



SOUTHWESTERN CHRISTIAN SCHOOL

A MINISTRY OF FIRST CHRISTIAN CHURCH

July 26, 2022

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 call 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 _____ Volunteer for Position _____

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: _____

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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.

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 _____



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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

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SOUTHWESTERN CHRISTIAN SCHOOL
REGISTRATION & MEDICAL INFORMATION

All school athletics games & practices Dates: 2022/2023

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 2023.

DATE: _____

APPLICANT'S SIGNATURE: _____

APPLICANT'S PRINTED NAME: _____

GUARDIAN'S SIGNATURE: _____

GUARDIAN'S PRINTED NAME: _____