

Christian Athletic League of America Responsibilities & Guidelines of Team Members

Team members are the players *AND* their families, the administrative staff, the coaching staff and volunteers that have made a commitment to support the vision of Christian Athletic League of America. These guidelines have been developed to define and insure a clear understanding of expected standards for all Team Members. Team Members are to maintain an honorable testimony at all times remembering they are Ambassadors for Christ, representing their families and Christian Athletic League of America.

- **PLAYERS are responsible to communicate DIRECTLY with the coach regarding team matters. If a player will be late or absent from a game or practice, he/she should contact the coach as soon as possible.**
- Issues that arise during practices or games should be discussed with the coach **privately and respectfully**. Issues involving the administration of the league should be directed to the head coach **privately and respectfully**.
- All team members are to demonstrate respect for game officials, regardless of their opinions or feelings about how the game is being officiated. **Players should thank game officials and shake their hands after all games**, regardless of the outcome.
- Please demonstrate respect and courtesy to other coaches and teams, facility managers and field officials when present.
- Players should arrive no earlier than 15 minutes before the scheduled practice time, and one hour before games unless directed otherwise. Parents, please do not leave your player unless the coach is present.
- Only coaching staff and players are permitted on the playing field during practices. During games and scrimmages, only coaches and players are allowed on the bench.
- Coaches will not leave team players unattended after games or practices. Parents should pick their players up **promptly** after practices and games. Please do not loiter in the building or on game fields.
- Players who carpool with other families should be considerate of the rules established by their chaperones. Players should be respectful and report to them as soon as possible after practices/games.
- Parents are responsible to carefully supervise other children who are with them during practices/games. Please keep children off the playing fields and away from the sidelines. Parents are not permitted on sidelines and must stay in seating areas.
- All team members are responsible to properly care for the facilities, playing fields, and equipment we use. Facilities and playing fields should be clean when we are done using them. Do not use unauthorized areas.
- There is **NO SMOKING** in church/school buildings or on their grounds. There is no **FOOD, GUM, OR BEVERAGES** allowed in the buildings. Please wipe your shoes when entering buildings.

CODE OF CONDUCT

DO cheer enthusiastically for our teams and encourage them in their team effort! Applauding the skill of the opposing team is also in keeping with our Christian witness.

DO NOT "boo," yell, or be disrespectful to the officials, coaches, players, or members of the opposing team. This type of behavior is not a good witness of Our Lord Jesus, is not good sportsmanship, and not the type of conduct that will render a good report for our team.

Players and their guests: Remember that when you are at games as a player or a spectator, you and your guests are representing the Christian Athletic League of America. Our public attitudes and actions are a testimony to others of what we believe and our actions should always demonstrate respect for others.

Regarding boy-girl relationships: NO public displays of affection: NO hand holding, NO hugging, NO kissing. Players should treat each other with respect at ALL times. You are first and foremost brothers and sisters in the Lord and should conduct yourselves accordingly.

During games and tournaments: We expect players to be in the field participating in the game as players or spectators. Please sit together as the Christian Athletic League of America team to cheer the players on! Players are NOT to congregate in the parking lot or hangout in any vehicles. We are a team and we need to show it!

Parents, we ask that you make every effort to help make this a positive experience for all the families involved in Christian Athletic League of America by upholding the guidelines expressed here. This is truly a TEAM effort!

I have read and understand the guidelines set forth here and agree to abide by them as a Team Member of Christian Athletic League of America for the 2012 season. I understand failure to comply with these guidelines could result in disciplinary action as set forth in the Player Contract.

Signature of Player _____ Date ____ / ____ / ____

Signature of Parent _____ Date ____ / ____ / ____

Signature of Parent _____ Date ____ / ____ / ____

(complete and return to league office)

Christian Football League of Michigan
a division of
Christian Athletic League of America
Football Participation Contract

I, _____, commit to the Christian Athletic League of America program by pledging my time and athletic ability to faithfully promote the Gospel of Jesus Christ, and the sport of Football as part of my education and training. I agree to fulfill the tenets of this contract as follows:

- I will read, commit to and abide by this contract, the Responsibilities and Guidelines of the Christian Athletic League of America program and the rules set forth by my coach. I will submit to proper discretionary action, if necessary.
- I understand that I am responsible for having appropriate equipment at every game and practice, including football shoes, socks, girdle with pads, mouthpiece, and water and/or sports beverage.
- I will present proof of a sports physical stating that I am physically able to participate in the sports program.
- I understand that my registration forms, sports physical, medical ID card, and participation fee must be submitted prior to being issued any equipment.
- I understand that I am making a commitment to the team for the entire season and understand that in order to fulfill that commitment I must make every effort to attend all scheduled practices and games. If extenuating circumstances arise that prohibit me from an attending practice and/or a game, I will notify my coach in a timely manner. I understand that if I have three *unexcused absences*, I will face disciplinary action that may include suspension from the team.
- I will be responsible for the proper care of uniforms and equipment. I will return all equipment and jerseys to the Team Manager at the end of the season in good condition, or reimburse the league for the cost.
- I will abide by the established dress code, **arriving at games in proper uniform and ready to play.**
- I will maintain a teachable spirit, demonstrating respect for all those in authority over me, including my parents, coaches, officials and sporting events organizers.
- I will conduct myself in a manner that is honoring to my Lord Jesus Christ, my parents, my family, my team and the Body of Christ.
- I will esteem my teammates, encouraging them in their relationship with Our Lord Jesus Christ, the development of their athletic abilities and preferring their interests above my own.

For Homeschool Eligibility - The student/player agrees to keep his grades at a level satisfactory to his parents' academic expectations. Player Initials: _____ Parent's Initials: _____

For students in public/private school - The student/player agrees to keep his grades at a level satisfactory to his school administrator's expectations. Player Initials: _____ Parent's Initials: _____ Admin Initials: _____

Signature of Player _____ Date ____/____/____

Signature of Parent _____ Date ____/____/____

Signature of Parent _____ Date ____/____/____

(complete and return to league office)

Christian Athletic League of America Medical History

- To be completed by parent, guardian, or person over the age of 18.
- Must be signed in three places by parent, guardian, or person over the age of 18.
- A current-year physical is one given on or after April 15 of the previous school year.

Student's Name: Last _____ First _____

Sex _____ Grade _____ Date of Birth _____ / _____ / _____ Age _____

Student's Address: Street _____ City _____ Zip _____

Father/Guardian's Name: _____ Work Phone _____

Mother/Guardian's Name: _____ Work Phone _____

Home Phone _____ Family Doctor _____ Office phone _____

INSURANCE STATEMENT & MEDICAL HISTORY

Our son or daughter will comply with the specific insurance regulations of the school district.

Family Insurance Co _____ Phone # _____

Contract # _____ Policy # _____

Signature of Parent, Guardian, or Person over the age of 18: _____

HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			Do you now have:		
Fainting			Blurred Vision		
Diphtheria			Headaches		
Scarlet Fever			Fainting		
Rheumatism			Convulsions		
Rupture			Blackouts		
Rheumatic Fever			Painful Joints		
Poliomyelitis			Backaches		
Pneumonia			Pounding of Heart		
Asthma			Shortness of Breath		
Diabetes			Frequent Urination		
Heart Disease			Cough		
Kidney Disease			Nosebleeds		
Tuberculosis			Frequent Sore Throats		
Jaundice			Stomach Pains		
Sickle-Cell Anemia					

(complete and return to league office)

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABNORM AL	SYSTEM	NORMAL	ABNORM AL
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia Testicular Exam		
Teeth - Cavities			Neurologic		
Orthopedic			Muscular		

RECOMMENDATIONS _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below.

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY -
FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY - LACROSSE - SKIING - SOCCER -
SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

Current-year physical is one given on or after April 15 of the previous school year.

Signature of Examiner _____ Date ____/____/____

Printed Name of Examiner _____ Phone # _____

Circle One: MD DO PA NP

MEDICAL TREATMENT CONSENT

To be completed by parent, guardian, or person over the age of 18.

I, _____, a parent, guardian, or person over the age of 18 of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that league personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Signature _____ Date ____/____/____