

PLAYER INFORMATION
2009-2010

Name _____

Address _____

Home Phone _____ Player Cell Phone _____

Grade _____ Birthday _____ Locker # _____

Parent's Names _____

Address (if different) _____

Mom - Cell _____ Mom - Work _____

Dad - Cell _____ Dad - Work _____

** Email addresses:

Player _____

Mom _____

Dad _____

** By filling out the email addresses, you are giving us permission to communicate with you via email. This is one of the primary ways your coaches and booster reps will communicate with you. If you prefer not to receive emails, please let us know.

Other - Please list anything else we need to know about your child such as medicines, allergies, asthma or any other medical conditions:



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
 2280 Executive Drive, Lexington, Kentucky 40505
 Athletic Participation/Physical Examination Form/Consent and Release

PART I - ATHLETE INFORMATION
(This part must be completed by the student)

Name (Last, First, Initial) _____ School Year _____
 Home Address (Street, City, State, Zip): _____
 Gender _____ Grade _____ School _____
 Date of Birth: _____ Birth Place (County, State): _____

Attendance History

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (circle all you might try to play):

- Baseball Basketball Cross Country Football Golf Soccer Fast Pitch Softball
 Swimming Tennis Track and Field Volleyball Wrestling Cheerleading Other

PART II - MEDICAL HISTORY

This part must be completed by parent and student and presented to the authorized health care provider before the physical.

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:.....YES NO

1. Have you ever been hospitalized? YES NO
2. Have you ever had surgery of any kind (e.g., tonsillectomy) YES NO
3. Are you presently taking any medications or pills? YES NO
4. Do you have any allergies (medicine, bees, or other insects)? YES NO
5. Have you ever passed out during exercise? YES NO
6. Have you ever been dizzy during or after exercise? YES NO
7. Have you ever had chest pain during or after exercise? YES NO
8. Have you ever had high blood pressure? YES NO
9. Have you ever been told you have a heart murmur? YES NO
10. Have you ever had racing of your heart? YES NO
11. Has anyone in your family died of heart problems before 50? YES NO
12. Do you have any skin problems? (itching, rashes, acne) YES NO
13. Have you ever had a head injury? YES NO
14. Have you ever been knocked out or unconscious? YES NO
15. Have you ever had a seizure or suffer from epilepsy? YES NO
16. Have you ever had a stinger, burner or pinched nerve? YES NO
17. Have you ever had heat related problems? YES NO
18. Have you ever been dizzy or passed out in the heat? YES NO
19. Do you cough heavily, or breath heavily during activity? YES NO
20. Do you use any special equipment (e.g., knee brace)? YES NO
21. Have you had any problems with your eyes or vision? YES NO
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones? YES NO
23. Are you missing one of any paired organs (e.g., eyes) YES NO
24. Have you ever been diagnosed with any form of asthma? YES NO
25. Are you using an inhaler for asthma? YES NO
26. Are you diabetic? YES NO
27. Do you administer insulin to yourself? YES NO
28. Are you presently using tobacco in any form? YES NO
29. Do you have a history of sickle-cell anemia in your family? YES NO
30. Have you had any other medical problems? YES NO
31. Have you had a medical problem or injury within the last year? YES NO
32. Can you swim? YES NO
33. When was your last tetanus shot? _____

Please explain any YES answers from questions 1-31 on page 1. _____

PART III - PHYSICAL EXAMINATION

This part must be completed by the authorized health care provider named in Bylaw 2.

PATIENT NAME: _____

HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____
 VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared _____
 2. Cleared after additional evaluation for _____
 3. Restricted from participating in the sports of _____
 4. Cleared only to participate in the sports of _____
- Recommendations/Restriction (attach additional if necessary) _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____	Provider's Name (please print)	_____
	Address:	_____
	City/State/Zip	_____
	Phone	_____

Date: _____

This Physical Examination is valid for one year from date administered.

PART IV - EMERGENCY PERMISSION FORM

(This part must be completed by student and custodial parent / guardian)

STUDENT NAME _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
CITY/STATE/ZIP _____
SCHOOL _____
BIRTH DATE _____
PHONE _____

PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:

NAME _____
RELATION _____
ADDRESS _____
CITY/STATE/ZIP _____
DAYTIME PHONE _____
EVENING PHONE _____

Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being used: _____

Students desiring to participate in Wrestling must also complete KHSAA Form WR101 and required attachments between October 15 and the first contest.

This form must be reproduced in order for a copy to travel with respective athlete.

PART V – CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.
The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws 1 through 33 by distribution through the member school or by review at <http://www.khsaa.org/handbook/>. **Please be aware that a student is subject to the one year period of ineligibility in Bylaw 6, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.**

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

PART V – CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE (continued)

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photography) and participation statistics (including height, weight and year in school, participation history) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

Students' Name (please print)	School
Student and Parent/Guardian Address	
Signature of Student	Date
Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)	Emergency Phone Number
Signature of Parent(s)/Guardian(s) who has/have custody of this student	Date
Insurance Carrier	Policy Number

LCA ATHLETIC FINANCIAL STRUCTURE

Athletic Fees - *can be paid for by fundraising options below*

High School: \$ 400

~~Junior High: \$ 100~~

~~Elementary: \$ 50~~

✓ player fee - \$300.00 required for golf

*** Each student-athlete will pay a one-time athletic fee per school year.

Fundraising Options: ✱

There will be three (3) fundraising options this year (to be used to offset athletic fees and/or player fees:

- 1) **Banners/Signs** - \$ 275.00 - sell a banner/sign to hang on one of our existing fields/gyms and \$ 200.00 will be credited to your fees. You will be able to resell this banner/sign the following year to the business and receive the full \$ 275 credited to your fees (provided we do not have to remake it due to wear and tear).
- 2) **Business Partners** - These are available in commitments of \$ 5,000 (Gold), \$ 2,500 (Silver), and \$ 1,250 (Bronze). See attached form for explanation of breakdown of fees.
- 3) **School Directory Ads** - Full page \$ 1,000; $\frac{1}{2}$ page \$ 500; $\frac{1}{4}$ page \$ 250; $\frac{1}{8}$ page \$ 125 (100% goes towards fees).

These fundraising fees cover the following athletic department expenses:

- Athletic Department Staff Salaries
- Athletic Trainer Salary and Training Supplies
- Strength Coach and Staff Salaries
- Facility Maintenance
- Permanent Equipment Expenses

Player Fees

These will vary depending on sport and level and will be presented by coach/booster representative. **You will pay the Player Fee of the level you play.**

Each individual athletic team will charge a player fee. The player fee will cover all the operating expenses for that particular team including:

- All Coaches Stipends
- Uniforms
- Equipment
- Transportation
- Meals/Lodging
- Tournament Fees
- Officials
- Security/Clean-up
- Camp Fees
- Coaches Expenses
- Association/Membership Fees
- Staff Development (CPR, Coaches Education, Medical Symposium, etc.)
- Letters/Bars
- Awards
- Banquets
- Other Miscellaneous Expenses

Revenue Opportunities

Each sport will keep the proceeds from their gate.

Each sport will keep the net proceeds from concessions.

Each sport will retain all tournament proceeds for any junior high or high school tournament they host.

Each sport/team will have ample fundraising opportunities. All fundraisers must be approved by the Athletic Director.

Other activities such as extracurricular concession opportunities are available during the fall, winter and spring seasons. Priority of concession dates will be given to non-revenue producing sports. Teams also have opportunities through the athletic auction and possible other events to raise additional funds.

Points of Interest

Each sport will have a preseason budget meeting with the Athletic Director and Athletic Financial Coordinator in order to establish operating needs, set player fees, and ensure Title IX compliance with brother/sister sports.

Athletes that play multiple sports will pay multiple player fees.

Monies raised above and beyond the operating needs of a particular program will be carried over into the booster account and used for miscellaneous expenses and capital improvement of that specific sport.

ATHLETIC/PLAYER FEE DEBIT AUTHORIZATION FORM

I authorize Lexington Christian Academy and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

___ Checking Account -OR- ___ Savings Account

each month. The authority will remain in effect for the 10 month period, August 20, 2009 through May 20, 2010, or the applicable number of months as indicated below, or until I have cancelled it in writing.

FINANCIAL INSTITUTION

CITY AND STATE

BANK ACCOUNT NUMBER

NAME (PLEASE PRINT)

SIGNATURE

DATE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

NOTE: PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF ALL FINANCIAL INSTITUTION INFORMATION.

Athletes Name(s): _____

Sport(s): _____

Grade Level(s) _____

Athletic Fee(s) \$ _____ \$ _____

+

Player Fee(s) \$ _____ \$ _____

+

*Player Fee(s): \$ _____ \$ _____

Total per athlete\$ _____ \$ _____

Grand Total: \$ _____ /#Months _____ =\$ _____ Monthly Debit

***Notes: This form may be completed for multiple athletes and multiple sports if desired. It is your responsibility to notify the Athletic Department if any changes need to be made in the amount of the monthly debit required. This form must be turned into the Athletic Office by the 10th of the month in order to be processed for that month.**

Athletic Transportation/Code of Conduct Form 2009 - 2010

Lexington Christian Academy's Athletic Department sincerely believes that we must become partners in the education and safety of our student athletes. Our vision is to build community through administration, coaches, parents, and athletes that will make for a more positive experience while witnessing how God lives through us. Please do not hesitate to contact us if you have questions or concerns.

I understand that as a Parent/Fan/Player I am a representative of LCA and ultimately our Lord and Savior, Jesus Christ.

I understand that as a Parent/Fan/Player my role is to support the coach and the team to insure the most positive experience possible.

I understand that as a Parent/Fan/Player the team comes first. Anything that interferes with this philosophy is unacceptable.

I understand that as a Parent/Fan/Player I am to always respect the authority of the officials.

I understand that as a Parent/Fan/Player I am to exemplify good sportsmanship at all times.

I understand that as a Parent/Fan/Player I am responsible for my actions and will encourage others to work together for the good of the team.

Per the head coach, as a Parent/Fan/Player I understand the "Role of Parents in Athletics" and the policies set forth in the Athletic Handbook.

* I hereby give my son/daughter _____ permission to:
(print student-athlete name)

(Please check the appropriate spaces...)

_____ **Travel only in authorized school vehicles.**

_____ **Use their own personal vehicle as transportation to and from practices/contests.
(only within Fayette Co.)**

_____ **Ride with a parent of another student-athlete.**

_____ **Ride with another student athlete. (only within Fayette Co.)**

I understand that the ability of coaches and other school officials to properly supervise students may be impaired when students are not under their direct control. I agree that coaches should not be held accountable when students who are authorized to use alternative means of transportation do so. I understand that coaches reserve the right to refuse requests by players to leave their teams if, in the opinion of the coach, it serves the best interest of the individual or the program.

I have read, understand, and appreciate the aforementioned guidelines and agree to abide by the policies established by Lexington Christian Academy.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

LEXINGTON CHRISTIAN ACADEMY

Business Partner Membership Guide

Company Name: _____

Contact: _____ Phone: _____

Address: _____

Email: _____

Annual Commitment

I would like to be a Business Partner at the following level:

___ Gold \$5,000 ___ Silver \$2,500 ___ Bronze \$1,250

A "Student Snapshot" (24 x 36 poster size) will be displayed in the high school hallway for 12 months for all partners. The photo is of current high school students and bears the name/logo of your business. You will also receive two season passes to all LCA home games and Fine Arts activities.

Your entire commitment (except for \$100 for the "Snapshot" above) can be designated by the Business Partner. Complete the form on the back indicating your preferences for your commitment.

LCA Representative: _____ Date: _____
(Please Sign)

Print Name: _____

LCA Representative Phone Number: _____

Athlete Represented: _____ Sport: _____

Please return your completed Membership Guide to Jennifer Harris.

Lexington Christian Academy
450 West Reynolds Road
Lexington, KY 40503
(859) 422-5753
jharris@lexingtonchristian.org

"Benefits"

Business Partner Student Snapshot \$ 100.00

Activity/Player Fees

(Athletics/Fine Arts \$1,000 Gold, \$750 Silver, \$500 Bronze)

Student Name: _____

Sport/Activity: _____ \$ _____

Ad in LCA's Parent Directory (100% offsets athletic fees) \$ _____

Full Page \$ 1,000

$\frac{1}{2}$ Page \$ 500

$\frac{1}{4}$ Page \$ 250

$\frac{1}{8}$ Page \$ 125

One full year of advertising on the scorer's table \$ 500.00 \$ _____

One full year of advertising in all Fine Arts programs \$ 400.00 \$ _____

Band Trailer Sign \$ 275.00 \$ _____

Baseball Sign \$ 275.00 \$ _____

Basketball Sign \$ 275.00 \$ _____

Football Sign \$ 275.00 \$ _____

Soccer Sign \$ 275.00 \$ _____

Softball Sign \$ 275.00 \$ _____

Tennis Sign \$ 275.00 \$ _____

Athletics

Sport 1: _____ \$ _____

Sport 2: _____ \$ _____

Sport 3: _____ \$ _____

Fine Arts

Academic Team Booster \$ _____

Band Booster \$ _____

Chorus Booster \$ _____

Drama Booster \$ _____

Orchestra Booster \$ _____

Celebrate Teachers (Christmas Bonus) \$ _____

TOTAL BENEFITS \$ _____

Business Partners 2009-2010

Asbury College
Barr, Anderson & Roberts
BB&T Cromwell Insurance
Bluegrass Auto Body, Inc.
Bluegrass Home Interiors
Campbellsville University
Car Town KIA
Commonwealth Technology
Commonwealth Eye Services
Concord Custom Cleaners
Cumberland Valley National Bank
Daryl Easley
Denham-Blythe
Diamond Landscapes
Farmer's Jewelry
Ferguson Enterprises
First Southern National Bank
Humana
James River Coal Company
Juliette Keller DMD
Kentucky Center for Oral Surgery
Kentucky Christian University
Kroger
Malone's
Media Vision Graphics
Miller, Mayer, Sullivan & Stevens, LLP
Neace Lukens Insurance
OfficeMax
Papa Johns
PODS
Raising Cane's
Ransdell & Roach
Republic Services/M&M Sanitation
Rood & Riddle
Rupp & Associates
Systems Design Group
Taylor Made Farms
Thermal Balance
UBS McIntosh/Ditto
University of Cumberlands
UTC
Van Meter Insurance
Whitaker Bank
White, Greer & Maggard Orthodontics
Women's GI Consultants/Laser Perfect



Kentucky Cup - 2009

Lexington Christian Academy's Men's High School Golf

Be a part of the most exciting high school golf tournament in the state by becoming a sponsor of the tournament to be held at the University Club in Lexington on August 5 and 6. 24 teams from across the state, representing many of the state's top high school golf teams will compete in this exciting two day tournament which will combine the formats of stroke play and match play. Your \$300 tax deductible sponsorship will help us continue the tradition of promoting LCA's Christian principles to young athletes during the premiere event of the golf season.



Space is limited. Reserve your sponsorship today!

Your company will be recognized with a sign, placed at a tee box or green. You will also receive an 8x10 picture of the entire LCA golf team as shown above.

----- Detach here and return with check -----

Please make checks payable to: **LCA Golf Boosters**
Mail checks to: **Lexington Christian Academy**
c/o Eric Geldhof
PO box 23160
Lexington, KY 40523

Sponsor's name to appear on sign _____

Name _____ Phone # _____

Address/city/state/zip _____

The core principle for this year's tournament is **Mark 10:27**
"All things are possible with God."