



# SOUTHWESTERN CHRISTIAN SCHOOL

A MINISTRY OF FIRST CHRISTIAN CHURCH

July 26, 2023

Dear Parents,

Your child has asked to participate in one of our sports teams this year. In order for your child to participate in our team sports, a travel consent form, player code of conduct, and medical information sheet need to be completed and returned to the office. A \$55.00 sports fee will be required before each season starts, to cover expenses, per student per sport. Students will not be allowed to play in scheduled games, unless this fee is paid.

We are looking forward to the start of a new sports season. If you have any questions regarding the sports program or are interested in being a coach, an assistant coach, referee, or scorekeeper, please contact Mrs. Fell in the school office. Together we can help make this an exciting and memorable sports season.

In Christ,

Debbie Stewart  
Principal  
Southwestern Christian School

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

### For Office Personnel Only- Do not write below this line

\*\*\*\*\*

Girls:

Softball - Fee Charged: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Cash/ Check Check # \_\_\_\_\_ Date: \_\_\_\_\_

Basketball - Fee Charged: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Cash/ Check Check # \_\_\_\_\_ Date: \_\_\_\_\_

Soccer - Fee Charged: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Cash/ Check Check # \_\_\_\_\_ Date: \_\_\_\_\_

Volleyball - Fee Charged: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Cash/ Check Check # \_\_\_\_\_ Date: \_\_\_\_\_

[WWW.SWCSLIONS.ORG](http://WWW.SWCSLIONS.ORG)

3261 S. Ave 6E • Yuma, AZ 85365 • 928.726.3086 • fax: 928.217.2172



## PLAYER CODE OF CONDUCT

I choose to participate in my school's extracurricular sports program. I agree to abide by the following code of conduct:

1. I will not use any profane language.
2. I will obey my coach and all rules.
3. I will play fair.
4. I will show respect to my team and the opposing team.
5. I will respect the referees and umpires and their decisions.
6. I will demonstrate good sportsmanship in my attitude.
7. I will attend all practices and games, even when on academic hold.

If there is any violation of the above, I understand that I may be pulled out of a game, or suspended for a game. Further violations may result in a suspension for the season.

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

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

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent Name Printed \_\_\_\_\_

Please review updated Athletic Guidelines in the Student Handbook on pages 14-15.



# SOUTHWESTERN CHRISTIAN SCHOOL

A MINISTRY OF FIRST CHRISTIAN CHURCH

## TRAVEL CONSENT FORM

Southwestern Christian School has my consent to allow my child,  
\_\_\_\_\_, to travel with a coach or team parent to and from  
all team sports games and practices.

---

Student Name

Class

---

Parent or Guardian Signature

Date Signed

---

Parent Name Printed

[WWW.SWCSLIONS.ORG](http://WWW.SWCSLIONS.ORG)

3261 S. Ave 6E • Yuma, AZ 85365 • 928.726.3086 • fax: 928.217.2172

**SOUTHWESTERN CHRISTIAN SCHOOL**  
**REGISTRATION & MEDICAL INFORMATION**

All school athletics games & practices                      Dates: 2023/2024

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

Sex ( ) Male ( ) Female

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

Height: \_\_\_\_ Weight: \_\_\_\_ Hair: \_\_\_\_ Eyes: \_\_\_\_

Person to be notified in case of illness or injury: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the applicant covered by any hospitalization or medical care policy?

Yes \_\_\_\_ No \_\_\_\_

Insurance company issuing policy \_\_\_\_\_

Policy or certificate# \_\_\_\_\_ Group# \_\_\_\_\_

Address of Insurance Co: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

List all medications the student is currently taking: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_

Does the student have any physical, learning, or behavioral disabilities or chronic disorders: Yes \_\_\_\_ No \_\_\_\_?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

(Please continue on other side)

**I RECOGNIZE THAT THERE IS A SIGNIFICANT ELEMENT OF RISK IN ANY ADVENTURE, SPORT, OR ACTIVITY ASSOCIATED WITH THE OUTDOORS. KNOWING THE INHERENT RISKS, DANGERS, AND RIGORS INVOLVED IN THE ACTIVITIES, I CERTIFY THAT I AM FULLY CAPABLE OF PARTICIPATING IN THE ACTIVITIES.**

**I ASSUME FULL RESPONSIBILITY FOR ANY BODILY INJURY, DEATH, LOSS OF PERSONAL PROPERTY AND COST THEREOF AS A RESULT OF PARTICIPATING IN ANY SCHOOL ACTIVITY.**

**I ALSO UNDERSTAND THAT SOUTHWESTERN CHRISTIAN SCHOOL RESERVES THE RIGHT TO REFUSE ANY PERSON IT JUDGES TO BE INCAPABLE OF MEETING THE RIGORS AND REQUIREMENTS OF PARTICIPATING IN THE ACTIVITIES. I AGREE THAT ANY DECISION MADE BY A LEADER OF SOUTHWESTERN CHRISTIAN SCHOOL WILL BE BINDING UPON ME.**

**FURTHERMORE, IF I AM UNAVAILABLE TO MAKE EMERGENCY DECISIONS, I CONSENT TO ANY EMERGENCY, X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT, AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY AND IS TO BE RENDERED UNDER GENERAL OR SPECIAL SUPERVISION OF ANY PHYSICIAN AND SURGEON LICENSED UNDER PROVISIONS OF THE MEDICINE PRACTICES ACT. IT IS UNDERSTOOD THAT ANY DIAGNOSIS, TREATMENT OR HOSPITAL CARE BEING REQUIRED WILL BE MY FINANCIAL RESPONSIBILITY.**

**I HAVE READ, UNDERSTOOD, AND ACCEPT THE TERMS AND CONDITIONS STATED HERE AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON ME DURING THE ENTIRE PERIOD OF PARTICIPATION IN THE ACTIVITIES THROUGH JUNE 2024.**

**DATE: \_\_\_\_\_**

**APPLICANT'S SIGNATURE: \_\_\_\_\_**

**APPLICANT'S PRINTED NAME: \_\_\_\_\_**

**GUARDIAN'S SIGNATURE: \_\_\_\_\_**

**GUARDIAN'S PRINTED NAME: \_\_\_\_\_**