



## Bethany Christian Academy

13431 Edwards Street, Westminster, California 92683/ (714) 891-9783  
www.bethanychristianacademy.net

*Patricia A. Harnish-Principal*

### STUDENT-PARENT ATHLETIC AGREEMENT

Your purpose, as a member of this team, is to behave in such a way that win or lose, God will be glorified. Further, it is to develop your highest athletic ability, using whatever gifts God has given you.

You have a responsibility to give 100% effort in all physical, mental, and spiritual drills assigned, even when you are tired. You are expected to be a positive influence on the team, giving encouragement and support to teammates and coaches, just as your coaches and teammates are expected to encourage and support you.

Each coach and team member is expected to please God every moment, as if He were the only one watching, during practices or games, doing all they can to remember and demonstrate the attitudes of Jesus at all times. These include:

1. **RESPECT** for all coaches, teammates, referees, opposing coaches, and players, all of whom God may use to sharpen you.
2. **DEPENDABILITY** by keeping your grades and citizenship up in order to remain eligible for participation.
3. **PUNCTUALITY** by being present and on time for practices and games.
4. **LOVE** by showing a genuine concern for others, rather than self-centeredness, toward teammates, coaches, and opposing players and coaches.
5. **ENTHUSIASM** for representing God, team and school, by encouraging teammates and by carrying out quickly and willingly any job you are asked to do.
6. **HUMILITY** by giving God credit for your talents and achievements.
7. **ENDURANCE** to withstand hard work and disappointments without giving up.
8. **OBEDIENCE** to God and to those He has put in charge over you.
9. **RESPONSIBILITY** by doing what is expected of you without being reminded.



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## **BCA ATHLETIC ELIGIBILITY REQUIREMENTS**

### **REQUIREMENTS**

A student will be ineligible for after school athletics if, at the beginning of the season, (s)he:

1. has **two or more** missing assignments (ineligible until assignments are turned in)
2. has a G.P.A. below 2.0 (on a 4 point scale) with any D's or F's
3. has any U's in citizenship, or has had two or more detentions
4. has been suspended

Eligibility may be reviewed once the season has begun. Teachers may revoke the eligibility of any player who fails to meet the above requirements.



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**STUDENT COMMITMENT**

I have read the responsibilities, goals, and rules listed here, and I agree to fulfill them as a member of the team; to be instantaneously obedient to my coaches and the game officials; to totally devote my abilities to God, to my team, and to the school I represent. I understand that God only counts me His winner when I give all that I have toward becoming like Him in every situation, no matter how difficult, and commit myself to the achievement of His winning attitudes in myself.

I will make it a point to conduct myself so that my participation in this sport will bring honor to God, my team, and my school. I understand that I must:

1. Maintain a minimum academic standard in order to participate. (see Eligibility Requirements)
2. Abide by the coach's training requirements.
3. Abide by the school rules at all times.
4. Conduct myself in a Christ-like manner at all times.

I further understand that I will be asked to withdraw if I fail to meet these responsibilities. I will wholeheartedly endeavor to fulfill these responsibilities as a member of the team.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**PARENT COMMITMENT**

As the parent of an athlete at Bethany Christian Academy, I realize that I am making an investment in my child and in the total athletic program. I commit myself to the following:

1. Reading all the material presented to my student.
2. Modeling a Christ-like attitude at all times as a spectator, whether at practices or games.
3. Showing a positive interest and/or support for my student and other students in the athletic program.
4. Upholding in my own attitudes, words, and actions, the school, the coaches, and others related to the program.
5. Assist whenever I can.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



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**ATHLETIC PERMIT AND MEDICAL RELEASE  
2018-2019 SCHOOL YEAR**

Student's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Male / Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Phone: \_\_\_\_\_ Is this student covered for accident by your insurance? Y / N

Should this student's activities be restricted for any reason? Y / N

If yes, please explain: \_\_\_\_\_

Allergies (foods, medications, plants, etc.): \_\_\_\_\_

Does your student have any medical conditions? (epilepsy, heart conditions, diabetes, etc.)

List any current medications: (including psychiatric)

<u>Medication Name</u>	<u>Frequency</u>	<u>Dosage</u>	<u>Used For</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We authorize Bethany Christian Academy, located at 13431 Edwards Street, Westminster, Ca, its agents, volunteers, employees, officers, and directors, in whose care the minor child has been entrusted by me/us, consent for any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general care and supervision of a physician under the California Medical Practice Act and/or by a dentist licensed under the provisions of the California Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of Bethany Christian Academy, its agents, volunteers, employees, officers and directors, to give specific consent to any and all such diagnosis, treatment or hospital care with a treating physician and/or dentist in the exercise of his/her best judgement may deem advisable in the event of injury to or the illness of the minor child. This authorization is given pursuant to the provisions of California Civil Family Code section 690-6902-6903-6910.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



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**ATHLETIC PARTICIPATION FEE FORM**

Student's Name: \_\_\_\_\_

Uniform Shirt Size: \_\_\_\_\_ Have Uniform Shirt #: \_\_\_\_\_

T-Shirt sizes are: Youth: YS, YM, YL, YXL

Adult: S, M, L, XL

For each sport played, there is a fee of \$90, due at the start of the season. For BCA students the fee is discounted to \$80 per sport. Please make checks payable to Bethany Christian Academy. This is a non-refundable fee.

Check the sports that you are interested in playing:

**Fall Sports:**

\_\_\_ Elem. Boys Football

\_\_\_ Jr. High Boys Football

\_\_\_ Elem. Girls Basketball

\_\_\_ Jr. High Girls Basketball

**Winter Sports:**

\_\_\_ Elem. Boys Basketball

\_\_\_ Jr. High Boys Basketball

\_\_\_ Elem. Girls Volleyball

\_\_\_ Jr. High Girls Volleyball

**Spring Sports:**

\_\_\_ Elem. Co-Ed Soccer

\_\_\_ Jr. High Boys Volleyball

\_\_\_ Jr. High Girls Softball

Please turn in your payment, along with the signed **STUDENT COMMITMENT**, the signed **PARENT COMMITMENT**, and the completed **ATHLETIC PERMIT AND MEDICAL RELEASE FORM**. Your child will not be allowed to participate without these completed forms.

Thank you for your support,  
BCA Athletic Department