



ATHLETIC Packet

2006-2007

Statement of Purpose

It is the mission of Arbor Christian Academy, led by the Holy Spirit and motivated by love, to provide academic excellence based on Biblical truth and to graduate well-educated students who possess Christian character, who are equipped for ministry, and who are prepared to impact society for Jesus Christ.

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5000 Hollywood Rd. Amarillo, Texas 79118
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ARBOR CHRISTIAN ACADEMY
5000 Hollywood Rd. Amarillo, Texas 79118
806-355-7207 Fax 806-353-8969

STUDENT NAME _____ GRADE _____

PARENT'S NAME _____ INS COMPANY _____

(PLEASE PROVIDE A COPY OF YOUR CARD)

ATHLETIC AGREEMENT

As an athlete at Arbor Academy, I understand and agree to the following:

- I am a leader among the student body. Younger students, especially, are watching my example. I am a visible representative of my family, my school, and my Lord. My actions and attitudes on and off the field/court affect my testimony and the reputation of those I represent. The school will hold me to a high standard.
- I may participate in extracurricular activities only if I am passing all my school subjects. Ineligibility is assigned a week at a time, Tuesday through Monday of the following week.
- Violations of the school's Code of Conduct may result in suspension from athletics in addition to other consequences that may be assigned.
- I am responsible for getting make-up work for absences. In the case of an absence for athletics, I must get the work before I leave and turn it in at the beginning of the next class period after the absence.
- Academics is given a priority at Arbor. Late arrival from a sporting event is not an excuse for sleeping in the next day or for not having homework done. I am expected to be in class on days of games, as well.
- A goal of Arbor athletics is for the teams to be successful competitively. I may be required to try out for a team. I will be able to make a contribution to the team over the course of the season, though I may not play every game and though my playing time may be less than someone else's.
- I will respect and cooperate with coaches and game officials. They are a representation of God's authority in my life. If my parents or I have problems with the coach, we should set up a conference with him or her.
- If I choose to bring a personal music device on a trip, I agree to abide by the school's policy that only Christian music is to be taken on school trips.

Athlete's signature

Parent's signature

date

date

ARBOR CHRISTIAN ACADEMY

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Physical Examination (6th-12th grades)

Student Name _____ Grade _____

As a minimum requirement, the physical exam must be completed prior to middle school athletic participation and again prior to high school athletic participation.

All blank spaces must be completed with this legend: N = Normal, A = Abnormal, NE = Not Examined

Height _____ Weight _____ Vision _____ Hearing _____
Right Eye _____ Right Ear _____
Blood Pressure _____ Pulse _____ Left Eye _____
Corrected? Yes No Left Ear _____

General Body Build

Skin _____
Eyes _____
Ears _____
Nose _____
Throat _____
Teeth _____
Neck _____
Chest _____
Cardiovascular _____
Abdomen _____
Extremities _____
Hernia _____
Genitalia (male only) _____
Neurological _____

Joints

(check for ROM and stability)

Neck _____
Shoulders _____
Elbows _____
Wrists _____
Fingers _____
Hips _____
Knees _____
Ankles _____

Spine

(using "forward-bend" position)

Pass Fail

Scoliosis _____
Kyphosis _____

Description of abnormal findings: _____

Special instructions or limitation that the athletic trainer/
coach should be aware of:

I certify that I have examined this student athlete and he/she **MAY** participate in the supervised school athletics listed below:

- Volleyball Football Basketball Track/Field
 Swimming Soccer Golf Softball Tennis

PRINTED Name of Physician _____ Date of Exam _____

Physician's Address _____ Phone _____

Physician's Signature _____ MD/DO/DC

