

Calvary Christian Academy Athletic Office

A Ministry of Calvary Chapel of Philadelphia

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2025 CCA Spring Sports Information

Varsity (9th-12th)

- Sports Offered: Baseball, Softball, Track and Field
- Tryouts Begin: Monday, March 3rd
- Paperwork Due: Monday, February 24th

Middle School (6th-8th)

- Sports Offered: Baseball and Softball
- Tryouts Begin: Monday March 17th
- Paperwork Due: Monday, March 10th

Paperwork Info:

<https://cca.ccphilly.org/athletics/athletic-guidelines-and-forms/>

All spring practice and contests/meets can be viewed on CCA's sports scheduling website:

<https://ccacougarathletics.org>. All events are subject to change.

Please note for Varsity spring sports- there may be practices/games/meets on the schedule during Easter Break (4/13-4/21). Please communicate with your Coach ahead of time with any potential conflicts.

There are no practices/games for middle school baseball/softball during Easter Break

All middle school and varsity baseball and softball practices/home games take place at Somerton Youth Organization (1400 Southampton Road, Phila PA 19116). Transportation is provided by CCA to practices and home games if needed. Athletes must be picked up at Somerton at the end of their practice/games transportation is not provided back to CCA.

Track and Field practices take place at CCA's Front Field. All meets/invitationals are away events.



2024-2025 Calvary Christian Academy

Sports Registration Form

Student Information

Name: _____ DOB: _____ Age _____

Grade in 24-25 School Year: _____

Address: _____

School District You Reside In: _____

Sport you are trying out for: _____

Level (circle one): Middle School (6th-8th grade) / High School (9th-12th grade)

Medical Information

Athlete's Medical Insurance Company _____ Policy # _____

Please check here if your athlete is **not** covered under medical insurance _____ (we will send a waiver home to you)

Are there any physical limitations and/or problems that should be known by CCA's Coaching Staff and Athletic Trainer? (ex: severe allergy, recent broken bone, concussion, etc.)

Contact Information

Mother/Guardian Name: _____

Father/Guardian Name: _____

CCA will use all contact info on file with the school's database for all texts and emails. If you have another email that you'd like to add to our Athletic Emails list, please list it here: _____

I hereby give my permission to have my child taken to a hospital and treated in case of emergency. In consideration of the named student being permitted to participate in the interscholastic sport, we hereby release Calvary Christian Academy and its employees and agents from all liability for any harm, injury or death that the student may suffer while participating in interscholastic sports. We also agree to indemnify and save harmless Calvary Christian Academy and its employees and agents from any and all claims asserted by or on behalf of the named student arising out of participation in interscholastic sports. As well, in accordance with the purpose and spirit of the PIAA by-laws, Article IV, Section 1, I give consent for my son/daughter, a pupil of Calvary Christian Academy, to take part in extracurricular athletic activities in the sport noted above, I state that I have answered the questions about and that, to the best of my knowledge, my answers to the questions are complete and correct.

By registering, you agree to be bound by the terms of Calvary Chapel of Philadelphia's Resolution on Participation in Church Activities found at <https://www.ccp Philly.org/church-activities-resolution/>

If you do not have internet access, you may obtain a copy of the Resolution on Participation in Church Activities from the Church Office.

Parent Signature and Date: _____

2024-2025 Calvary Christian Academy Athletic Commitment Contract

Athletes, please read and sign below:

1. I have read the entire Athletic Handbook (found at cca.cphilly.org/athletics), and I understand the philosophy and policies contained in it. I agree to abide by these policies.
2. I understand that joining a team requires a high level of commitment. Therefore, if I am selected to the team, I will not quit before the season is completed. I will also be at all games, practices, and team functions barring illness or injury. If I am going to be absent or late to a practice or game, I will give my coaches advance notice.
3. I understand that being selected for a team is not a guarantee of any set amount of playing time. I agree that the coach has authority to dictate playing time based on his/her evaluation of the team.
4. I understand how important communication with my Coach is. If I have a question or disagreement with my coach, I will discuss it with him/her only. I will do this in private.
5. I understand that being prepared is an important aspect of Athletics. I will make sure to bring my uniform and all necessary equipment for games and practices.
6. I will not neglect my school work due to being a part of a team and understand the Academic Probation rules as outlined in the Athletic Handbook.
7. I will exemplify Christ in my behavior and attitude on and off the field. I will be respectful of coaches, officials, opponents, and other authority figures, as well as uplift and encourage my teammates and opponents.

ATHLETE SIGNATURE: _____

Parents/Guardians, please read and sign below

1. I/We have read the entire Athletic Handbook (found at cca.chilly.org/athletics) and I/We understand the philosophy and policies contained in it. I/We agree to abide by these policies.
2. I/We understand that joining a team requires a high level of commitment. Therefore, if my/our son/daughter is selected to the team, I will not allow him/her to quit before the season is completed. I/We will be timely in picking our son/daughter up from practices and games. If my/ our son/daughter is going to be absent or late for a practice or game, I/we will give the coach advance notice.
3. I/We understand that being selected for a team or payment of an Athletic Fee is not a guarantee of any set amount of playing time. I/We understand that the Coach has authority to dictate playing time based on his/her evaluation of the team.
4. I/We understand how important communication with the Coach is. If I/we have a question or disagreement with the Coach, I/we will respectfully discuss it with the Coach only. I/We will do this in a private setting after scheduling a time with the Coach away from the field/court.
5. I/We understand the Academic Probation rules as outlined in the Athletic Handbook and will support my/our son/daughter in their academics.
6. I/We will be respectful of Coaches, Opponents, Official and Athletic Staff. I/We will cheer in a positive fashion and not degrade the opposition and/or officials.

PARENT/GUARDIAN SIGNATURE: _____

2024-2025 Calvary Christian Academy

Student Athlete Driver Eligibility, Athlete and Coach Communication Form

Student Driver Eligibility (only applicable to 9th-12th grade athletes)

Student Athlete's Name: _____

Sport: _____ Grade _____

Phone # of Student Driver: _____

Please check all that apply:

_____ I give my son/daughter permission to ride to and from practices/games with another student driver for my athlete's respective sport. (Please note that Calvary's insurance policy does not cover your student when riding with another student driver or Coach in their personal vehicles)

_____ My son/daughter may only ride to games/practices in a Calvary Vehicle provided by the school (Bus/Van)

_____ My son/daughter may ride in a Coaches personal car when a Calvary vehicle is not available.

Social Media and Communication in Athletics:

Calvary Christian Academy Student Athletes are expected to represent themselves in a Christ-like manner while using different social media platforms. CCA Student Athletes not only represent themselves, but their respective Teams, Coaches, Families, Ministry, and the Lord.

CCA Student-Athletes are expected to interact with fellow student- athletes, opponents, coaches, officials, and fans in a way that is glorifying to the Lord on social media platforms. Any violation of this is subject to consequence from both CCA and CCA Athletics. Any activity that is not meeting these standards should be reported to CCA's Athletic Director (Dan McGuigan) immediately. Social Media activity must also follow CCA Student Handbook Policies as well as NFHS, PIAA, and BAL rules.

Communication Between CCA Coaches/Student Athletes

School approved Coaches and extracurricular activity leaders can communicate only with parental permission through the "Remind" app (or similar apps specifically cleared by the Athletic Department and Administration). Text messaging is for information-giving or activity-related purposes only, Personal communication should not take place. Approved informational or activity related purposes would include checking in on an injury status, notifying of last-minute schedule changes/cancellations, and checking on the welfare or a student in a situation where they are unaccounted for, late, etc.

In the event a coach provides a phone number for student athletes to meet the standards above, student athletes should only by using this resource for emergencies, information-giving, or activity-related purposes of communication.

I agree to allow communication following the above guidelines between my son/daughter and their respective coach/coaches.

Parent Signature: _____ Date: _____

SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Male/Female (circle one)
 Date of Student's Birth: ____/____/____ Age of Student on Last Birthday: ____ Grade for Current School Year: ____

Winter Sport(s): _____ Spring Sport(s): _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____
 Current Home Telephone # () _____ Parent/Guardian Current Cellular Phone # () _____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Parent's/Guardian's Name _____ Relationship _____

Parent/Guardian E-mail Address: _____
 Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____
 Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____
 Address _____ Telephone # () _____

Family Physician's Name _____ MD or DO (circle one)
 Address _____ Telephone # () _____

If any SUPPLEMENTAL HEALTH HISTORY questions below are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

Explain "Yes" answers at the bottom of this form.
 Circle questions you don't know the answers to.

1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? Yes No

An additional note to item #1. if serious illness or serious injury was marked "Yes", please provide additional information below

2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? Yes No

- | | Yes | No |
|--|--------------------------|--------------------------|
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any concerns that you would like to discuss with a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

#'s	Explain yes answers; include injury, type of treatment & the name of the medical professional seen by student

I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Parent's/Guardian's Signature _____ Date ____/____/____

Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 5 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____