



# REDWOOD CHRISTIAN SCHOOLS ATHLETIC PARTICIPATION FORMS

## 2025-2026

### ATHLETIC EMERGENCY/AUTHORIZATION

<b>Student:</b>				
Last	First	Middle Initial	Birthday	Age on 8/13/25
<b>Address:</b>		<b>Zip Code:</b>	<b>Phone:</b>	
<b>Father:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>		
<b>Mother:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>		
<b>Email:</b>				
<b>PERSON TO CALL IF PARENT CANNOT BE REACHED:</b>				
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>		
In case of emergency due to serious illness or accident when I cannot be reached, I hereby authorize school personnel to obligate me for the services of a doctor. Please call:				
<b>Doctor:</b>	<b>Phone:</b>	<b>Dentist:</b>	<b>Phone:</b>	
<b>Name of Medical Insurance Co. &amp; ID Number:</b>				

#### PARENT'S STATEMENT

I GIVE MY CONSENT for the above-named student to compete in sports, and I authorize the student to go with, and be supervised by a representative of the school on any trips. I further authorize a representative of Redwood Christian Schools to act for me in an emergency requiring medical attention. I also authorize the medical agent to render treatment. I agree that Redwood Christian Schools will not be held liable or responsible for any injury or accident that is sustained by my child during his/her participation in athletics. I further realize that I must have my own medical coverage.

**Parent's Signature:** \_\_\_\_\_

**DOCTOR'S STATEMENT:** I HEREBY CERTIFY THAT THE ABOVE-NAMED STUDENT IS PHYSICALLY FIT TO PARTICIPATE IN SPORTS.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_

**DOCTOR'S SIGNATURE:** \_\_\_\_\_

**List allergies or any medical conditions:** \_\_\_\_\_

**Medical Office Stamp:**

**I GIVE MY PERMISSION FOR THE ABOVE-NAMED STUDENT TO: (Please initial all statements that apply)**

- \_\_\_\_ Ride the RCS Commuter Bus to 3Crosses Church / Redwood Chapel for practices or games.  
(This option is free to RCS Athletes for practices and games only).
- Ride with another parent.
- Ride with another student who drives to practices and home games.
- To drive only him or herself to practices and games.
- To drive other students to practices and home games. (A copy of the student's auto insurance and driver's license must be attached to this form).
- **\*\*I have read the RCS guidelines for provisional drivers and the above-named student meets the California DMV Standard.\*\*** (Please see the Athletic Department for a copy of the policy)

**Parent's Signature:** \_\_\_\_\_

### CONCUSSION INFORMATION SHEET

I have read and understand all the information that was given to me on the Concussion Information Sheet located at [https://www.cifstate.org/sports-medicine/concussions/CIF\\_Concussion\\_Info\\_Sheet.pdf](https://www.cifstate.org/sports-medicine/concussions/CIF_Concussion_Info_Sheet.pdf).

**Student Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

#### NCS EJECTION POLICY (High School Athletes Only)

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.  
**Penalty:** The player shall be ineligible for the next contest.  
(Non-league, league, invitational tournament, post-season, and any playoff games, state or section)
2. Illegal participation in the next contest by a player ejected in a previous contest.  
**Penalty:** The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.  
**Penalty:** The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench to begin or participate in an altercation.  
**Penalty:** The player(s) shall be ejected from the contest in question and become ineligible for the next contest.  
(Non-league, league, invitational tournament, post-season, and any playoff games, state or section)

**Student Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

#### PARENT / ATHLETE CONTRACT

**Parents & Athletes,** please initial each item below, signifying that you have read, understood, and discussed each item. **Parents,** please sign the bottom to complete the contract. Athletes may not participate until the contract has been completed.

- \_\_\_/\_\_\_ 1. I have read the Parent Handbook and I agree to support Redwood's Christ-Centered philosophy of Athletics.
- \_\_\_/\_\_\_ 2. I agree to provide sound Biblical counsel at home to support my student, as needed, in areas of difficulty that may arise during the season.
- \_\_\_/\_\_\_ 3. I (Parent) agree to attend as many games as possible.
- \_\_\_/\_\_\_ 4. I agree to check all areas of our personal family schedule to insure that my student learns responsibility and commitment to being at all scheduled practices and games (unless excused by the coach) and completing the season on the team.
- \_\_\_/\_\_\_ 5. I agree to begin solving any problems that may arise at the coach level first and follow Redwood's conflict resolution policies, as stated in the Athletic Parent Handbook.
- \_\_\_/\_\_\_ 6. (HS Only) We agree that the student will not use androgenic/anabolic steroids without the written prescription of a fully license physician, as recognized by the American Medical Association, to treat a medical condition. (CIF Bylaw 524) We recognize that under CIF Bylaw 200.D, the student may be subject to penalties including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF. We understand that the students' violation of the school's policy regarding steroids may result in discipline against him/her, including but not limited to restriction from athletics, suspension, or expulsion.
- \_\_\_/\_\_\_ 7. I understand that failure to carry out any part of this contract may result in my student's dismissal from Redwood's athletic program.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_