



JUDAH CHRISTIAN ATHLETICS

908 N. Prospect Avenue | Champaign, IL 61820 | Phone 217.359.1701 | Fax 217.359.0214 | www.judah.org

A large, semi-transparent graphic in the background of the page. It features a purple cross and a purple lion, similar to the logo, but larger and more faded. A yellow curved shape is also visible behind the text.

2018-2019 High School 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



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JUDAH CHRISTIAN SCHOOL - 2018-2019 HIGH SCHOOL 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): _____



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Fall

9-12th Co-Ed Golf _____
9-12th Cross Country _____
9-12th Boys Soccer _____

9-12th Cheerleading (HSFB) _____
9-12th Girls Volleyball _____
9-12th 8 Man Football _____

Winter

9-12th Cheerleading (BHSB) _____
9-12th Boys Basketball _____

9-12th Girls Basketball _____
9-12th Wrestling _____

Spring

9-12th Girls Soccer _____
9-12th Co-Ed Track and Field _____

9-12th Boys Baseball _____

