



JUDAH CHRISTIAN ATHLETICS

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A large, faint background graphic of a lion and a cross, rendered in a light purple color. The lion is in profile, facing right, and is superimposed over a large, dark purple cross. A yellow arc is also visible behind the lion and cross.

2018-2019 Elementary & JH Sports Information Packet

Please return all information to the main office or the Athletic Office.

JUDAH CHRISTIAN SCHOOL – SPORTS START DATES

Fall Sports

	<u>18/19 Start Date</u>	<u>Eligible Students</u>
Elementary/Jr. High Cross Country	7/30/2018	6 th -8 th Grade Boys & Girls
Junior High Baseball	7/30/2018	5 th -8 th Grade Boys & Girls
Junior High Soccer	7/30/2018	6 th -8 th Grade Boys & Girls
Junior High Golf	7/30/2018	5 th -8 th Grade Boys & Girls
8 Man Football	8/6/2018	9 th -12 th Grade Boys
Cheerleading (Football)	8/6/2018	9 th -12 th Grade Girls
Boys High School Golf	8/6/2018	9 th -12 th Grade Boys
Girls High School Golf	8/6/2018	9 th -12 th Grade Girls
High School Cross Country	8/8/2018	9 th -12 th Grade Boys & Girls
Girls High School Volleyball	8/8/2018	9 th -12 th Grade Girls
Boys High School Soccer	8/8/2018	9 th -12 th Grade Boys
Girls Junior High Basketball	8/27/2018	7 th -8 th Grade Girls
Girls Elementary Basketball	8/27/2018	5 th -6 th Grade Girls

Winter Sports

	<u>18/19 Start Date</u>	<u>Eligible Students</u>
Boys Elementary Basketball	10/08/2018	5 th -6 th Grade Boys
Boys Junior High Basketball	10/15/2018	7 th -8 th Grade Boys
Girls High School Basketball	10/29/2018	9 th -12 th Grade Girls
Cheerleading (HS Boys Basketball)	10/22/2018	9 th -12 th Grade Girls
Boys High School Basketball	11/5/2018	9 th -12 th Grade Boys
Wrestling	11/5/2018	9 th -12 th Grade Boys
Girls Junior High Volleyball	11/26/2018	7 th -8 th Grade Girls
Girls Elementary Volleyball	12/3/2018	5 th -6 th Grade Girls

Spring Sports

	<u>18/19 Start Date</u>	<u>Eligible Students</u>
High School Track & Field	1/14/2019	9 th -12 th Grade Boys & Girls
Junior High Track & Field	2/25/2019	5 th -8 th Grade Boys & Girls
High School Baseball	2/25/2019	9 th -12 th Grade Boys
Girls High School Soccer	2/25/2019	9 th -12 th Grade Girls



JUDAH CHRISTIAN SCHOOL – 2018-2019 ELEMENTARY & JR. HIGH ATHLETIC ENROLLMENT FORM

Attention: This entire enrollment form must be completed and signed in the designated locations, and a current physical must be on file with the Athletic Office before the student can participate in Interscholastic Athletic practices or contests. Your cooperation is appreciated.

CONTACT INFORMATION - TO BE COMPLETED BY THE PARENT/STUDENT

Student Last Name: _____ Student First Name: _____

Grade: _____ Birth Date: _____ Sex (circle one): M F

Home Address: _____

Father's Last Name: _____ Father's First Name: _____ Phone: _____

Father's Email: _____

Mother's Last Name: _____ Mother's First Name: _____ Phone: _____

Mother's Email: _____

Emergency Contacts (list in order of contact priority):

- 1. Name/Relationship: _____ Phone: _____
2. Name/Relationship: _____ Phone: _____
3. Name/Relationship: _____ Phone: _____
4. Name/Relationship: _____ Phone: _____

Name of Physician: _____ Physician's Phone: _____

Physician's Address: _____

Medical Insurance Company _____ Policy # _____

Allergies to medicine or other allergies _____

My child is currently taking the following medication(s) _____

For the following condition(s) _____

CONSENT TO MEDICAL TREATMENT - TO BE COMPLETED BY THE PARENT/GUARDIAN

I/We give my/our permission for a licensed doctor, physician, or emergency treatment center selected by the coach/representative to administer the necessary attention and aid immediately to our child should he/she become injured or sick during any school event, athletic or scholastic, throughout the school year, and to do so without having to wait until I/we am/are contacted. I/We consent to any x-rays, examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care deemed necessary.

I/We understand the school's coach/representative will endeavor to reach us. However, I/we will not hold any of the school personnel responsible if efforts to contact me/us are unsuccessful. I/we understand that the school does not assume responsibility for payment of a physician in any case. I/We also agree to be responsible to update any medical information that may be needed throughout the year.

Date: _____ Name of Parent/Guardian (printed): _____ (signed): _____



Fall

5-8th Co-Ed Golf _____
6-8th Co-Ed Cross Country _____
6-8th Co-Ed Soccer _____
7-8th Girls Basketball _____

5-8th Boys Baseball _____
5-6th Girls Basketball _____

Winter

5-6th Boys Basketball _____
7-8th Boys Basketball _____

5-6th Girls Volleyball _____
7-8th Girls Volleyball _____

Spring

5-8th Co-Ed Track and Field _____

CONCUSSION INFORMATION - TO BE COMPLETED BY THE PARENT/STUDENT

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to- Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out. For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Date: _____ Name of Parent/Guardian (printed): _____ (signed): _____

Date: _____ Name of Student-Athlete (printed): _____ (signed): _____