



TURLOCK CHRISTIAN JR. HIGH & HIGH SCHOOL ATHLETIC PACKET 2026-2027

Turlock Christian Athletic Policies

Student Athlete Handbook link is on the Resource page on our website, turlockchristian.com.

KEEP pages 1-3 for your records. SUBMIT completed pages 4-6 to TC Office before you participate!

Philosophy

The philosophy is to support the mission statement of Turlock Christian Schools and to assist students in their athletic growth and development. Athletics assist students in promoting the importance of teamwork, effort, goals and commitment. *Athletics is highly competitive*, but winning is not the only measure of success. Sportsmanship, commitment to the team, and dignity in the face of adversity are more important than the outcome of the contest.

Sportsmanship

Athletes are ambassadors of Turlock Christian School. Therefore, athletes and parents are expected and required to show all team personnel, parents and spectators respect and honor God at all times by exhibiting the highest level of conduct. All athletes, coaches, staff and officials are to be treated with respect and dignity at all times.

Eligibility Requirements

- Eligibility is determined on the first Friday of each month.
- Athletes must maintain a grade point average of 2.0 with no F's.
- If grade requirement is not met, students will be placed on a two-week probation.
Students on academic probation **may** continue to participate in practices and games/meets.
- If a student remains ineligible **after the two-week probation period**, the student will be ineligible to participate in games/meets but may participate in practices until the next grade check.

Commitment

Turlock Christian athletes are to remain committed to their team and complete the entire season. We have a "No-Quit" policy, (see page 12 in Student-Athlete Handbook).

Hazing

Hazing is prohibited at all times. Hazing involves any act that subjects teammates to mental or physical discomfort, embarrassment, harassment, or ridicule. In some instances, hazing constitutes a criminal act. Hazing may lead to immediate dismissal from a team.

Communication with Coaches

If a parent feels a need to communicate a concern with a coach, the parent must contact the coach for a pre-arranged meeting. **Please be aware that a parent is not to address a coach before or immediately after a game or practice.** Coaches have pre and post-game/practice responsibilities, including supervision of players at all times. If needed, the parent can contact the school office for a pre-arranged meeting between the parent, coach and the Director of Athletics.

Uniform and Equipment

All athletes are responsible for the equipment/uniform issued to them by their coaches. Once an athlete's respective season is completed, they must return said equipment/uniform **to their coach no later than ONE WEEK** after the last contest. Parent/guardian will be billed for the replacement cost of missing or damaged items. If equipment/uniform is not returned, the student is ineligible to play another sport until said equipment/uniform is turned in or paid for.

Misc. Information

- All 7th – 12th grade athletes are **required** to have a physical before practice begins for the season.
- No student is allowed to drive another student to practices or games.
- Athletes absent for **ANY** part of the school day cannot participate in any school activity or contest after school on the day of the absence. **Notes for medical or dental appointments may be accepted.**
- If a student is absent from school due to illness, the student may not attend any sporting event.
- Pre-arranged absence or an emergency: athlete may participate if excused by the principal or athletic director.
- Athletes may be removed from a team at the discretion of the Director of Athletics for chronic absences or tardiness.
- If suspended from school, the athlete will be ineligible for competition for one full week after the suspension. Example, student is suspended from school for Tuesday and returns to school Wednesday. Student must attend practice but cannot play in the game Friday night since it falls within the one-week timeframe. Student must attend the game and sit on the bench.



CIF Concussion Information Sheet



Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.
3. Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)]

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This ***Graded Symptom Checklist*** provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

- Looks dizzy
- Slurred speech
- Looks spaced out
- Shows a change in personality or way of acting
- Confused about plays
- Can't recall events before or after the injury
- Forgets plays
- Seizures or has a fit
- Is unsure of game, score, or opponent
- Any change in typical behavior or personality
- Moves clumsily or awkwardly
- Passes out
- Answers questions slowly

Symptoms may include one or more of the following:

- Headaches
- Loss of memory
- "Pressure in head"
- "Don't feel right"
- Nausea or throws up
- Tired or low energy
- Neck pain
- Sadness
- Has trouble standing or walking
- Nervousness or feeling on edge
- Blurred, double, or fuzzy vision
- Irritability
- Bothered by light or noise
- More emotional
- Feeling sluggish or slowed down
- Confused
- Feeling foggy or groggy
- Concentration or memory problems
- Drowsiness
- Repeating the same question/comment
- Change in sleep pattern

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References: American Medical Society for Sports Medicine position statement: concussion in sport (2013) • Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Berlin, October 2016 • <https://www.cdc.gov/traumaticbraininjury/PediatricTBIGuideline.html> • <https://www.cdc.gov/headsup/youthsports/index.html>
CIFSTATE.ORG Revised 02/2019 CIF



TURLOCK CHRISTIAN JR. HIGH & HIGH SCHOOL ATHLETIC PACKET 2026-2027

Parent-Student Agreement

I _____ and _____ have read and agree with the
(PRINT parent name) (PRINT student name)

Turlock Christian School Athletic Policies and fully support the coaching staff and administration of the school. If we need clarity or have questions regarding the athletics program, we understand to contact the head coach of the sport in question first, and then contact the Director of Athletics. We agree to speak righteously regarding Turlock Christian School (TCS) and its coaching staff. Even when we do not agree with particulars, we agree to speak only to those we disagree with and handle the matter in a Christian manner. I will attend the sports meeting(s) for my child(s) sports or schedule a meeting with the Director of Athletics to review policies and information I need clarity on. I have also read the TC Student-Athlete Handbook posted on the Turlock Christian Website, www.turlockchristian.com.

Parental Consent (Please initial on the line next to each statement indicating you read and understand it.)

_____ I give my consent to this student to compete in sports. I authorize the representative of the school to supervise my student athlete on all trips. In case of injury or illness, TCS has authority to have the student treated and I authorize the medical agency to render treatment.

Release of Liability (Please initial on the line next to each statement indicating you read it and understand.)

_____ Participation in extra-curricular activities at TCS is my own decision and discretion and I will not hold TCS liable for any injuries that occur within the activity, including but not limited to COVID-19.

_____ **The State law requires that any student who wishes to participate in inter-scholastic sports must have adequate evidence of primary medical insurance PRIOR to participation in the school sport. This means all athletes must provide proof of insurance PRIOR to being able to try out for any sport (copy of front and back of insurance card).**

_____ I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by TCS, or the employees, representatives, or agents of TCS.

_____ I recognize that there are certain inherent risks associated with the above-described activity. I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge TCS for injury, loss, or damage arising out of my or my family's use of or presence upon the facilities of TCS, whether caused by the fault of myself, my family, TCS, or other third parties.

_____ **I have received and read the attached CIF Concussion Information Sheet and discussed the information regarding concussion symptoms and follow-up care with my student athlete. I understand the risks my child faces by participating in a sport at TCS.**

_____ I agree to indemnify and defend TCS against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may arise from my or my family's use of or presence upon the facilities of TCS, or its partners.

_____ I agree to pay for all damages to the property of TCS, regardless of whether the damage intentional or not, caused by family members or myself.

_____ Initial **only** if your son or daughter is **under the age of 15** and is physically fit to participate on a **Varsity team**.

STUDENT & EMERGENCY CONTACT INFORMATION

Last Name _____	First Name _____	Birthdate _____	M or F _____	Grade _____
Primary Address _____		City _____	State _____	Zip _____
Mother/Guardian Name: _____	Cell Phone # _____	E-Mail _____		
Father/Guardian Name: _____	Cell Phone # _____	E-Mail _____		
Student Cell Phone # _____	Date of last Tetanus Shot: _____			
Do you give Turlock Christian Schools permission to give this student non-aspirin pain reliever: <input type="checkbox"/> Yes <input type="checkbox"/> No				

7th – 12th grade athletes MUST COMPLETE THIS PAGE

ADDITIONAL EMERGENCY CONTACT INFORMATION

NAME	Phone No.	Relationship to Student	Allowed to pick up
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Required:

ATTACH A COPY OF THE STUDENT'S

MEDICAL INSURANCE CARD

PHYSICIAN'S name:		
Physician's address:	City	Phone:
DENTIST'S name:		
Dentist's address:	City	Phone:
Preferred HOSPITAL:		

I understand that Turlock Christian Schools will make their best effort to contact me in the event of a medical or other emergency concerning my child. In the event my child becomes ill or injured and I am unable to be contacted, I authorize the calling of a doctor and the providing of necessary medical services, as determined by emergency or school personnel. I hereby give my permission for the above stated student to receive emergency medical treatment, hospitalization, and to receive such injections, anesthesia, or operation as may be urgently necessary. I will not hold Turlock Christian Schools liable for any accident, sickness, or emergency treatment given while my child is in the care, custody, or control of Turlock Christian Schools made in good faith.

Parent Signature _____ **Date** _____
Student Signature _____ **Date** _____
Director of Athletics Signature _____ **Date** _____

7th – 12th grade athletes MUST COMPLETE THIS PAGE

**TURLOCK CHRISTIAN SCHOOLS
PRE-PARTICIPATION SPORTS EXAM**

ALL 7th-12th grade athletes
must complete this page.

PARENT – COMPLETE THIS SECTION:

Name _____ Birthdate _____ Today's Date _____

Past Medical History: Check any of the following conditions you have had:

- | | | |
|---|---|--|
| <input type="checkbox"/> heart murmur | <input type="checkbox"/> knee or ankle problems | <input type="checkbox"/> mononucleosis (mono) |
| <input type="checkbox"/> irregular heartbeat | <input type="checkbox"/> neck or back injury | <input type="checkbox"/> heat stroke |
| <input type="checkbox"/> other heart problems | <input type="checkbox"/> other injury | <input type="checkbox"/> sickle cell trait/disease |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> concussion | <input type="checkbox"/> asthma |
| <input type="checkbox"/> hernia (swelling in groin) | <input type="checkbox"/> seizures | <input type="checkbox"/> diabetes |

Family History: Check any of the following conditions anyone in your family has had:

- heart problems sudden death before age 50

Systems Review: Check any of the following symptoms you have experienced:

- | | | |
|--|--|--|
| <input type="checkbox"/> chest pain with exertion | <input type="checkbox"/> neck pain | <input type="checkbox"/> abnormal bleeding |
| <input type="checkbox"/> severe shortness of breath | <input type="checkbox"/> wear braces | <input type="checkbox"/> severe headaches |
| <input type="checkbox"/> abnormal bruising | <input type="checkbox"/> rapid heart rate | <input type="checkbox"/> back pain |
| <input type="checkbox"/> pain in hips, knees or ankles | <input type="checkbox"/> passing out or nearly passing out | <u>LIST ALLERGIES:</u> _____ |
| <input type="checkbox"/> unsatisfied with current weight | <input type="checkbox"/> pain or numbness in arms or legs | _____ |

Medications you currently take: _____

EXAM – PHYSICIAN COMPLETE THIS SECTION:

BP _____ HR _____ Height _____ Weight _____

		Neg./Normal	Pos./Abnormal	Abnormalities/Comments
General				
HEENT				
Neck				
Heart	Murmur			
	Heart Sounds			
	Rate, Rhythm			
Lungs				
Abdomen	Liver, Spleen			
Back	Scoliosis			
	Tenderness			
Extremities	Trauma			
	Instability			
	Femoral Pulse			
Skin	Rash			

PHYSICIAN Statement Consent

Physician Statement: I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. ***(Dr. of Chiropractic Medicine is not satisfactory).***

Print Physician Name Physician Signature Date State License

Physician Address Phone No.