



**ATHLETIC**

**HANDBOOK**

## **PHILOSOPHY**

Do everything without complaining or arguing, so that you may become blameless and pure, children of God without fault in a crooked and depraved generation, in which you shine like stars in the universe...Philippians 2:14-15

The Living Water Warriors Athletic Department (WAD) will reflect the overall educational and spiritual philosophy of Living Water without compromise. Our goal is to bring glory to God (Col. 3:23) in all that we do. This means that coaches, athletes, fans, parents and anyone else involved in the WAD will pursue excellence in academics, athletics and in their personal lives in a way that glorifies God.

We believe WAD to be one of several valuable educational experiences that contribute to the overall educational program provided for our students. Therefore, WAD will try to provide an opportunity for as many students to participate in our sports activities no matter what skills or talents.

We seek to have a God-centered athletic program that provides an excellent opportunity for students to learn and practice teamwork, competition, cooperation, self-discipline, and sportsmanship, as they learn to make proper decisions and accept responsibility. Students will learn important skills specific to their sport. They will be taught that a person's value as a human being is not based on performance or ability, but on their relationship with God. Students will learn that success is more important than winning. Success is doing everything to the best of one's ability, while bringing glory to God.

## **PARTICIPATION:**

- LWCS has an Athletic Department identified as the Warriors Athletic Department (WAD). WAD is open to all 6<sup>th</sup> – 12<sup>th</sup> graders where students meet the standard in fitness, skills, attitude, attendance and academics. LWCS has developed these standards for students who wish to participate in any of the sports teams.
- Participation in any sports program is a privilege and not viewed as a right
- Each student is valued first as a child of God and second as an athlete. Those who tryout and participate in any sports program are entitled to dignity and respect. Those who are elected to be a part of the sports teams have earned this right by process of selection by the coaches who have evaluated the abilities, attitudes and needs of the teams.

## **GOALS:**

To promote doing our best for God's glory (Col. 3:23)

To provide instruction in the use of the body to reflect the glory of God through sport

To apply the principle of the "well-rounded" person illustrated in Luke 2:52 (mental, physical, social, and spiritual) through the integration of academics, athletics, and social activities

To promote the Biblical definition of "winning" by:

- a. Doing our best for God's glory (Col. 3:23)
- b. Succeeding on the scoreboard - "Run in such a way as to get the prize" (I Cor. 9:24)
- c. Acknowledging God in all areas (win or lose) and leaving the results in His hands (I Thess. 5:18)
- d. Praying for His guidance in striving to be a true winner (Phil. 4:13)
  - To involve the student body, parents, faculty and staff in developing school unity and spirit
  - To maintain a clear Christian testimony through words and actions to opposing schools, officials, and the community
  - To develop the physical abilities God has given to each individual athlete
  - To develop these attributes of God: Integrity (II Cor. 8:21), Self-control (Prov. 25:28), Obedience (Eph. 6:5), Humility (Luke 18:14), Love (Gal. 6:10), Dedication (Prov. 20:6), Self-denial (Phil. 2:4), Stewardship of the Body (Luke 12:42), Patience (Col. 3: 12-13), Forgiveness (Eph. 4:32), Thankfulness (Ps. 100:4-5), and Contentment (I Tim. 6:6)
  - To apply good sportsmanship by demonstrating
  - Respect for the opposition at all times

- Respect for the officials at all times
- Knowledge, application and appreciation of the rules of the game
- Self-control
- Recognition of and appreciation for skilled performance, regardless of affiliation

### **PARENT EXPECTATIONS:**

In order to develop a quality athletic program, the following list of parent expectations has been compiled. It is our utmost desire to honor God and strive to grow in Him through WAD.

- Commit to the priorities and philosophy of WAD. This includes an understanding of the fact that we are first and foremost seeking to honor God in every aspect of the program.
- Respect the players and coaches. The coaches and players have worked very hard, so let's encourage them! Being critical of our athletes and coaches during a game or even after the game should not occur. This also should apply to opposing teams.
- Respect the game officials. The referees are in a position of authority and as believers we all have a responsibility to respect them. Disrespect toward officials is unacceptable and sends a poor message to our children, friends, and fans of the opposing team.
- Deal with issues by utilizing the Matthew 18 principle. This simply means that if you have concerns with a team or a coach, you should go directly to the person. Do not go to an administrator without first trying to work it out with the parties involved.
- Be prompt. Parents are expected to drop off and pick up their students on time before and after games and practices.
- Pray for the program. Make it a part of your regular prayer routine to lift up WAD to the Lord for His blessing.
- Win or lose, let's honor Christ above all else by being a witness for Him. Let us strive to help LIVING WATER CHRISTIAN SCHOOL live up to its name during these public event. Commit to the words of the Apostle Peter (a man who had difficulty controlling his tongue!).
- "Therefore, prepare your minds for action; be self controlled; set your hope fully on the grace to be given you when Jesus Christ is revealed. As obedient children, do not conform to the evil desires you held when you lived in ignorance. But just as he who called you is hold, so be holy in all you do; for it is written: "Be holy because I am holy." 1 Peter 1:13-16

### **ATHLETE EXPECTATIONS:**

To help our athletic program to be "distinctive" and honor God, the following list of student expectations has been compiled for the WAD athlete.

- Commit to the priorities and philosophy of WAD. This includes an understanding of the fact that we are first and foremost seeking to honor God and grow closer to him through the endeavors of the program.
- Responsibilities:
  - To yourself - Remember that your body and your abilities are gifts from God and, therefore you should give your best in practice and competition for His glory. You should strive to grow in your walk with God through the development of Christian character. Be open to what God can teach you and how you can become more conformed to His image through WAD Embrace the experiences of winning and losing as opportunities to grow in Godliness.
  - To your school - Remember that you represent Living Water Christian School. Many people, both inside and outside WAD will form opinions about the overall school program based upon what they see in you. The student body, our community, and other communities judge our school by your conduct and attitudes both on and off the field of

play. In striving to make WAD "distinctive" the students in our athletic program must constantly display this distinctiveness in winning and losing and in and out of competition.

- To others - As a member of WAD, you also bear a responsibility to your family. Never give your parents anything to be ashamed of. Also, remember that your teammates are relying upon you to practice hard and be prepared for competition. From there, you should play to the best of your ability and thereby support and respect your teammates. Likewise, never forget that younger students in the school are watching you, and they will copy you in many ways. Set a good example by behaving in a way that constantly points them to God.
- Finally, and most importantly, you have your greatest responsibility to the Lord Jesus Christ. Colossians 3:23 says it best, "Whatever your task, work heartily, as serving the Lord and not men."

## **ATTENDANCE**

- Each student is required to eat lunch at the school to be counted present for the day. This will qualify the athlete to participate in a practice or game for that day
- Students must attend all practices and games. If an athlete is going to miss practice or a game, they must communicate with the coach or athletic director prior to the practice or game.
- If an athlete is excused for medical reasons from practice or a game, the parents must present to the coach or athletic director a doctor's notes notifying the reason, when the student can return and any limitations.
- Failure to follow these standards can result in sitting out of a game/practice

## **TRANSPORTATION**

- **HOME GAME STANDARDS**
  - It is the parent responsibility to ensure the athlete is present a minimum of 30 minutes before each home game and that they have a ride home following the game
  - After a game, student athletes will be released. The school ceases all responsibility for the safety and supervision of a student athlete once the game has ended.
- **AWAY GAME STANDARDS**
  - The school will make every effort to provide transportation to all athletic events whether it be through school provided transportation (shuttle bus/15 passenger van) or volunteers personal vehicles
  - Student Athletes must arrive 30 minutes before the scheduled departure time
  - After a game, student athletes may ride home with family members if it has been communicated to the coach
  - Student Athletes who are returning to the school via school transportation will make contact with the parents after the game to relay an estimated time of arrival for pick up at the school
  - Parents who are late in picking up their children after an away game may jeopardize their student athlete's opportunity to travel with the team
- Student Athletes are not allowed to transport themselves to or from an away game. This is non-negotiable.

## **UNIFORMS**

- LWCS will provide uniforms for the student athletes. LWCS will do their best to match sizes based upon the school budget

- **Student Athletes are required to wash the uniform immediately after each use. Parents should follow all washing instructions**
- **Athletes are required to pay for uniforms that have been lost, damage beyond normal use or have been washed incorrectly**
- **Uniforms must be returned to the office within 5 school days after the end of the season or the student will be at risk of being charged for a new uniform**
- **Because LWCS desires to promote Team Cooperation and Team Spirit, the following policies are established and followed**
  - **Kneepads: If kneepads are worn, they must have a black pair for away games and white pair for home games**
  - **Undershirts: If a student athlete wants to wear a long sleeve shirt under their uniform it must be black or maroon for away games and white for a home game**
  - **Socks: The coach for each individual sports team will set the standard**

## **DISCLAIMER**

**Participation in any athletic sport at Living Water Christian School always has the potential and high risk of serious injury, permanent paralysis or death.**

**Living Water Christian School  
Warrior Athletic Department  
(WAD)**

**Parent and Student Agreement Form**

**As a parent of an athlete at Living Water Christian School, I agree to abide by the following agreement.**

**I have read the LWCS Athletic Handbook and agree to abide by and uphold all of the policies stated therein.**

**I give consent for my son/daughter to participate in LWCS athletic program and will hold my son/daughter to the expectations and policies outlined in the Athletic Handbook.**

**I agree to meet all financial obligations regarding the athletic program on time unless prior arrangements with the Athletic Director have been made. I also agree to provide all necessary documentation as required by the Athletic Department.**

**I will seek to uphold the Christian witness of the LWCS athletic program in my behavior as a parent and a spectator.**

**I agree to utilize the Matthew 18 principle in resolving conflicts.**

**I understand that my son/daughter or myself may be asked to leave the athletic program if we do not uphold the policies of LWCS athletics as stated in the LWCS Athletic Handbook.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**As a student participating in athletics at Living Water Christian School, I agree to abide by the expectations listed below.**

**I have read the LWCS Athletic Handbook and will abide by and uphold all of the policies stated therein.**

**I agree to uphold the Christian witness of LWCS athletics at all times.**

**I agree to utilize the Matthew 18 principle in resolving conflicts.**

**I understand that I can be dismissed from the program if I do not follow the guidelines listed in the LWCS Athletic Handbook.**

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

\_\_\_\_\_  
Date

## Warriors Athletic Department Standards of Conduct

All Athletes will be expected to consistently exhibit good character and demeanor so that you will be seen as an athlete who is an effective and positive Christian role model for other LWCS students, other schools and all those who come out to watch you play. Therefore, the following Standard of Conduct applies to all Living Water Christian School Athletes:

- 1. Game Day Attendance:** any student who is not present at school on the day of a game, will be unable to participate in that game.
  
- 2. Provoking/Improper Speech/Disrespect to any LWCS Staff, Faculty, Coach, player, and other School Representatives/Player/Referee/Umpires:**  
~Each Violation = One (1) game suspension
  
- 3. Fighting: Defined as touching, striking, shoving or any other physical aggressive contact with intent to harm or cause conflict.**  
Two (2) game suspension
  
- 4. Drugs/Alcohol/Tobacco/Immoral Behavior:**  
Removal from the Team Roster
  
- 5. Cheating/Grading Point Average:**  
~Each Violation = One (1) game suspension

**As Living Water Christian School Warriors, you represent not only your school but our Lord. This applies on and off the field/court. This is an awesome assignment and responsibility, one that your coaches believe you are able to do and do well. You are the examples and heroes to future Warriors; make them proud! I Timothy 4:12 says: "Don't let anyone look down on you because you are young, but set an example for the believers in speech, in conduct, in love, in faith and in purity."**

**I have read and will comply with this Standard of Conduct as an athlete at LWCS.**

\_\_\_\_\_  
Print Student Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name

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

\_\_\_\_\_  
Date

**"The Lord is with me, like a might WARRIOR."  
Jeremiah 20:11**

**EMERGENCY TREATMENT/CONSENT FORM**

**Parents/Guardians:**

Ever since the malpractice question has come to the forefront, many hospital and doctors will not treat a child without a parent's consent (Unless a matter of life or death-Our understanding). It is requested that you complete this form so if your child requires a visit to the hospital while under the supervision of the school, the hospital may choose to treat your child's injury.

**Please PRINT clearly**

Child's Full Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth (mo/day/year): \_\_\_\_\_ Gender: (circle one) Male Female  
Family Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Parent/Guardian Full Name: \_\_\_\_\_  
Parent/Guardian Full Printed Name: \_\_\_\_\_  
Father's last 4 of SS#: \_\_\_\_\_ Mother's Last 4 of SS#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Work numbers: Dad \_\_\_\_\_ Mom \_\_\_\_\_  
Cell numbers: Dad \_\_\_\_\_ Mom \_\_\_\_\_ Siblings \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Insurance Company's Name: \_\_\_\_\_  
Insurance Telephone Number: \_\_\_\_\_  
Policy number if known: \_\_\_\_\_ If Military list Tracer or military  
List any known Medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Known Allergies: \_\_\_\_\_  
List current medications and doses which and how many times a day taken:  
\_\_\_\_\_  
\_\_\_\_\_

Blood Type: \_\_\_\_\_  
\*Alternate Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Alternate Person Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
\*Alternate Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Alternate Person Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
**\*SPECIAL Instructions for School/Coach/Doctors:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent Statement Authorizing Treatment:**

**I authorize the staff/coaches of Living Water Christian School to authorize treatment for my child,**

**FULL NAME OF CHILD:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PREPARTICIPATION PHYSICAL EXAMINATION**

Athlete'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 \_\_\_\_\_

This Physical Examination Form must be completed prior to athletic participation. **A new physical is required yearly. You must be cleared for participation prior to each athletic year.**

	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			
<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: \_\_\_\_\_

# Sport Preparticipation Health History Form

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Exam \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Sport you are participating in \_\_\_\_\_

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

- |   | Yes                      | No                       |   | Yes                      | No                       |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical?   | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (such as a knee brace, neck roll, foot orthotics, teeth retainer or hearing aid)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?   | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or non-prescription (over-the-counter) medications, or pills or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?  | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain or swelling after an injury?<br>Have you broken or fractured any bones or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones or joints.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies, for example, to pollen, medicine, food or stinging insects?<br>Have you ever had a rash or hives develop during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | Head <input type="checkbox"/> Elbow <input type="checkbox"/> Thigh <input type="checkbox"/><br>Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Knee <input type="checkbox"/><br>Back <input type="checkbox"/> Wrist <input type="checkbox"/> Shin/Calf <input type="checkbox"/><br>Chest <input type="checkbox"/> Hand <input type="checkbox"/> Ankle <input type="checkbox"/><br>Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/><br>Upper Arm <input type="checkbox"/> Hip <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden death before age 50?<br>Have you had a severe viral infection (for example myocarditis or mononucleosis) within the past month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <b>if yes, check box and explain below</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?   | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you do now?<br>Do you lose weight regularly to meet weight requirements for your sport?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?<br>Have you ever been knocked out, become unconscious or lost your memory?<br>Have you ever had a seizure?<br>Do you have frequent or severe headaches?<br>Have you ever had numbness or tingling in your arms, hands, legs or feet?  | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat?  | <input type="checkbox"/> | <input type="checkbox"/> | <b>Females Only</b>   |                          |                          |
| 9. Do you cough, wheeze or have trouble breathing during or after activity?<br>Do you have asthma?<br>Do you have seasonal allergies that require treatment?  | <input type="checkbox"/> | <input type="checkbox"/> | 15. When was your first menstrual period? _____<br>When was your last period? _____<br>How much time do you usually have between your periods? _____<br>How many periods have you had in the past 12 months? _____<br>What was the longest time between periods in the past year? _____   |                          |                          |
|   |                          |                          | <b>Explain "yes" answers here:</b> _____<br>_____<br>_____<br>_____   |                          |                          |

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

Signature of athlete \_\_\_\_\_

Date \_\_\_\_\_