ATHLETE'S NAME: _____ GRADE: _____

Please Print

MIDDLE SCHOOL 2026-27 ATHLETIC RELEASE PACKET

Before any student will be released to participate in any MCMS sport they must first complete the following:

1) Academic release of eligibility
2) Athletic fee paid

An Athletic Release Packet must be completed for **each sport** played for the 2026-27 school year. The athletic fee is:

1st Sport	$100.00	2nd Sport	$75.00	3rd Sport	$50.00

NOTE: Failure to complete the entire packet will make the student ineligible to participate in any sport including any practice(s).

At Modesto Christian School, all students participating in athletics are required to pay a ***non-refundable, non-transferable athletic fee****. This fee must be submitted through your* ***FAMILY PORTAL*** *prior to the start of the season and before your child is permitted to participate in any practices, games, or team activities. The fee helps cover essential program costs such as equipment, facilities, officials, and league fees. Please note that this payment is final and cannot be refunded or applied to other programs or siblings, regardless of withdrawal, injury, or changes in participation.*

Thank you for your cooperation,

MCMS Athletic Department

Sport: ☐ Girls Volleyball ☐ Boys Volleyball ☐ Girls Basketball ☐ Cross Country

☐ Boys Basketball ☐ Track & Field ☐ Wrestling

Athletic Office Use Only

Received in office date:_____

Athletic Fee Paid:

☐ FACTS ☐ Ck # _____ ☐ Cash Amt: $ _____ Date: _____ Initial _____

☐ Square Payment Date:_____ Initial_____

Academic Eligibility Cleared: _____ Released by: _____

GPA:_____ Date: _____ Released by: _____

☐ Ethics/Commitment _____ ☐ Emergency Information _____

☐ Policy Page _____ ☐ Concussion Form _____

☐ Sudden Cardiac arrest Form _____ ☐ Heat Illness Form_____

☐ Physical Completion Date _____ ☐ Copy to Coach_____

ATHLETE'S NAME: _____ GRADE: _____

Please Print

MCMS 2026-27 ATHLETIC RELEASE PACKET

PARENT AND ATHLETE ETHICS AND COMMITMENT

The MC parent/athlete agrees to "Pursue Victory with Honor" by adhering to the rules of competition and sportsmanship, and to display the Six Pillars of Character (trustworthiness, respect, responsibility, fairness, caring and citizenship) on and off the playing field.

The MC parent/athlete agrees to establish a positive relationship with all opposing fans, players and officials.

The MC parent/athlete agrees to respect the integrity and judgment of all sports officials.

The MC parent/athlete agrees to abide by the coach's decisions and team rules. If unable to do so, the parent/athlete is to speak with the coach instead of other players, students or parents.

The MC parent/athlete agrees to advise the coach if there is some reason the athlete cannot practice. This is to be done prior to the start of practice.

The MC parent/athlete agrees to support all athletes and to work hard to maintain the unity among players and parents.

The MC parent/athlete agrees to be on time to all practices, games, team meetings, parent meetings and buses.

The MC athlete agrees to develop and pursue a relationship with Jesus Christ.

The MC parent/athlete agrees to attend all regularly scheduled award ceremonies for his/her sport season.

The MC parent/athlete agrees to support MC and to work hard to maintain unity of the athletic department and school.

The MC parent/athlete agrees that no parent, family member, or friend is allowed on the sideline, bench, dugout or locker room during an athletic contest.

The MC parent/athlete realizes that failure to abide by this agreement could result in the following action: a) lack of playing time; b) suspension for part of the season and c) removal from the team.

_____ _____ _____

Signature of Parent/Guardian *Athlete Signature* *Date*

MODESTO CHRISTIAN MIDDLE SCHOOL
ATHLETIC EMERGENCY INFORMATION
All Sports offered during the 2026-27 School Year

ATHLETE'S NAME: _____ GRADE: _____ DOB: ___/___/___
Please Print

Address: _____ City:_____ Zip:_____

Student's Cell #:_____ Parent/Guardian cell #_____

Parent/Guardian Name(s): _____ Work #:_____

Parent's Email Address:_____

Emergency Contact: _____ Tel#:_____ Relationship:_____

Insurance Carrier: _____ **Policy #**:_____ Hospital Preference: _____

Chronic Ailments: _____ Allergies:_____ Medications: _____

I (We) the undersigned parent(s)/guardian(s) of _____ a minor, do hereby authorize Modesto Christian High School Athletics, as agents for the undersigned to consent to any X-rays deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of Medicine Practice Act of the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required but given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of *Section 25.8 of the Civil Code of California*.
This authorization shall remain effective until June 30, 2027, unless sooner revoked in writing and delivered to say agents.

LIABILITY RELEASE
BOTH THE APPLICANT STUDENT & PARENT/GUARDIAN MUST READ CAREFULLY & SIGN

It is my understanding that participation in any sport can be dangerous and involves MANY RISKS OF INJURY. Dangers and risks include, but are not limited to, serious neck and spinal injuries, paralysis, brain damage, injury to all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and impairment to general health and well-being, to engaging in business, social and recreational activity and in general to enjoyment of life.

Because of the dangers of participating in any sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

With participation in any sport I understand that I assume all of the risks associated with the sport and agree to hold harmless Modesto Christian School, its employees, agents, representatives, coaches and volunteers from any and all liability.

Insurance: MCS provides excess medical insurance for any member athlete participating in MCS sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by MCS insurance. If the athlete has no other coverage, the MCS policy becomes primary subject to terms and conditions of the policy.

I, _____ (parent/guardian) of _____ (student) have read the above warning and release and understand its terms. I understand that all sports can involve MANY RISKS OF INJURY, including, but not limited to those risks outlined above. In order to participate I agree to hold harmless Modesto Christian School and its employees, agents, representative, coaches, and volunteers from any and all liability, actions, causes of actions, debts, claims or demands of every kind and nature which may arise by, or in connection with, participation of my child in any activities related to the Modesto Christian School. The terms hereof shall serve as a release from my heirs, estate, executor, administrator, assignees, and for all members of my family.

_____ _____ _____

Signature of Parent/Guardian *Athlete Signature* *Date*

ATHLETE'S NAME: _____ GRADE: _____

Please Print

2026-27 MODESTO CHRISTIAN MIDDLE SCHOOL
STUDENT TRANSPORTATION PERMISSION FORM

We, the undersigned, understand and agree that Modesto Christian School desires to provide a safe and enjoyable time for all students. However, we understand and agree that accidents can still happen. We understand that there are risks/dangers involved with participation in any off-campus trip and its associated activities. In consideration of our children being allowed to participate in the events, we assume responsibility for reasonable risks associated with the travel and activities.

Without reservation, we agree to hold harmless Modesto Christian School, its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers, from any and all claims arising from their children's participation.

We understand that our assumption of risk does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, we agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

We understand that before driving, all volunteer drivers must: **1) obtain LiveScan clearance**, **2) get a TB test 3) Provide copies of a valid state driver's license**, **4) vehicle registration, and 5) declaration of vehicle insurance with <u>minimum liability coverage of $100,000/$300,000</u>.** We understand that driver's vehicle insurance is the primary coverage.

We give permission for the following: (please initial the appropriate items)

_____ For my child to be a passenger in a student driven vehicle driven by (Complete name of each driver):_____

_____ For my child to travel by public or chartered transportation

_____ For my child to ride with a school approved parent or employee driver to any MCHS athletic event

_____ For my child to travel by MCMS vehicle

_____ **Do not check until your paperwork is submitted**. I will provide a passenger vehicle with the proper seat-belts and that I cannot carry more than nine persons, including the driver.

_____ **Must be submitted each school year for each driver and vehicle.** I have provided a copy of my driver's license, proof of vehicle registration, and insurance declaration page.

We, as parents/legal guardians of _____, understand and agree to the conditions and terms as described above.

_____ _____

Signature Parent/Guardian ***Date***

I, _____(student), as an MC student understand and agree to the conditions and terms as described above.

_____ _____

Signature Athlete ***Date***

ATHLETE'S NAME: _____ 2026-27

MODESTO CHRISTIAN MIDDLE SCHOOL

FOR COACH USE ONLY

MCMS AND COACH'S RECORD OF STUDENT TRANSPORTATION

Parent Signature (Person signing out)	Parent Note Attached	Date	Activity	Place
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

2026-27 MODESTO CHRISTIAN MIDDLE SCHOOL
Athletic Department Policies

In order for your student(s) to participate in any athletic event at Modesto Christian Middle School there are a few policies you and your athlete must be aware of. Please review the following policies and sign below stating you've read and agree to abide by the policies.

Discipline Policy:
All student-athletes will follow the student handbook and MCS Discipline Chart.
CBP (Campus Beautification Program) was created to hold students accountable for their actions. If a CBP is issued the student-athlete must complete the hours served.

Any failure to serve CBP will result in an athlete not able to return to the sport until the CBP has been served.

Eligibility/Appeals Policy:
A.) Before an athlete can participate in a sport, he/she must be cleared by the Athletic Department. The following items must be completed in order for the athlete to be cleared:

1. Pay all athletic fees to the school office.
2. An athletic release packet completed with all necessary signatures.
3. School tuition account paid up to date.

B.) Student-athletes must have a 2.0 G.P.A. at each grading period (quarter) to be eligible for extracurricular activities.

C.) Student athletes must attend a minimum of four full periods during a school day in order to participate in athletic games. ***If a student does not attend four full periods during a school day and participates in a game, then he/she will be suspended from the next game.*** Exceptions are made only for those student athletes who are appropriately excused (i.e. doctor or dentist appointment, driving test, funeral attendance).

Athletic Department Policy Agreement

I/We, _____, as parent/guardian of _____ agree to the policies as described above.

_____ _____

Signature Parent/Guardian ***Date***

I, _____, as an MCHS student, understand and agree to the policies as described above.

Signature Athlete_____ ***Date***_____

Fact Sheet for Parents & Student Athletes

KEEP THEIR HEART IN THE GAME

This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

  Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.
- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors That Increase the Risk of SCA

- ✔ Family history of known heart abnormalities or sudden death before age 50
- ✔ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ✔ Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✔ Family members with known structural heart abnormality, repaired or unrepaired
- ✔ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING

IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

Potential Indicators That SCA May Occur

- ▶ Fainting or seizure, especially during or right after exercise
- ▶ Fainting repeatedly or with excitement or startle
- ▶ Excessive shortness of breath during exercise
- ▶ Racing or fluttering heart palpitations or irregular heartbeat
- ▶ Repeated dizziness or lightheadedness
- ▶ Chest pain or discomfort with exercise
- ▶ Excessive, unexpected fatigue during or after exercise

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.



CALL


PUSH



SHOCK

KeepTheirHeartInTheGame.org

Fact Sheet for Parents & Student Athletes

KEEP THEIR HEART IN THE GAME

This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

To learn more, go to KeepTheirHeartInTheGame.org

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your student athlete and have each person sign below.

Detach this section below and return to your school.
Keep the fact sheet to use at your students' games and practices to help protect them from Sudden Cardiac Arrest.

I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

STUDENT ATHLETE NAME PRINTED	STUDENT ATHLETE SIGNATURE	DATE

I have read this fact sheet on sudden cardiac arrest prevention with my student athlete and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED	PARENT OR LEGAL GUARDIAN SIGNATURE	DATE

While missing a game may be inconvenient, it would be a tragedy to lose a student athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!

ERIC PAREDES SAVE A LIFE FOUNDATION