with Christ-like actions realizing the consequences should they make unfavorable choices or not perform academically to their best of their ability.

QUESTIONS? Please contact Amy McCann at sports@sussexchristianschool.org.

SUSSEX CHRISTIAN SCHOOL
SPORTS PERMISSION & PARTICIPATION FEE FORM

I give permission for my son/daughter _____ to participate in the soccer program at Sussex Christian School, and have enclosed a participation fee in the amount of \$50.

Please provide the following information:

Parent's Name: _____

Phone: _____ Cell Phone _____

Alternate contact in case parents unable to be reached _____

Phone: _____ Cell Phone _____

My son has the following medical problems, chronic disease or allergies: _____

Medications currently taking: _____

Does child have a prescription inhaler for asthma? _____ Yes _____ No

If yes, name of asthma medication: _____

Epipen (Adrenaline) for diagnosed bee sting allergy? _____ Yes _____ No

Insurance Company Name: _____

Group #: _____ Policy number: _____

Hospital to be treated in case of emergency: _____

I have read and completed this document in its entirety. I give permission for my child to participate in the soccer program at Sussex Christian School and give permission for my child to be treated should he sustain an injury, asthmatic episode, or bee sting in the event that I am unable to be reached. I understand that I must provide paperwork from my physician, as well as inhalers and/or Epipen if needed, and authorize the coach to administer medication in my absence. I understand that Sussex Christian School will not be held liable for injuries sustained in practice, during games, or while being transported to and from sports events and/or practices.

In addition, I understand that there is a participation fee of \$50, which I have enclosed by a check, made payable to "Sussex Christian School".

Parent's Signature: _____

Date: _____ Check Number _____

SUSSEX CHRISTIAN SCHOOL

SOCCER TEAM PARTICIPATION STUDENT ATHLETE AGREEMENT FORM *2011 SEASON*

I hereby agree that it is of vital importance that the student athlete named below follows the coach's still instructions, training rules, and team policies. This includes exhibiting a Christ-like attitude on and off the field, as well as good sportsmanship. Respect for teammates, opponents, coaches and officials are also required of a Sussex Christian School athlete. In addition, both I and son/daughter understand the details of the athletic monitoring program knowing the potential consequences for academic or disciplinary action.

I understand that a SCS soccer uniform will only be issued after receipt of a \$50 "Uniform Security Deposit". I acknowledge that upon return of the uniform in reasonable condition (ordinary wear expected), the uniform security deposit will be returned to me. All or a portion of the \$50.00 uniform security deposit that will be held by Sussex Christian School may be retained by Sussex Christian School if I fail to properly care for and return the uniform.

- **Uniforms will be** distributed in the gym on September 7 by the athletic coordinator.
- The security deposit will be accepted in the form of a check made payable to "Sussex Christian School", which will be held and not cashed until the end of the season when the uniform is returned.
- The uniforms are numbered, with each number recorded at time of issuance to each player.
- The **date** for the return of uniforms will be announced at the end of the season.

-----*Please return bottom portion with your deposit in an envelope marked "Soccer"*-----

I have read the above participation form, and will abide by the statements.

Enclosed is my \$50 uniform deposit.

Athlete's Name _____

Athlete's Signature _____ Date _____

Parent's Signature _____ Date _____

*****For school use only*****

Check number _____ Shirt _____ Shorts _____ Date received _____