

CCA ATHLETIC PROGRAM

2011 - 2012

HOME OF THE DUCKS



Cornerstone Athletic Pledge

Responsibilities of Student Athletes

Athletes should be diligent in preparation, give 100% at all times. They should demonstrate personal discipline, be respectful in all situations, maintain self-control, show humility, and aggressively pursue excellence. The ultimate and final responsibility rests on the student athlete, for it is the student athlete who is accountable to his/her parents, coach, teammates, and The Cornerstone Charter Academy. Be on time and regularly attend all practices and games.

Failure to comply may result in discipline or consequences for the student athlete, to be determined by the coaching staff and/or administration.

Responsibilities of Parents

- In order to achieve our goals, we need the support and cooperation of each parent. Here is how you can contribute to your student's success and growth as an athlete at The Cornerstone Charter Academy.
 - Encourage your child regularly and his or her coach and team.
 - Be a positive fan; follow the Sportsmanship Creed.

OUR SPORTSMANSHIP CREED

WELCOME TO THE CORNERSTONE CHARTER ACADEMY

WHERE SPORTSMANSHIP IS AN EXPECTATION.

PLEASE LET THE PLAYERS PLAY, THE COACHES COACH AND THE OFFICIALS OFFICIATE,

SO THAT FELLOW SPECTATORS CAN ENJOY THE GAME.

LET US CHEER SO THAT OUR ATTITUDES REFLECT OUR COMMITMENT TO

CHARACTER AND GOOD SPORTSMANSHIP.

ATHLETIC DEPARTMENT LEVELS OF DISCIPLINE:

1. Verbal warning from Administration.
2. Removal from athletic venue and student/athlete could have loss of playing time.
3. Banned from attendance of athletic events and student/athlete will be suspended for 1 game.



CCA ATHLETIC - BOOSTER CLUB

Our Booster Club - Wing Command started up last year and is headed by John Evertsen and Joe Goodrich. As we continue in to our 2nd year we are looking for various volunteers who are in interested filling open Board Member positions.

We are also looking for parents to be our Committee Chairs and volunteers for the various committees to help with handling the needs of the fundraising events.

Presently there will be 3 Committees. Fundraising (cars washes, events i.e.. golf tournament), Sports Memorabilia (banners, lawn banners, car licenses etc.), Corp. Sponsor Committee (work on obtaining Corporate Sponsorships for athletic programs). These Committees will spear head the fundraising events to help obtain the funds needed for our various CCA Sports Programs.

Please list below your volunteer interests and turn this information in to the Cornerstone Charter Academy's Front office - Attn.: Athletic Director- Booster Club AD will forward to the Booster club or send an email to John at: john@evertsen.com and/or ccaathletics14@aol.com

Parent Name (Please print)

Contact Number and Email

Emergency Medical Authorization/Liability Release

2011-2012

Student Name: _____ Grade _____
Last First Middle

Home Phone: _____

Street Address: _____

Date of Birth: _____ Social Security No: _____

The above named child is presently attending Cornerstone Charter Academy. He/she has the following physical or medical limitations, including allergies and prohibited medicine:

VERIFICATION OF HOSPITALIZATION INSURANCE FOR CHILD:

Insurance Company: _____ Policy /I.D.: _____

I hereby authorize and consent for the officials of The Cornerstone Charter Academy to employ on my behalf a licensed physician and/or licensed Athletic Trainer for the emergency treatment of my child, in connection with any injury, accident or illness suffered or sustained while involved with a school activity on or off campus or while in transit. Said authorization and consent for emergency treatment includes hospitalization and surgery, and diagnostic treatment as recommended by said physician or Athletic Trainer.

I understand that every reasonable effort will be made to notify me of said emergency.

LIABILITY RELEASE:

I do hereby release The Cornerstone Charter Academy from all and any medical or hospital expense resulting from any type of accident or injury occurring to our child while involved in any school activity on or off campus or while in transit.

Parent/Guardian Signature: _____ Date: _____

Business Phones: (Father): _____ (Mother): _____

Mobile Phone: _____ Other: _____

In the event that the Cornerstone Charter Academy is unable to reach you during an emergency, please provide the names and phone numbers of two adults whom we may contact on your child's behalf.

Name: _____ Phone No: _____

Name: _____ Phone No: _____



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: ____ Age: ____ Date of Birth: ____/____/____
 School: _____ Grade in School: ____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ___/___/___
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ___/___ (___/___, ___/___)
Temperature: _____ Hearing: right: P ___ F ___ left: P ___ F ___
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
___ Disability: _____ Diagnosis: _____
___ Precautions: _____
___ Not cleared for: _____ Reason: _____
___ Cleared after completing evaluation/rehabilitation for: _____
___ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ___/___/___
Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___/___/___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



Consent and Release from Liability Certificate (Page 2 of 2)

This completed form must be kept on file by the school

Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate. Home education students must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 9.2)
2. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
3. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must not transfer schools after the first day of fall practice or the first day of school, or otherwise the student cannot participate at the new school for the remainder of the school year. (FHSAA Bylaw 9.3)
7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.3)
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.3)
9. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
10. Must have signed permission to participate from the student's parent(s)/guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
11. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. (FHSAA Bylaw 9.6)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered after which time the student must successfully undergo another physical evaluation to continue his/her participation. (FHSAA Bylaw 9.7)
13. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
14. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
15. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
17. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 17)

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.



Affidavit of Compliance with Policy on Athletic Recruiting

(2011-12 school year)

- For:** A student who changes attendance to your school at any time during his/her high school career after having begun the 9th grade in another school, regardless of whether the change occurs during the school year or during the summer period between school years.
- Action:** Must be read and signed in the presence of a notary public by the student and his/her parent(s)/legal guardian(s).
- Due date:** Must be received by the school and a GA4S Form submitted to the FHSAA Office via C2CSchools **BEFORE** the student is permitted to represent the school in interscholastic competition.
- Required by:** FHSAA Policy on Athletic Recruiting.
- Purpose:** To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents/legal guardians, and member schools.
- Verification:** Page 3 will be checked for completeness. Submission of this form **DOES NOT** grant eligibility.

TO: STUDENT-ATHLETE

This school that you have chosen to attend is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to “adopt bylaws that specifically prohibit the recruiting of students for athletic purposes.”

What follows is an explanation of athletic recruiting rules and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend the school for athletic purposes by signing the attached “Affidavit of Compliance with Policy on Athletic Recruiting” in the presence of a notary public. The school’s principal and athletic director must do the same. The signed affidavit must be submitted to the FHSAA Office before the school can permit you to participate in interscholastic athletic competition.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school’s athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at compliance@fhsaa.org. Violations of athletic recruiting rules can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school’s athletic interests or a third party to pressure, urge or entice a student who does not attend that school to change his/her attendance there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school’s athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to that school.

Who is “a representative of the school’s athletic interests?”

Any person, business or organization that participates in, assists with, and/or promotes a school’s athletic program is considered to be a representative of the school’s athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program, such as a team manager, student trainer, etc., at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Relatives of a coach or other members of the athletic department staff at that school;
- A volunteer worker in that school or that school’s athletic program;
- An athletic booster organization of that school;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or to an athletic booster organization of that school; and
- Any other person, business or organization that is otherwise involved in promoting the school’s interscholastic athletic program.



Affidavit of Compliance with Policy on Athletic Recruiting (2011-12 school year)

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend a particular school, or a member of the student's family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails or text messages, or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend the school.

Did someone promise, offer or give you anything more than what any other student who attends this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

What is a "third party"?

A "third party" is an independent person, business or organization who may or may not be a representative of the school's athletic interests.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school's membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is athletically recruited or receives an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.



Affidavit of Compliance with Policy on Athletic Recruiting (2011-12 school year)

Obtain all applicable signatures before a notary public and submit to the school. The school must submit a GA4S Form to the FHSAA Office via C2CSchools BEFORE allowing this student to represent your school in interscholastic athletic competition. Submission of this form DOES NOT grant eligibility. The student must be ELIGIBLE in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student {full legal name} _____ ("THIS STUDENT"), who was born on {date} _____, 19 _____, and who is in the {number} _____ th grade, changed from {school last attended} _____ to {school now attended} _____ ("THIS SCHOOL"), on {date of enrollment} _____, 20 _____. THIS STUDENT has previously attended {list all other schools attended since beginning of 9th grade} _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms "representatives of the school's athletic interests", "improper contact" and "impermissible benefit".

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT has participated on a non-school team affiliated with THIS SCHOOL prior to attending THIS SCHOOL that THIS STUDENT has signed a GA6 Form.

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

Signature of Student / Date

Printed Name of Student

Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian

STATE OF FLORIDA, COUNTY OF _____

Sworn to or affirmed before me on {date} _____ [Notary Seal:]

Signature of Notary

Printed Name of Notary

NOTARY PUBLIC

My commission expires: _____, 20_____.