

CCA Spring Athletics 2017

It's time to sign up for Spring athletics! Below is our line up of teams for the spring and the coaches who will be heading the programs. All 6th-12th grade students are welcome to come out and join a team! Please register by filling out the attached form and return it to the front office or Mrs. Azadian's In Box on her desk by Fri. 3/31.

Physical Exams for Athletes Policy: If your child has any allergy, history of concussion or medical condition the athletic staff should be made aware of, please accompany a letter of explanation with this application (ie: life threatening allergy, asthma). A current sports physical/physical exam from your health care provider clearing the student for sports activities must be on file in your school health record PRIOR to the start of the season.

In compliance with CCA's Concussion Policy, a parent of all winter athletes must indicate in their student's registration form that they have read the attached "Heads UP Concussion; A Fact Sheet for Parents".

Coed Middle School Track (6th-8th)

Again this season the Middle School Track team will be coached by Ms. Nalani Cushing. She ran track through college, and has been coaching for the past 6 seasons! Students interested in participating on the MS track team can expect practices and meets to be scheduled three or four days per week over the season. The first practice is planned for April 10. Runners should meet Coach Cushing by the MS locker rooms after school. Practice will run from 3:20-4:30 on Mon, Tues and Thurs. (with a few exceptions).

Coed Middle School Ultimate (6th-8th)

Coach Mac Hildebrand will be leading the MS team into their second Ultimate season this spring. Practices will begin on Tuesday, April 10 and will be scheduled four days per week over the season from 3:20-4:45 on the fields out back on Tues - Fri. (with a few exceptions).

Girls Varsity Softball (8th-12th)

This year girls in 8th -12th graders are invited to join the team! Coach Vicki Best and Assistant Coach Sharon Cushing are ready to get the season going. Girls planning to play should be able to commit to practice and games each day after school during beginning April 3 and ending May 19 (excluding Spring Break). All softball players should bring running sneakers, cleats, their gloves and a readiness to work hard.

Coed Varsity Ultimate (9th-12th)

Coach Jordan Willis will be leading our coed Ultimate team again this year with high hope of another great season. Practices will begin on Monday, April 3 and will run from 3:20-4:45 on the fields out back.

If you have any questions about the spring sports season, please contact Kathy Azadian, Athletic Director, through the school office 978-535-7100 x29, or at kathy.azadian@ccamail.org.

For the most up to date game and practice schedules for all the teams, see the [Athletic Calendar](#) on the CCA website.

Covenant Christian Academy

2017 Spring Sports Registration and Emergency Form

_____ MS Coed Track and Field (6th-8th graders) _____ Coed MS Ultimate (6th-8th graders) _____ Girls' Varsity Softball (8th-12th graders) _____ Coed Varsity Ultimate (9th-12th graders)

Student Name: _____ Grade: _____

Parent Email Address(es): _____

Phone: home _____ student cell _____

mom cell _____ mom work _____

dad cell _____ dad work _____

☐ I have read the attached "Heads UP Concussion; A Fact Sheet for Parents"

Parent's Signature: _____

Please return this form to the school office as soon as possible

Confidential Emergency Medical Information (Please fill out neatly and completely.)

Child's Name: _____

Physician's Name and Address: _____

Telephone: (_____) _____

Dentist's Name and Address: _____

Telephone: (_____) _____

Are there any health problems we should be aware of? _____

Please list any medication your child is taking: _____

Please list any allergies your child has: _____

Please list child's concussion history: _____

Persons (local), other than parent, to be notified in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Consent: In the event that reasonable attempts to contact me have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of my son/daughter to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian Signature: _____