

2009 VOLLEYBALL Registration Form & Fees Record

Lakeshore Christian Home School Athletics – LCHSA

Parents: _____ E-mail: _____

Address: _____ WI _____

Home phone: (____) _____ Cell Phone: (____) _____ Cell Phone: (____) _____

1. Do you understand that participation in this program requires that your athlete be home schooled at least 51% of the time? _____ (Please note: **Charter Schools** and **Virtual Schools** do **not** qualify as home school.)
2. Do you understand that each athlete is required to fundraise an additional \$75 (or pay out-of-pocket) on top of the standard fees listed below? _____
3. Do you understand that for insurance purposes, every athlete must be paid in full with all forms signed and submitted before practicing begins? _____
4. Do you understand that in order for your child/children to participate in Lakeshore Christian Home School Athletics (LCHSA) the information below must be completed in its entirety and signed by parent/legal guardian as true and accurate? _____

If you have answered **yes** to **all** the questions above, please complete the following information:

Athlete #1 Name: _____ Athlete #1 Birth date: ____/____/____ Age: _____

Circle one: **G18** **G14** **G12**

Athlete #2 Name: _____ Athlete #2 Birth date: ____/____/____ Age: _____

Circle one: **G18** **G14** **G12**

Athlete #3 Name: _____ Athlete #3 Birth date: ____/____/____ Age: _____

Circle one: **G18** **G14** **G12**

Athlete #4 Name: _____ Athlete #4 Birth date: ____/____/____ Age: _____

Circle one: **G18** **G14** **G12**

I certify that all the information above is true and accurate and that as of September 1, 2009, all the athletes listed above are being home schooled for at least **51%** of their schooling. Furthermore, I agree to abide by Lakeshore Christian Home School Athletics (LCHSA) Statement of Purpose and Code of Conduct. I understand LCHSA and its activities are based on the Statement of Faith. I agree not to hinder the Statement of Faith.

Signed _____ Date _____
(Parent / Legal Guardian)

Family Name: _____

2008 VOLLEYBALL Fees Record Form
Lakeshore Christian Home School Athletics – LCHSA

Indicate by number each athlete in the appropriate age group to calculate the family fee:

G12 \$ 70.00 each ____
G14 \$ 70.00 each ____
G18 \$150.00 each ____

Sum of Program fees above = \$ _____

less number of family athletes after one ____ x \$15.00 = \$ — _____

Subtotal = \$ _____

Should you choose to not sell pocket peelers you may donate \$50.00 instead:

Plus Donation per athlete ____ x \$ 50.00 = \$ _____

Total Amount Due: \$ _____

If you choose to sell Pocket Peelers indicate number desired and area

(minimum requirement 10 per player) number desired _____ area _____

Make checks payable to: LCHSA (Lakeshore Christian Home School Athletics)

and mail to: Paul Hugasian

14 Virginia St

Racine, WI 53405

Office Use Only: Date Paid ___/___/___ check # ___ cash _____ \$ _____

Pocket Peelers Payment: Date Paid ___/___/___ check # ___ cash _____ \$ _____

Signed Parental Permission Form (Medical Release) one for each athlete in each sport of the program

Athlete 1 ____ Athlete 2 ____ Athlete 3 ____ Athlete 4 ____

Signed Parental Consent Form ____

Overpaid to LCHSA:

Reimbursed \$ _____

ck# _____

date: ___/___/___

Lakeshore Christian Home School Athletics

2009-2010 PARENTAL PERMISSION FORM

This permission form, for participation in Lakeshore Christian Home School Athletics, is designed to save time for the parents, coaches, athletes and any volunteer of LCHSA. This form will be sufficient for every activity or trip your child will participate in this year. We will keep this copy on file and use it when needed. Please complete this important information in its entirety. Thank you for your understanding and cooperation.

EMERGENCY MEDICAL AUTHORIZATION

This medical emergency form must be signed by either parent/legal guardian. The purpose of the form is to make it possible for parents or guardians to authorize the provision of medical treatment of minors who become ill or injured while under LCHSA authority at any activity.

I _____ of _____
(Parent's Name) (Address)

am the _____ of _____, a minor, who is attending any LCHSA event in
(Relationship) (Child's Name)

2009-2010 school year. I hereby give my consent, in the event that all reasonable attempts to contact me or the legal guardian have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, dentist or emergency personnel of the hospital.

Family Doctor/Pediatrician: _____ (_____) _____
(Name) (Phone)

Insurance Company _____ **Policy #** _____ **Group #** _____

Any hospital or practitioner not having access to the child's medical history needs the following information:

Allergies: _____

Medication being taken currently _____
(Parents are responsible to notify the athletic director of any changes)

Date of last tetanus shot: _____ Physical impairments (heart, epilepsy, etc): _____

Other pertinent information to which physician should be alerted: _____

(Signature of Parent or Guardian) Date: _____

RELEASE OF LIABILITY

I, the parent/legal guardian of the athlete involved in Lakeshore Christian Home School Athletics, realize that there is some risk of physical injury involved in sports participation. I release LCHSA, the coach(es) and all facilities where games and/or practices are held from liability of any injuries that may result from being on the premises or from participating in the athletic program.

_____ Date _____

(Parent/Legal Guardian)

Emergency Contact:

Home Phone: (_____) _____

Cell Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____ ext: _____

Alternate Contact:

Name: (_____) _____

Relationship to child: _____

Phone: _____

Cell Phone: _____

I agree to abide by Lakeshore Christian Home School Athletics (LCHSA) Statement of purpose and Code of Conduct. I understand LCHSA and its activities are based on the statement of faith. I agree not to hinder the statement of faith.

Signed _____

(Parent/Legal Guardian)

Date _____

2008-2009 School year

Lakeshore Christian Home School Athletics

Statement of Faith and Purpose Code of Conduct

OVERALL PHILOSOPHY:

1. We will encourage our students to work hard to accomplish the following goal: "Whatever you do, work at it with all your heart, as working for the Lord, not for men." (Colossians 3:23)
2. We will build godly character through skill development and competitive sports.
3. We will strive to win as a team rather than to pursue equal time for all athletes.
4. We will seek to glorify the Lord Jesus Christ in all our words, actions, and attitudes.

STATEMENT OF FAITH:

1. We believe the Bible is the infallible, inerrant Word of God, and it is the supreme and final authority for all matters of faith and life (II Timothy 3:16).
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit (II Corinthians 13:14).
3. We believe in the perfect deity and perfect humanity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His bodily resurrection, His ascension, and His bodily return in power and glory. (John 1:1; Isaiah 7:14; I Peter 1:22; Acts 2:22; I Corinthians 15:3-8; Acts 1:9-11; II Thessalonians 1:7-10).
4. We believe man was created in the image of God, but chose to sin and is therefore condemned. Only those who repent and place their faith in Jesus Christ are saved (John 3:16-18).
5. We believe that salvation is the gift of God by grace and is received by personal faith in the Lord Jesus Christ whose substitutionary death on the cross paid the penalty for man's sin, through His shed blood (Ephesians 2:8).
6. We believe that the ministry of the Holy Spirit is to convict men of their sin, indwell, guide, instruct, and empower the believer for godly living and service (John 16:7-13).
7. We believe in the spiritual unity of believers through our common faith in Jesus Christ (Ephesians 4:1-6).

STUDENT ELIGIBILITY:

1. All athletes must be home schooled at least 51% of the time. Note private schools, virtual schools and charter schools are not home schools. (For complete LCHSA policy on Charter Schools, please contact the Athletic Director)
2. Participation in our athletic program is voluntary; it is therefore a privilege which can be revoked.
3. The child will be assigned to a team based on our "Age/Grade Eligibility" regulations.
4. A parent must sign that they either agree with the LCHSA Statement of Faith or agree not to hinder the Statement of Faith.

STUDENT ATHLETE'S CODE OF CONDUCT:

1. All athletes are:
2. To conduct themselves in a Christ-like manner on and off the playing area.
3. To respect and follow the directions of the coaches.
4. To accept all the calls of the officials.
5. To exhibit a sportsmanlike attitude at all times.
6. To play as part of a team and not for self-glorification.
7. To be courteous and respectful to the opponents.
8. To be respectful of the facilities and all equipment including uniform care.
9. To be present at all practices and games, unless excused by their parent.
10. To notify coaches of all absences as soon as possible.
11. To be humble in winning a game and gracious in losing a game.

COACH'S CODE OF CONDUCT:

We trust that each of our coaches has believed on the Lord Jesus Christ as their own personal Savior from sin and that the Christian **walk** is evident in their lives:

The coaches are:

- A. To be an example of Christian conduct and good sportsmanship.
- B. To instill in the players an enjoyment of the game and a respect for hard work and discipline.
- C. To set a good example to players and spectators by accepting the official's decisions.
- D. To encourage **all** athletes, both starters and substitutes, to do their best.
- E. To avoid the attitude of "winning at all costs".
- F. To communicate practice times and game times to the athletes.
- G. To keep parents informed of problems in the areas of disobedience, disrespect, or laziness.
- H. To work with the parents in enforcing the Athlete's Code of Conduct.
- I. To allow time for prayer in Jesus name at all practices and games (John 14:13).

PARENT'S CODE OF CONDUCT:

We believe that parents have the God-given authority over and responsibility for their children. By enrolling your child in this athletic program, you are delegating authority to the coach during practices, games and all other times that he is responsible for the athletes.

Parents are expected:

1. To maintain good communications with coaches and the athletic director regarding practices games, etc.
2. To assist the coach in enforcing the Athlete's Code of Conduct.
3. To accept the official's decisions.
4. To refrain from showing displeasure toward officials, players, coaches, and the opposing team.
5. To accept the outcome of the game in a Christ-like manner.
6. To ensure their child attends practices and games.
7. To participate in fund-raising events, to attend games, and to volunteer when needed.

Signature of Parent or Guardian