



Concordia Jr.-Sr. High School Parent/Student Informational Handbook for Athletics and Activities

Concordia Jr.-Sr. High School
15656 Fort Street
Omaha, NE 68116
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Ben Ersland, Activities Director
Activities Calendar: www.centennialcon.org

Mission Statement of Concordia Lutheran Schools of Omaha

Concordia Students are...

Faith Secure. World Ready. Kingdom Leaders.



Revised: 5/2023

Activities Philosophy

Activities are some of the many means Concordia Jr.-Sr. High School uses to fulfill our mission to develop Faith Secure, World Ready, Kingdom Leaders. Participating in an activity provides opportunities for students to grow in their walk with Christ by experiencing things like struggles, failure, success, and relationships through a Biblical framework. Parents and coaches are the primary guide throughout this process.

Program Philosophy

Junior High Level

The purpose of junior high sports is for students to continue to develop enjoyment of the sport and improve basic individual and team skills. Every athlete should be given the opportunity to play. However, playing time will not be equal. Athletes should be introduced to the concept that each player has a specific role on the team. The emphasis at this level should shift toward developing the most competitive team possible.

Senior High Level

The purpose of high school sports is for students to enjoy the sport by playing at a competitive, high level. Athletes should be encouraged to attain the highest level possible. Varsity level players are expected to have a solid grasp of the fundamentals, have excellent skills related to their sport, and be in good physical condition necessary to compete appropriately at the varsity level. The concept of teamwork and playing a specific role on a team should be mastered at this level. Playing time decisions for each player at the varsity level are left totally to the coach's discretion. Playing time is not guaranteed and each athlete should understand that God has gifted everyone in different ways. Their goal should be to become the best athlete and team member they can be with those abilities that God has given them.

Skills for Parents and Tips for Success

- | | |
|---|--|
| 1. Be On Time and with Proper Equipment | 6. Emphasis Effort and Enjoyment over Winning |
| 2. Support the Coaches | 7. Problem Solve Issues Your Child Has with |
| 3. Voice Concerns Appropriately (follow Matthew 18:15-20 policy) | Coaches (Matthew 18:15-20 policy) |
| 4. Praise and Compliment Your Athlete Rather than Criticize | |
| 5. Model Appropriate Behavior at Athletic Contests | |

Skills for Players and Tips for Success

- | | |
|---|--|
| 1. Listen to Your Coaches | 8. Win with Class and Lose with Dignity |
| 2. Follow Coaches' Instructions | 9. Handle Disappointment and Adversity |
| 3. Accept Coaching | Appropriately |
| 4. Get along with your teammates | 10. Respect Facilities and Equipment |
| 5. Have High Energy | |
| 6. Respect Your Opponents | |
| 7. Be Prepared for Practices and Games | |

Social Media

Playing and competing for Concordia Jr.-Sr. High School is a privilege. Student athletes at Concordia are held in the highest regard and are seen as Christian role models in the community.

Student athletes should be aware that popular social media sites can be viewed by third parties. Inappropriate content will be subject to disciplinary action.

Equipment

Documentation of all equipment assigned and collected will be completed by the coaches prior to, and at the completion of each season. Any missing equipment will be charged to the athlete via TADS at a fee equal to the rate of the replacement.

Travel/Transportation

Whenever travel causes students to miss classes, coaches should remind athletes to turn in missed work ahead of time and communicate with their teachers regarding their absence. Team members are the only individuals that coaches should transport or assume responsibility. Other people (i.e. friends of athletes, spectators) should find their own way to the game.

For all away contests (outside of Omaha), vans/buses will be available. There are a few exceptions. Coaches are responsible for notifying parents of transportation changes. With parent permission, student athletes may transport only themselves and siblings to athletic events. For events where transportation is not provided, an athlete may transport another athlete with written parent permission to the coach. Players riding the team bus/van to a contest must inform the coach if they are not returning from the contest on the bus/van.

Schedules

Team schedules can be found at www.centennialcon.org. Please click the “notify me” icon and sign up for schedule updates and changes. The Activities Department is in daily contact with cooperative schools concerning changes and updates. Parents will be notified of schedule or venue changes in a timely manner.

Athlete Participation Requirements

Students are not allowed to practice/try out until the student gives the coach their Mustang Athletics card. After the conclusion of a season, the student must turn in all required equipment, uniforms, locker padlock, etc. required by the coach to receive their Mustang Athletics Card back. This will then allow the student to try out/practice for the next season of athletics/activities. If a student plays a sport and is also involved in One Act or Speech, a special Activity Mustang Card will be given to audition/practice for these activities. If a completed Mustang Card is lost, a replacement can be given by the Activities Office after verification of requirements.

Mustang Cards Requirements-REQUIRED TO PARTICIPATE/TRY OUT

The Mustang card will be the student's access pass to practice/try out for a sport/activity.

The following must be completed to receive your Mustang Card:

1. Current Physical Form (signed by a physician): Completed **AFTER** May 1st: Page 7-10 of Athletic Handbook
2. Emergency Contact Information/Release Page: Page 5 of Athletic Handbook
3. NSAA Student/Parent Consent Form (High School Only): Page 6 of Athletic Handbook
4. Current Sway baseline (2023-2024 baseline will be completed with teams after August 1st)
5. Sports Participation Fee (billed via TADS)
6. Documentation of at least one parent completing the NFHSLearn course “The Parent Seat”. This is free and takes less than one hour to complete. The completion certificate should be printed or emailed.: QR code below

****Coaches will meet with parents/athletes to discuss the philosophy, policies and rules of their particular sport.**

Attendance Policy

All athletes are required to attend all planned team outings, practices and competitions. It is the responsibility of the athlete to communicate any missed team obligation. This reporting does not necessarily exempt an athlete from receiving a consequence. Chronic attendance problems could result in removal from the team. Athletes must be in school for four periods or an academic half day (unless it is an approved educational service absence) to participate in a practice or game.

Academic Eligibility

The student must meet academic eligibility qualifications. Grades will be checked on a four week cycle, starting after the first three weeks of a grading period. The senior high activities director will review the academic progress of all students who are involved in extracurricular activities on a bi-weekly basis. Students earning a grade lower than D- due to missing/incomplete assignments or a lack of effort, as concluded by teacher and school leadership, will receive a two week probationary period to raise the ineligible grade. After the probationary period, the grade will be reviewed. If *any* grade continues to be below a D-, the participant is considered ineligible and may not participate in activities for two weeks, at which time the grade will be reviewed to determine further eligibility. Ineligibility continues until the grade is a D- or better.

“The Parent Seat” Course

This free course offered by the National Federation of High Schools (NFHS) must be completed by at least one parent prior to receiving a Mustang Card. It takes less than 30 minutes to complete and the certificate PDF can be emailed to the Activities office (either Mrs. Romero or Mr. Ersland) or printed off and turned in. This only needs to be completed once if you have multiple children.



<https://nfhslearn.com/courses/the-parent-seat>

ATHLETIC CONSENT, PERMISSION TO PROVIDE MEDICAL TREATMENT, ASSUMPTION OF RISK AND FINANCIAL RESPONSIBILITY

I give my consent for my son/daughter to compete and travel with athletics/activities at Concordia Jr-Sr High School or affiliate Coop schools. I understand my son/daughter must comply with the eligibility requirements. I have read, understand and agree to the provisions of the Concordia Jr-Sr High School Student Handbook and athletic code.

I give my consent and permission for my son/daughter to undergo medical evaluations and treatment deemed necessary for any injury or illness he/she may sustain or acquire while engaged in athletics/activities at/for Concordia Jr-Sr High School or a Coop school. I understand that the medical personnel, including athletic trainers, will perform only those procedures that are within their scope of professional practice. In the event that more serious medical procedures are required, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life-threatening injury or illness, emergency services may be contacted. I accept and understand the risk and liability by participating in athletics/activities for Concordia Jr-Sr High School or a Coop school. I give authorization for injury details, including but not limited to playing status, which will be shared via Healthy Roster with the athlete's parent & coach (if you give access).

Print Student/Athlete Name _____ Grade: _____

Student Emergency Contact/Health Information

Mother/Guardian Name/Cell _____

Father/Guardian Name/Cell _____

Other/Family/Friend Contact Name/Number _____

In case of emergency: list medical allergies, health conditions, & insurance. Consent to give to the EMS/ED.

___ Asthma ___ Epipen ___ Diabetic _____ other

Allergies: _____

Health Notes: _____

Insurance Company _____ Policy Number _____

FINANCIAL RESPONSIBILITY

I give permission for charges incurred by my student athlete to be billed directly to my TADS account and will take financial responsibility for them. If there is no TADS account, I will be responsible for check/cash payment to the school for the charges. These charges may include, but are not limited to:

- Athletic/Activity Fee: varies by activity
- Uniform and equipment issued to the student that is lost or damaged.
- Excess travel expenses and hotel expenses related to athletic/activity participation.
- Team apparel that the student will keep after the season ends.
- I assume ALL financial responsibility for expenses resulting from athletic injury, etc.

Parent Name: _____ Signature: _____ Date: _____

ATHLETIC CONSENT, PERMISSION TO PROVIDE MEDICAL TREATMENT, ASSUMPTION OF RISK AND PARENT COURSE RESPONSIBILITY

I HEREBY give my consent for _____ to compete in sports/activities. Initial _____

I HEREBY give my consent and permission for my son/daughter to receive medical treatment. Initial _____

I HEREBY give authorization to share health details with the care team via Healthy Roster. Initial _____

I HEREBY accept and understand the risk by allowing participation in extracurricular activities. Initial _____

I HEREBY agree to complete the NFHSLearn Parent Seat Course PRIOR to student participation. Initial _____

I HEREBY understand that this waiver is binding for the duration of the school year. Initial _____

By signing below I am stating that I have read, agree to, and will follow the Concordia Jr-Sr High School Parent/Athlete Informational Handbook. As a student you affirm that you read and understand the Concordia Social Media Policy and Guidelines for all student athletes. You also indicate you understand the requirements you must adhere to as a Concordia student athlete. I understand that participation in athletics/activities is a privilege that may be withdrawn for any violations or failure to adhere to any policies as outlined in the Handbook

Student/Athlete Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____

To be completed for
Students participating in any
NSAA activities.

Student and Parent Consent Form



School Year: 20____-20____

Member School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID-19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even with the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the Student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and athletics, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the Student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.

(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities.

Name of Student [Print Name] _____

Student Signature _____

Date _____

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert Student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Basketball	Bowling	Cross Country	Debate	Football	Golf
Journalism	Music	Play Production	Soccer	Softball	Speech	Swim/Dive
Tennis	Track & Field	Unified Bowling	Unified Track & Field	Volleyball	Wrestling	

Parent(s)/Guardian Printed Name(s)*	Parent/Guardian Signature	Date of Signature

***Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the Student is not living with parents, the Student's legal guardian.**

Revised September 2021

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____
Have you ever had surgery? If yes, list all past surgical procedures. _____
Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____
Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)				
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)				

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

Parent or Legal Guardian Signature _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

- ☐ Medically eligible for certain sports _____

- ☐ Not medically eligible pending further evaluation

- ☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

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