Lake Norman CHRISTIAN

ATHLETICS HANDBOOK 2026-2027

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LKNC ATHLETICS MISSION

The LKNC Athletic Department exists to train student athletes to develop Christian faith, character and leadership through competitive sports programs that “run the race to win”.

1 Corinthians 9:24

“Do you not know that those who run in a race all run, but one receives the prize?
Run in such a way that you may obtain it.”

LKNC ATHLETICS PHILOSOPHY

The philosophy of the LKNC Athletic Program focuses on doing all things for the glory of God, creating a culture of excellence in academic rigor, spiritual growth and physical conditioning. There is an emphasis on the value of commitment, sportsmanship, persistence, attitude, character and accountability. We believe the Christian student athlete’s participation in an interscholastic sport impacts more than just the game. Through discipline, service, humility, selflessness and hard work - skills are sharpened, character is built and God is glorified.

EXCELLENCE

The interscholastic athletic program at LKNC empowers student athletes to compete with excellence. This is defined as playing with good sportsmanship, maintaining a positive attitude, leading by example, respecting others, maintaining a positive attitude, engaging in encouraging speech, putting the team goals above individual aspirations and being relentless in giving the best effort at all times.

COMMITMENT

At all levels, we desire to balance participation and skill development with team competitiveness. Practices and games will vary depending on coaching strategy and the level of competitive intensity. As well, playing time in contests is a product of athletic ability, coaching/team strategy, work ethic and attitude during practice, competition, and in the classroom.

SPORTSMANSHIP

Competitive team experiences can contribute to the development of Christian character, mutual support, and school spirit. Sportsmanship is an important part of this training. We expect our coaches, student athletes, LKNC students to represent Christ and LKNC in a manner that is respectful of others on and off the court/field of play.

ATTITUDE

We encourage and endorse the enthusiastic support of parents and friends. In the process, we expect all to uphold the same high standards that we ask of our students. Opposing teams and their fans are to be treated as honored guests. Students who fail to meet these standards will face disciplinary action or be removed from athletic participation.

CHARACTER

Athletic events present classic opportunities to exercise our testimony. All students are encouraged to take an active part in the school’s sports program. Active sports participation builds bodies, character and teamwork while providing healthy, physical outlets.

ACCOUNTABILITY

Participation in LKNC Athletics is a privilege with responsibilities. Team and Athletic Departmental policies are designed to hold its members accountable for their behavior, to protect the school community, and to preserve the rights of the members of the community to function in an environment conducive to academic pursuits and athletic excellence.

LKNC ATHLETIC DEPARTMENT POLICIES

Because we desire to develop all areas of the Lake Norman Christian School student, LKNC Athletic Department has established criteria which must be met for a student to participate in athletics and other extracurricular activities.

ACADEMIC ELIGIBILITY

While extra-curricular activities are a vital part of a young person's life, we believe that academics are the most important parts of student life at LKNC. With the high academic standards that we have, it is necessary for us to have an academic eligibility requirement for extra-curricular activities. Sports must not interfere with studies; therefore, LKNC requires the following eligibility standards must be met:

- Student athletes must be present in school, attending at least four (4) classes on the day of the activity to be eligible for participation in extracurricular activities. This includes participation in practice or competition. A student athlete shall not be permitted to participate in sporting events if they are not counted present in school on the day of a game. Illness is not a satisfactory excuse. The Head of School must approve any exception in advance.
- Elementary students must have higher than 60% in all subjects on the report card to participate in extracurricular activities.
- Upper School students participating in extra-curricular activities must have at least a 2.0 GPA ("C" average) with no failures (F's) on report cards. Eligibility will become effective at 8AM the day after report cards are distributed to the students/parents.

PARTICIPATION ELIGIBILITY IN THE LKNC ATHLETIC PROGRAM GUIDELINES INCLUDE:

- The student athlete MUST have the proper documents on file and signed (physicals, permission releases, etc.) with parental/guardian permission.
- The student athlete must PAY the sports fee.
- A student athlete must be counted present in school on the day of the athletic activity, practice or competition. This means the student athlete must be in four (4) classes during the day to be eligible to participate in the athletic activity.
- A student athlete must attend the practice before a game, unless the absence has been communicated and approved by the coach. A student athlete that misses without prior approval is ineligible to play in the first quarter of the game/contest.
- Elementary student athletes must have higher than 70% in all subjects on the report card
- Middle School and High School student athletes participating must have at least a 2.0 GPA ("C" average) with no failures (F's) on report cards.

A STUDENT ATHLETE IS DEEMED INELIGIBLE TO PARTICIPATE IN THE LKNC ATHLETIC PROGRAM IF:

- There is no updated physical on file
- The sports fee is not collected
- A student athlete is counted absent or unable to complete a minimum of four (4) classes on the day of practice/competition. Illness is not a satisfactory excuse. The Head of School must approve any exception in advance.
- A student athlete has lower than 60% in any subject area or a GPA lower than 2.0 GPA ("C" average) or a failure (F's) on report cards. In this case, the student athlete may not participate in extracurricular activities until they have proven compliance with the academic standards as evidenced by the next quarter's report cards.
- A student athlete that receives a Disciplinary Referral.

DISCIPLINARY REFERRAL

LKNC reserves the right to dismiss any student athlete from practice or contest for violating school or athletic conference rules of conduct, earning a Disciplinary Referral or behaving inappropriately beyond the accepted LKNC campus rules of conduct in any singular event during the course of the school year. The student athlete will run the risk of being disqualified from every sport during the calendar year if participation privileges are lost in any sport, to be determined by the Athletic Director in consultation with Administration.

SPORTS PACK & RELEASE INFO

It is **mandatory** for all student athletes participating in any of the sports offered at Lake Norman Christian School, file before they can participate in the official practices or games. Even if your child will not be playing until winter or spring, **it would be beneficial to set up an appointment to get that completed and turned in at the start of the year**. There is also a Concussion information sheet, a Novant Health Release of Liability, and a waiver for the NCISAA that must be turned in for the year. The Athletic Department will also be taking photos throughout the season. A consent for media release is attached. Please sign and return the attached form to the Athletic Director.

FACTS CHARGED FOR SPORT FEES

Sport fees must be paid through your FACTS account that was set up upon enrollment. We have a FACTS AUTHORIZATION FORM to be signed giving permission to the front office to charge this amount to your account. Please sign and return the attached form to the Athletic Director.

PRE-SEASON PRACTICES

If a student is part of a team that is still in season when the next season of sport begins, he or she will need permission from the Athletic Director to attend practice as well as the agreement of the current coach.

UNIFORMS

Student athletes participating in LKNC sponsored athletic or extracurricular activities are required to wear the appropriate LKNC sanctioned uniform for the event. Uniforms are provided by the school. Uniforms must be turned in at the end of season. There is a fee that will be charged if uniforms are not turned in. Parents are responsible for personal equipment (varies by sport).

TRANSPORTATION

Communication regarding transportation for competitions will be addressed at the beginning of the season and with each game.

SPECTATORS

LKNC Students are to show proper respect to the other team, both at home and away, before, during and after the contest. Students, athletes, parents, and spectators who represent LKNC should model Christian sportsmanship at all times, especially in athletic contests. Our speech is a testimony to all as to who we are and the God we represent. Therefore, all comments directed toward the athletes, coaches, other spectators and officials should be encouraging and edifying (Ephesians 4:29-32).Spectators (including children) are not to run and play in the gym, the lobby of the venue, the school, or use the court between games and/or during halftime. Failure to conform to said guidelines and policies may result in being removed from athletic events and possibly banned from participating and attending other events.

ATHLETIC FEE FACTS AUTHORIZATION

PLEASE SIGN & RETURN TO ATHLETIC DIRECTOR

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A separate athletic fee for Lake Norman Christian School sports is established for each individual sport and payable through your FACTS account prior to the start of each season. A student is not allowed to participate in any scheduled sport until the appropriate fees are collected and required medical exams are complete.

FEES: **$275 FIRST SPORT**
$175 EACH FOLLOWING SPORT

$375 FIRST SPORT (HOMESCHOOL STUDENT)
$275 EACH FOLLOWING SPORT (HOMESCHOOL STUDENTS)

TOTAL FEES:

*One-half refund after the first practice and prior to the first game. No refund after the participant plays the first game.

The signature below indicates that you give permission for Lake Norman Christian School to charge your FACTS account for the payment of the listed athletic fees.

Student Name:

1ST SPORT:

2ND SPORT:

3RD SPORT:

Parent Name Printed:

Parent Signature: Date:

CONSENT FOR MEDIA RELEASE: ATHLETICS

PLEASE SIGN & RETURN TO ATHLETIC DIRECTOR

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During the Athletic Season, Lake Norman Christian School Athletic Department will take photographs/ videos (media) of sport activities that involve students in order to share the team's progress, positive environment, and to provide updates on current happenings around campus. Some media may capture your child's participation either directly or indirectly. This media may be published through our website, social media pages, news bulletins, billboards, and ads. With this, we seek your consent in allowing us to publish media which may involve your child to the said platforms. Please provide your response by selecting your choice below and submitting this form:

I, _____ DO/ DO NOT (please circle) grant permission to Lake Norman Christian School hereinafter known as the "Media" to use image (photographs and/or video) of my child, _____ or use in Media publications.

_____ I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Printed Name: Parent _____ Date:

Signature: _____

PARENT & STUDENT CODE OF CONDUCT

PLEASE SIGN & RETURN TO ATHLETIC DIRECTOR

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In keeping with our Mission and Philosophy, we expect every parent to agree and adhere to the parent code of conduct. I, hereby commit to upholding the expectations stated in the Athletic Handbook and understand that my inability to maintain right standing will result in forfeiture of my ability to participate at LKNC Athletics events.

Printed Name: Parent

Signature:

Date:

Novant Health – Sports Medicine
Student-Athlete Consents and Authorization Form

PARTICIPANT: **PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR LEGAL RIGHTS AND ABILITY TO BRING FUTURE LEGAL ACTIONS.**

PERMISSION TO TREAT

I hereby give my consent and grant permission for medical treatment deemed necessary for any condition arising while participating in interscholastic sports, provided by Novant Health Sports Medicine athletic trainers ("ATCs"). This would include administration of medication(s) such as Albuterol or an Epipen to treat allergic reactions (e.g., anaphylactic reaction) or restrictive airway reactions (e.g., exercise-induced asthma) should such an emergency arise. If my injury/illness requires care not available on site, I understand every effort will be made to contact emergency contact prior to treatment being rendered at an off-site facility. I acknowledge that the ATCs are employees of Novant Health and information regarding my care is shared through the Novant Health network of providers. I also acknowledge that the ATC will release pertinent information to related health care providers and those providers will release pertinent information to the ATC regarding care of my condition.

Signature of the Student-Athlete	Date
Printed	Date
Signature of the Parent/Legal Guardian (If student-athlete is under 18 years of age)	Date
Printed	Date

HIPAA AUTHORIZATION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and/or The Family Educational Rights and Privacy Act (FERPA) of 1974 require Novant Health to guard the privacy of your protected health information. You have the right to confidential treatment of all information and records pertaining to your care; as well as full consideration of privacy concerning your treatment and rehabilitation plan. You also have the right to be advised as to the reason for the presence of any individual during the course of your medical care. **If you sustain an injury while participating in interscholastic athletics at ("School"), Novant Health may discuss issues relevant to your care only under the following circumstances:**

- **You have given oral or implied consent through your actions.**
- **You have signed the authorization form below, which permits us to disclose health information to the parties mentioned.**

This authorizes the certified athletic trainers, physicians, sports medicine staff and other medical personnel representing Novant Health to release information concerning my medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information to the coaches, assistant coaches, other athletics staff, my parents/guardians, and team personnel when deemed appropriate solely by Novant Health. This information includes injuries or illnesses related to past, present or future participation in athletics at School. I

1 understand that once my health information is released, the recipients of my personal health information may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections. I have a right to receive a copy of this form upon request.

I understand that I may inspect or copy any information used under this authorization. I understand that I may cancel this authorization at any time by providing written notice to the Novant Health- provided Head Athletic Trainer in writing. Any cancellation will apply only to information not yet released by Novant Health. I understand that refusing to sign this form will not prevent my ability to get treatment. This authorization is valid for the duration of the student-athletes' interscholastic athletic career at School. Therefore, it expires when the student-athlete no longer participates in athletics offered by School.

_____ _____

Signature of the Student-Athlete Date

_____ _____

Signature of Parent/Legal Guardian (If student-athlete is under 18 years of age) Date

Legal Name of Participant _____ Date of Birth _____

Address _____

Phone _____ Email _____

Have you ever been a patient at a Novant Facility or NH Physician? Yes____ No _____

Name of Primary Care Physician: _____

Medical Allergies: _____

Current Medications: _____

Past Serious Medical Conditions: _____

_____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Alt Phone: _____

CONCUSSION

INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to blackout or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly Feeling slowed down Difficulty concentrating Difficulty remembering new info.	Headache Fuzzy or blurry vision Nausea/Vomiting Dizziness Balance problems Sensitivity to noise or light	Irritability Sadness More emotional than normal Feeling nervous or anxious Crying more	Sleeping more than usual Sleeping less than usual Trouble falling asleep

Table from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina Independent Schools Athletic Association.

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name:_____

This form must be completed for each student-athlete,even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s):_____

☐ We have read the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet. If true, please check the box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury. which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	***NIA***
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	***NIA***
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	***NIA***
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions takedays or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Legal Custodian Date