

# **OBCA SPORTS PROGRAM**

Open Bible Christian Academy is a member of the  
Maryland Independent Athletic Conference (MICA)

## **Requirements**

Student must complete a sports physical prior to the start of the season. Forms attached and must be completed by your physician.

**\*\*All forms must be submitted to the school nurse before the season begins\*\***

## **Required Document Checklist**

- \_\_\_\_\_ Part 1 of Medical Evaluation (parents fill out)
- \_\_\_\_\_ Pre-Participation Physical Evaluation (Doctor fills out)
- \_\_\_\_\_ Athletic Permit Form
- \_\_\_\_\_ Athletic Department Policy
- \_\_\_\_\_ Car pool Permission Slip
- \_\_\_\_\_ Concussion Awareness Acknowledgement

## **Guidelines**

Parents will have to help carpool the team to and from away games that are a significant distance from OBCA.

For away games that are close to OBCA, parents will be needed to carpool the team to the game and athlete's parents will be required to pick up their child from the game.

The athletic schedule will include game time, location and pick up time. The schedule will be issued at the beginning of practices and will also be available on OBCA's website under Athletics

# OPEN BIBLE CHRISTIAN ACADEMY

13 Open Bible Way Kingsville, Maryland 21087  
410-593-9940 FAX 410-593-9942

## PART 1 - Medical Evaluation of Student for Participation in Interscholastic Sports

To be completed by Parent or Guardian and submitted to the examining physician before he examines the student.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Health of Student	(check correct reply)	YES	NO	(check correct reply)	YES	NO
1. Has had injuries or accidents requiring medical attention.....		<input type="checkbox"/>	<input type="checkbox"/>	10. Has had tetanus toxoid and booster inoculation.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has had a surgical operation.....		<input type="checkbox"/>	<input type="checkbox"/>	Date of last booster _____ / _____ / _____		
3. Has been in a hospital.....		<input type="checkbox"/>	<input type="checkbox"/>	11. Has seen a dentist within the past 6 months.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has had sickness lasting longer than one week.....		<input type="checkbox"/>	<input type="checkbox"/>	12. To my knowledge the paired organs that follow are present and healthy: Eyes.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Takes medicine now or regularly.....		<input type="checkbox"/>	<input type="checkbox"/>	Ears (hearing).....	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a condition now under a physician's care.....		<input type="checkbox"/>	<input type="checkbox"/>	Lungs.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a defect in hearing or eyesight.....		<input type="checkbox"/>	<input type="checkbox"/>	Kidneys.....	<input type="checkbox"/>	<input type="checkbox"/>
(wears glasses, contact lenses)				Testicles or ovaries.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there any reason this student should not take part in any sport?.....		<input type="checkbox"/>	<input type="checkbox"/>	Arms/legs.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Has had complete poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin).....		<input type="checkbox"/>	<input type="checkbox"/>	Fingers/toes.....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any of the above questions, explain here with names and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give my consent for the above secondary school student to engage in interscholastic sports activities as a representative of his school, except those activities crossed out by the examining physician on the reverse side of this form. I also give my consent for the above student to accompany the team as a member for its "away" games and contests. I give my permission for the physician to complete Part 2 for confidential use in meeting my child's health and education needs in school.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

# **PRE-PARTICIPATION PHYSICAL EVALUATION for INTERSCHOLASTIC ATHLETICS**

This page to be completed by physician/nurse practitioner/physician assistant

STUDENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ % BODY FAT (optional) \_\_\_\_\_ PULSE: \_\_\_\_\_ BP: \_\_\_\_\_  
 VISION: R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED? Y N PUPILS: EQUAL \_\_\_\_\_ UNEQUAL \_\_\_\_\_

	NORMAL	ABNORMAL FINDING	INITIALS *
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph nodes			
Heart			
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 [Sport(s)]: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of Physician/Nurse Practitioner/Physician's Assistant \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Print or Type Phone: \_\_\_\_\_

Signature of Physician/Nurse Practitioner/Physician Assistant \_\_\_\_\_

I hereby certify that I have reviewed the student pre-participation History Form and performed a comprehensive pre-participation physical evaluation of the herein named student.

\*DATE OF EXAM: \_\_\_\_\_

**PHYSICIANS STAMP:**

# OPEN BIBLE CHRISTIAN ACADEMY - ATHLETIC PERMIT FORM (as of 8/1/18)

Name of Student: \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Complete

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

Mother's name \_\_\_\_\_ day time phone \_\_\_\_\_ cell phone \_\_\_\_\_

Father's name \_\_\_\_\_ day time phone \_\_\_\_\_ cell phone \_\_\_\_\_

Dear Parent or Guardian:

In order that your son, daughter, or ward may participate in various school athletic activities other than those carried on as part of the regular physical education class program, it will be necessary for you to give your written consent.

Permission is given for son, daughter, or ward to participate in \_\_\_\_\_ (name of sport)

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision at practice and games and travel to such practice and games. Beyond this point of proper supervision, the school cannot assume responsibility for injuries.

A student is financially responsible for the replacement cost of athletic equipment and uniforms which are not returned within 10 (ten) days after the close of a given season.

In addition, it is recognized that the student must comply with the eligibility regulations governing Open Bible Christian Academy athletics.

In order to participate in interscholastic activities, the student must have accident insurance coverage in effect (please check below).

\_\_\_\_\_ Blue Cross/Blue Shield \_\_\_\_\_ (policy number)

\_\_\_\_\_ Other commercial insurance \_\_\_\_\_ (name and policy number)

In an emergency, if parents cannot be contacted, notify:

Name \_\_\_\_\_ (phone) \_\_\_\_\_

Family Doctor \_\_\_\_\_ (phone) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Known allergies \_\_\_\_\_

The team coach may apply first aid treatment until the family doctor can be contacted \_\_\_\_\_ (yes) \_\_\_\_\_ (no). We give our consent for the coach to use his/her own judgement in securing medical aid and ambulance service in case the parents cannot be reached. \_\_\_\_\_ (yes) \_\_\_\_\_ (no).

I have read the above statements and hereby give my written consent.

Date \_\_\_\_\_ Mother's signature \_\_\_\_\_

Father's signature \_\_\_\_\_

**OPEN BIBLE CHRISTIAN ACADEMY  
CARPOOL SPORTS TEAM  
PERMISSION SLIP**

Dear Parents,

For all boys' and girls' athletic events for the school year \_\_\_\_\_ season, there will need to be carpools by parents to help transport the players. Please check the schedule carefully so you know the pick up place and times for leaving and returning. Please sign the form below and return to the office before the start of scheduled games.

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I give my permission to Open Bible Christian Academy to take my child, \_\_\_\_\_, to away girls' and boys' athletic events during the school year \_\_\_\_\_ season via parent carpools. The dates are as specified on the schedule and include any potential changes due to re-scheduling. I also give representatives of Open Bible Christian Academy permission to seek proper medical attention should it be necessary during this time.

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

Date \_\_\_\_\_

# Open Bible Christian Academy

## Athletic Department Policy

### **Our Program**

The purpose of our athletic program at OBCA is to help in developing physical, personal and spiritual skills of the student-athletes that will have lifelong benefits. The athletic department seeks to support the overall mission of our school and to promote the biblical idea that everything should be done to the glory of God. Education is never overshadowed by athletics. Our goal is to produce an enhanced Christian character in the players as well as the spectator. At OBCA, we strive to teach our athletes to practice and play as unto the Lord. To help them understand that, even in the heat of competition, we are to put God first. We desire that their Christian character be remembered long after we remember which team won or lost.

### **Academics**

Athletes are students first. Students should anticipate the demands on their time and plan accordingly. Participation in athletics is never an excuse for missing assignments, tests or tardiness. Athletes should be present and prepared for class regardless of game and practice schedule. If a student is failing one class, they will be put on academic probation and may become ineligible if improvement isn't made. A student failing two classes, will be declared ineligible. Grades will be monitored to determine when an athlete can return to the team. The Headmaster has final say on eligibility. A student must be present in school by 11:00 A.M. to be eligible to play in that day's game. If a student leaves school due to illness, they will not be allowed to play in that day's game.

### **Physicals**

All athletes must have record of a current physical on file with the school office. The physical is good for one year from the date it is administered. An athlete will not be able to participate in games until the physical is filed. Forms can be found on our website.

### **Fees**

The athletic fees for this year will be \$100 each for the first two sports and \$50.00 for the third. These fees don't cover the full amount of the cost of our sports program. Please get your fees paid in a timely manner.

### **Uniforms**

The school made significant investment in the uniforms we wear. Please take the time to launder the uniform after each game. Please make sure to return the uniform immediately after the season. If a uniform is not returned, the student will be responsible for the replacement cost.

## **Athlete's Code of Conduct**

- Every athlete is expected to maintain a good Christian testimony at all times.
- If at any time an athlete is not maintaining a Christ-honoring attitude, the administration reserves the right to suspend or dismiss that athlete. These include:
  1. A player argues or disrespectfully questions an official's call or decision.
  2. A player is openly disciplined by an official (technical fouls, red/yellow cards, ejections, etc.)
  3. A player gets involved in a verbal argument with opposing players, coaches, or fans, or yells openly at their own coach or teammates.
  4. A player openly displays displeasure with a game's outcome by using inappropriate gestures or expressions.
  5. A player commits an intentional foul and demonstrates poor sportsmanship.
  6. Any player that is found to be involved in un-Christ like behavior at or away from school including, but not limited to, alcohol use, drug use, smoking, vaping, etc.

Failure to abide by the Code of Conduct can lead to suspension or dismissal from the team

## **Practices**

Practices are a vital part of any team's success. If a practice or game needs to be cancelled, a notification will be communicated as soon as possible.

By participating in the athletic program, players are committing themselves to be present at all practices and games. There will be no allowances for missed practices or games due to other events and sport teams. If a student has to work, they will have to discuss it with the coach and determine if it will be acceptable to miss practices. Games are sometimes re-scheduled at the last minute due to weather or unforeseen circumstances. Players are expected to be at those games. Scheduling games for small Christian schools can be difficult with coordinating school and church schedules. Because of that, the final schedules may not be complete until the season starts and games may be added. The playoff dates for each sport will be noted on the schedule. Please keep that week open for games and practices.

The coach of each team can discipline a player for lateness and absences. Discipline can range from a warning or running laps for one or two latenesses, to sitting out a part or all of a game for unexcused absences. Continued absences can lead to dismissal from the team. A player who quits or is dismissed from a team will not be eligible for team awards.

## **Dress Code**

If the school has gym uniforms available, they will be used as the teams practice uniform. If the uniforms are not available, tee shirts and at least 6" inseam shorts will be required. A player may not practice without the proper practice dress.

## **Transportation**

OBCA does not have buses or vans. We rely on our team parents and coaches for transportation. We would appreciate any help in this area, even if you can only do one or two games. There is a transportation form to be signed by the parents. It is available on our web site.

## **Resolving Conflict**

There are times when it may be difficult to accept a child's lack of playing time or the position they are playing on the team. Recognizing that it is the coach who is working with the team on a daily basis, it is important to understand that they will make judgement decisions based on what they believe is best for the player and the team.

If you have a concern, please do not confront the coach after practice or a game. Call the coach and set up a time to discuss your concerns. This also give us time to think about how we want to present our concerns.

If the matter cannot be resolved with the coach, please contact the Athletic Director to discuss the matter.

## **Parents**

We can't expect our players to abide by our conduct rules if we don't. Please be respectful to our opponent's players, coaches and fans and as hard as it can be at times, even the officials. We are blessed as a school and a program when we hear others says how much they enjoy playing Open Bible Christian Academy. Thank you for you sacrifice in sending your child to our school and letting them be a part of our sports program.

Please complete this form and return it to the main office. Please sign and return the sport physical and transportation form from our website. All must be in before a player can participate in a game.

I have read and understand the rules, regulations, and guidelines set forth by the school in this Athletic Manual. I agree to abide by the rules, regulations, and guidelines and support the coaches, Athletic Director and administration of Open Bible Christian Academy.

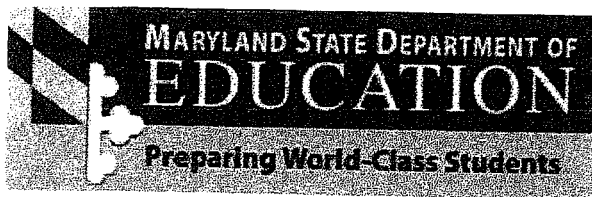
Athlete's Signature\_\_\_\_\_

Date\_\_\_\_\_

Parent's Signature\_\_\_\_\_

Date\_\_\_\_\_





### Figure 4

<b>For official use only:</b> <b>Name of Athlete</b> _____ <b>Sport/season</b> _____ <b>Date Received</b> _____	
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## Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Parent/Guardian Name of Student-Athlete

**acknowledge that I have received information on all of the following:**

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

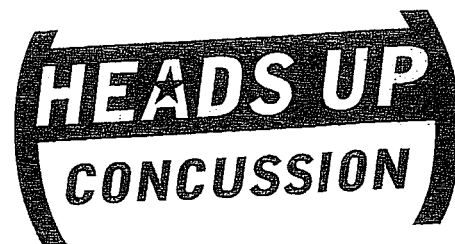
Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME SIGNATURE

Student Athlete \_\_\_\_\_ Student Athlete \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME SIGNATURE

*It's better to miss one game than the whole season.*

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

# A Fact Sheet for HIGH SCHOOL PARENTS



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

## How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

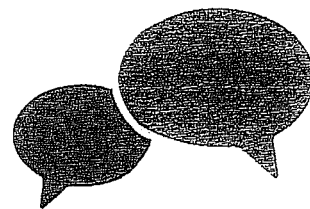
### Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

### Symptoms Reported by Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

## GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

**Concussions affect each teen differently.** While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



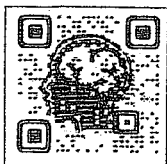
## Plan ahead.

What do you want your teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

## What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your teen's health care provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

Revised 12/2015



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National Center for Injury  
Prevention and Control

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

# A Fact Sheet for HIGH SCHOOL ATHLETES

## HEADS UP CONCUSSION

### WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

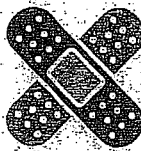
This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?



**REPORT IT.** Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

**GET CHECKED OUT.** If you think you have a concussion, do not return to play on the day of the injury. Only a health care provider can tell if you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



#### **GIVE YOUR BRAIN TIME TO HEAL.**

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

### WHY SHOULD I TELL MY COACH AND PARENT ABOUT MY SYMPTOMS?

- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.



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Control and Prevention  
National Center for Injury  
Prevention and Control

#### **GOOD TEAMMATES KNOW:**

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

## HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  ..... **Get a headache**
-  ..... **Feel dizzy, sluggish or foggy**
-  ..... **Be bothered by light or noise**
-  ..... **Have double or blurry vision**
-  ..... **Vomit or feel sick to your stomach**
-  ..... **Have trouble focusing or problems remembering**
-  ..... **Feel more emotional or "down"**
-  ..... **Feel confused**
-  ..... **Have problems with sleep**

Concussion symptoms usually show up right away, but you might not notice that something "isn't right" for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

## HOW CAN I HELP MY TEAM?



### PROTECT YOUR BRAIN.

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



**BE A TEAM PLAYER.** You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

*The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.*



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National Center for Injury  
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To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)