



# CCS Lady Warrior Player Contract

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As a **student athlete**, I, \_\_\_\_\_ (print full name), understand that volleyball/basketball is a team sport, and my obligations to my team include:

1. I will always model good sportsmanship by the way I treat all athletes, coaches, officials, and administrators. **Remember: Love God & Love Others!**
2. I will attend ALL scheduled practices and games, and I will be on the court, ready to practice at the scheduled time. Arriving late could result in a consequence as assigned by the coach. If I will be late or absent, I will text or call my coach **IMMEDIATELY before the practice, departure time, or game occurs**. *Telling a friend or teacher does NOT qualify!* Conflicts resulting in missed practices or games must be given at least 1 week in advance (*with exception of sickness or family emergency*)  
Excused Absences Include: Family Emergency, Inclement Weather, Sickness, and any School Sanctioned Sport or Activity.
3. I understand that time management is my responsibility. I will verify and know practice and game times scheduled by the coach, and I will communicate those to my family. I will also arrange for "on-time" pick-up from all practices & games.
4. I will be courteous to my teammates and treat all players and coaches with respect at all times! *If I don't; I will not play!* Negative comments are NOT allowed. I agree that by choosing to be a part of this team, that **I am responsible for MY attitude & drive.** REMEMBER: ATTITUDE DIRECTLY AFFECTS PLAYING TIME!
5. I will be coachable. I will accept feedback because I know it will help me become the best player I can be. Rolling of eyes, talking back to a coach, being rude to a captain, and other negative behaviors will result in a consequence determined by the Head Coach.
6. **I understand that playing time will not be equal and that it is earned by hard work, performance, attitude, circumstance, ability, and compatibility.** During BENCH TIME I will maintain the same focus and enthusiasm as when in the game. I will keep my head in the game at every moment, and be ready to "go in" at any opportunity.
7. I will only post positive comments that support my teammates, CCS teammates, and my competitors on social media sites (ie: Facebook, Instagram, Snapchat, etc...)
8. As a CCS player, I will be on my best behavior to reveal God's glory at all times. I understand that inappropriate language or behaviors will not be tolerated on or off the court. I will conduct myself as a leader and adhere to all school and team rules. I will report any team concerns and player issues to my Head coach personally.
9. As a team player, I will always focus on *my effort* and *my attitude*, not on wins and losses. I will win with humility and lose with dignity in order to point others to Christ. I will celebrate every great play and brush off any mistakes by focusing on my NBA (next best action).

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# CCS Lady Warrior Parent Contract

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As a **parent**, I understand that my athlete MAY NOT PLAY IN EVERY GAME. I understand that my role as a parent is to encourage and support MY student athlete to be the best team player and athlete she can be *regardless* of her role on the team.

1. I will always model good sportsmanship by the way I treat all athletes, coaches, officials, administrators, and other fans. This includes comments made in the stands and amongst other parents! Remember: Love God & Love Others!
2. I will be a supportive parent and be positive about my daughter's playing experience. I will also support ALL her teammates, coaches, and parents inside and outside the gym. I understand that ***ONLY positive comments*** about a player, coach, or competitor should be verbally shared or even posted on social media (including, but not limited to, Facebook and Instagram)
3. I will insist that my student athlete always demonstrate good sportsmanship and treat other athletes, coaches, officials, administrators, and fans with respect.
4. I acknowledge that not every player will receive equal playing time and that those decisions will be made by the Head Coach ***without*** input from parents.  
**High Schoolers:** I understand that my athlete is playing at the High School level, and the main goal is for her team to play and succeed at that level. I agree to allow my player to discuss playing time with her **head coach** if she seeks to do so ***on her own***.
5. Parents are NOT Allowed in locker rooms or near/on the bench before, during, or after games UNLESS invited by the coach.
5. I will encourage my daughter to resolve any issues on her own *before* I get involved. I understand this is part of her growth process. **When I need to communicate concerns to the coach, I understand that I should not do this during practices, nor immediately before or after games, and I will directly call the coach to schedule a conference to discuss my concerns.**
6. I will support CCS Lady Warrior Athletics by serving in various opportunities as much as possible. (ie: gate keeper, providing snack packs, and tournament volunteer)

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **TCAF & CSAF Volleyball Rules**

(Revised August 2020)

Except stated as otherwise in this document, the Rules of play to be used by TCAF shall be those in use at Public Schools of the same level (National Federation High School).

- 1. All TCAF & CSAF Rules and Policies apply.**
- 2. All coaches and volunteers** closely related to the teams must read and sign a TCAF Code of Ethics Form which should be kept on file by the member school.
- 3. Rally Point to 25**
- 4. High School**
  - a. Best of 5
  - b. Must win by two. No cap
  - c. Tie Breaker to 15. No cap
  - d. May use the Libero Player
  - e. The team using the Libero Player will be responsible for providing the Libero tracker.
- 5. Jr. Varsity**
  - a. Best of 3
  - b. Rally point to 25 with a 30-point cap.
  - c. Tie Breaker to 15 no cap, must win by two
  - d. May use the Libero Player
  - e. The team using the Libero Player will be responsible for providing the Libero tracker.
- 6. JH, Elem Levels**
  - a. Best of 3
  - b. Rally point to 25 with a 30 point cap.
  - c. Tie Breaker to 15 no cap, must win by two
  - d. May use the Libero Player
  - e. The team using the Libero Player will be responsible for providing the Libero tracker.
- 7. Elementary Specs**
  - a. Elementary Teams will use the Tachikara Volley Lite Ball
  - b. Net height – 7ft
- 8. Serving**

At all levels, once the official has beckoned the serve:

  - a. Both the benches and players on the court shall remain quiet between the time the serve is beckoned and serve is made.
  - b. Fans shall make no deliberate attempts to distract the server between the time the serve is beckoned and serve is made. Anyone violating this rule will be asked to leave the premises.
  - c. All movement behind the server must stop.
- 9. Number of Games and Tournaments**



- a. No team shall compete in more than three (3) individual tournaments, plus 24 matches in a season, up to and including the district qualification date.
- b. No game shall be scheduled on Sunday.
- c. **Those students who play on both JV and Varsity may play in no more than 3 tournaments plus a total of 30 games (Varsity and JV games combined.)**
- d. A varsity starter shall not play on the Junior Varsity team unless the opposing coach gives his permission and there are not enough Junior Varsity players to begin the event. If the game is a JV District game, the game may still be played but will be forfeited by said team. Under no circumstances should a Varsity starter be allowed to play when there are Junior Varsity players on the bench. JV players must be listed on the Varsity Roster as the "traveling team"
- e. No 7<sup>th</sup> grader may play on Varsity or Junior Varsity Teams.

#### 10. General Rules

- a. The use of tobacco or any controlled substance (alcohol, drugs, etc.) before, during or after games at contest sites is prohibited by TCAF.
- b. Live animal mascots, cannons, firearms, fireworks, etc. are prohibited at TCAF sponsored contests.
- c. No dogs or other animals are allowed at TCAF sponsored contests.
- d. Except in their normal course of business, emergency vehicles shall not flash lights or sound sirens during a game.
- e. Noisemakers are prohibited at TCAF events held at field houses and/ or gymnasiums.
- f. In events held in field houses/gyms, megaphones may be used only by cheerleaders, in uniform. Megaphones must not be used to strike walls or playing surfaces.
- g. Bands, when permitted, shall play only during time-outs and intermissions. Individual instruments may not be used as noisemakers.
- h. Air horns and bullhorns, handheld or otherwise, are not permitted at any TCAF contest.

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Athlete's Signature

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Date

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Parent's Signature

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Date



## MEDICAL INFORMATION AND RELEASE



NAME \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENTS WORK PHONE \_\_\_\_\_

DAD'S CELL PHONE \_\_\_\_\_ MOM'S CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME, ADDRESS, AND PHONE NUMBER OF FAMILY DOCTOR:

List and explain any chronic or acute medical problems.

ALLERGIES: \_\_\_\_\_

List all medications being taken at present: \_\_\_\_\_

My child has permission to participate in athletics at Community Christian School, hereinafter referred to as "the Athletic Program. I fully realize that injury or illness to my child could result from or during participation in the Athletic Program. In case of accident or illness, I give permission for my child to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills other than those covered by the school's insurance program.

Student Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

### TRAVEL RELEASE AND HOLD HARMLESS AGREEMENT

Please read carefully before signing

I understand that by signing below, and in consideration of Community Christian permitting my child to participate in the Athletic Program, I agree to release and hold harmless Community Christian School, its faculty, staff, and students, from any loss, claim, demand or cause of action that I or my heirs, executors, or assignees may have, either now or at any time in the future, arising out of or in any way connected with the Athletic Program.

I understand that I am releasing Community Christian School of liability for all property damage or personal injuries that may sustain while traveling to and from sporting events. I also agree to be responsible for any property damage or personal injuries that my child may cause while traveling to and from sporting events.

Signature of Parent or Guardian \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_ / \_\_\_\_\_, \_\_\_\_ / \_\_\_\_)  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal  
 brachial blood pressure while sitting

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

## CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

## PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 12-4-14

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weight more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			Females only		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

\*\*EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_