



Memorial Christian Academy Athletics Department

Welcome to Memorial Christian Academy Athletics!

The goal of our athletic program is to enable students to use sports as a tool to mature spiritually, physically and academically.

At MCA, we strive to provide athletic opportunities for every student. Our “Warrior” teams compete in football, girls volleyball, boys and girls basketball, soccer, tennis, golf, bowling, track & field and cheerleading.

The coaches at Memorial Christian Academy are passionate about the sports they teach and their commitment is to help each student athlete achieve their ultimate potential.

Come join us and be part of something special called “Warrior Athletics.”

A handwritten signature in black ink that reads 'Jackie Shiller'.

Jackie Shiller
Athletics Director

Memorial Christian Academy
4001 Trimmier Rd.
Killeen, TX 76542
Phone: 254-526-5403
Fax: 254-634-2030
E-mail:
info@mcawarriors.com

Personal Information

Student's Name _____
Last First MI

Address _____, TX _____
Street City Zip

Phone _____ Date of Birth _____ Sex () Male () Female

Grade Level _____

Student will participate in these sports: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Girls Volleyball | <input type="checkbox"/> 7 th & 8 th Grade Girls Volleyball |
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Boys Flag Football | <input type="checkbox"/> 7 th & 8 th Grade Boys Tackle Football |
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Girls Basketball | <input type="checkbox"/> 7 th & 8 th Grade Girls Cross Country |
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Boys Basketball | <input type="checkbox"/> 7 th & 8 th Grade Boys Cross Country |
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Co-ed Soccer | <input type="checkbox"/> 7 th & 8 th Grade Girls Basketball |
| <input type="checkbox"/> 4 th , 5 th , 6 th Grade Girls Track | <input type="checkbox"/> 7 th & 8 th Grade Boys Basketball |
| <input type="checkbox"/> 4 th , 5 th , 6 th Boys Track | <input type="checkbox"/> 7 th & 8 th Grade Co-ed Soccer |
| <input type="checkbox"/> 4 th , 5 th , 6 th Cheerleading | <input type="checkbox"/> 7 th & 8 th Grade Girls Track |
| | <input type="checkbox"/> 7 th & 8 th Grade Boys Track |
| | <input type="checkbox"/> 7 th & 8 th Grade Cheerleading |
| <input type="checkbox"/> High School Girls Volleyball | <input type="checkbox"/> High School Boys Tackle Football |
| <input type="checkbox"/> High School Girls Cross Country | <input type="checkbox"/> High School Boys Cross Country |
| <input type="checkbox"/> High School Girls Swimming | <input type="checkbox"/> High School Boys Swimming |
| <input type="checkbox"/> High School Girls Basketball | <input type="checkbox"/> High School Boys Basketball |
| <input type="checkbox"/> High School Girls Bowling | <input type="checkbox"/> High School Boys Bowling |
| <input type="checkbox"/> High School Girls Track | <input type="checkbox"/> High School Boys Track |
| <input type="checkbox"/> High School Girls Golf | <input type="checkbox"/> High School Boys Golf |
| <input type="checkbox"/> High School Girls Tennis | <input type="checkbox"/> High School Boys Tennis |
| <input type="checkbox"/> High School Girls Softball (not offered at this time) | <input type="checkbox"/> High School Boys Baseball (not offered at this time) |
| <input type="checkbox"/> High School Cheerleading | |

Uniform Sizes:

T-Shirt _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ AXXL

Shorts _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ AXXL

Medical and Emergency Contact Information

Student's Name _____
Last First MI

Please notify the following in the event of an emergency involving this student:

Mother's Name: _____ Home Phone: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Please list two other people we may contact in the event we are unable to contact the parents:

Name: _____ Home Phone: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Name: _____ Home Phone: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

If student requires specific medical attention, please contact the doctor listed below who has knowledge about his/her situation/condition/treatment:

Doctor's Name: _____ Phone (1) _____

Phone (2) _____

Hospital of Choice:

Name of Facility

Location

Alternate Facility

Location

Please list any medical information that might assist emergency medical personnel in administering aid:

Insurance Information

Memorial Christian Academy strives to provide excellent coaches and protective equipment for all student athletes. It is known that even though protective equipment is worn, the possibility of an injury or accident exists. Memorial Christian Academy requires that all student athletes be covered under a family medical insurance policy.

I do _____ or do not _____ carry hospitalization on _____
Athlete's Name

Name and Address of Insurance Company _____

Name of Policy Holder _____

Subscriber ID Number: _____ Group Number: _____ Code Number: _____

Please indicate if parent or guardian is:

_____ Active military and athlete is covered under military medical benefits

_____ Retired military and athlete is covered under Champus, Tri-Care Prime, or other retired military medical benefits

Memorial Christian Academy has my permission to obtain medical treatment for my son / daughter. I indemnify and hold the school harmless for any claim on account of such care and / or treatment.

I, _____, have read all of the above and understand the provisions
Parent / Guardian (print)
as set forth.

Signature of Parent / Guardian

Date: _____

No student athlete will be allowed to participate in any practice, scrimmage or game without providing evidence of medical insurance coverage.

Transportation Permission Form

Memorial Christian Academy athletic teams will be participating in many events that require transportation to and from these activities. These activities will include but are not limited to; competitions, scrimmages, practices, and team related field trips. All trips will be made on vehicles owned by Memorial Christian Academy or Memorial Baptist Church and operated by Memorial Christian Academy personnel. Are drivers licensed and certified and have passed state mandated background checks. At times, such as unavailability of buses, Memorial Christian Academy may contract with a professional entity (charter bus) to provide adequate transportation.

I hereby give my permission for _____ to ride on school owned or contracted _____ conveyance to and from all school sponsored athletic events.

Date: _____

Parent / Guardian Signature: _____

Texas Association of Private and Parochial Schools

STUDENT ACKNOWLEDGEMENT OF RULES



STUDENT NAME:

DATE OF BIRTH:

GRADE LEVEL: 9 10 11 12

TAPPS SCHOOL:



This form must be signed by both the student and parent/guardian and be on file at the TAPPS member school prior to the student participating in any Inter-Scholastic contest.

According to the rules outlined in the TAPPS Constitution and By-Laws, by initial or check of the following, we attest that the above named student:

Student Parent

- has not reached 19 years of age prior to September 1 of the current school year.
- has not graduated from high school.
- did not enroll in the NINTH GRADE more than 4 years ago.
- did not enroll in the TENTH GRADE more than 3 years ago.
- is a full time day student at the member school enrolled and attending at least four (4) courses on the member school campus.
- has not represented a college in any contest.
- is not in violation of the TAPPS Awards Rule – Section 103 of the TAPPS By-Laws.
- is in compliance with the TAPPS academic eligibility rules as presented in the TAPPS Constitution, By-Laws and Contest Rules.
- is living with parent(s).
- is living in a TAPPS Approved Boarding School.
- is living with a guardian and has applied for and received approval to participate in TAPPS Extracurricular Activities as outlined in Section 80 of the TAPPS By-Laws governing Citizen students or Section 102 of the TAPPS By-Laws governing International students.

- did not transfer to the TAPPS member school from another high school for the current school year.
- or
- did transfer to the TAPPS member school for the current school year. **In order to be eligible for VARSITY PARTICIPATION, the student must have transferred to the TAPPS member school prior to the following deadlines. By initial of the student and parent / guardian attest that the deadlines were met-**
- FALL DEADLINE **September 7, 2012** Cross Country, Fall Soccer, Football, Volleyball
- WINTER DEADLINE **December 7, 2012** Basketball, Swim and Dive, Winter Soccer, Wrestling
- SPRING DEADLINE **February 22, 2013** Baseball, Golf, Softball, Tennis, Track and Field
- is in compliance with the Transfer Rules as presented in Section 104 of the TAPPS By-laws.
- has not "followed" any coach to the TAPPS member school as described in Section 104 of the TAPPS By-Laws.

- is in compliance with Section 136 of the TAPPS By-Laws which governs off season activities during the school year. Student has not played for the coach of the TAPPS member school on a non-school team from the beginning of TAPPS activities in July until the last day of the current school year. This includes participation on FALL or Spring league games, individual and group instruction from a member of the staff at the TAPPS member school.
- is in compliance with Section 139 of the TAPPS By-Laws which governs summer activities.
- has been presented the information in TAPPS By-Laws Section 87 and is in compliance with all rules and regulations pertaining to Recruitment, Targeting of Athletes, Inducement and the Tampering of student athletes.
- and parent / guardian have been made aware of the information regarding CONCUSSIONS presented on the EDUCATION page of the TAPPS website.
- and parent / guardian are aware of the rules governing CONCUSSION management as presented in Section 138 of the TAPPS By-Laws.

PARENT AND STUDENT NOTIFICATION STEROID USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROIDS

(source: National Institute on Drug Abuse)
<http://www.nida.nih.gov/infofacts/steroids.html>

For boys and men - shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

For girls and women - growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

For adolescents - growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

For all ages - potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

For injectors - infections resulting from the use of shared needles or non-sterile equipment, including HIV / AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

STUDENT CERTIFICATION

I have read the above information and agree that I will not use illegal anabolic steroids.

Student Signature

Date

PARENT / GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

Parent / Guardian Signature

Date