



# **Concordia Lutheran Schools of Omaha Middle School & High School Parent/Student Athletic/Activity Handbook**

Concordia Lutheran Schools of Omaha  
15656 Fort Street  
Omaha, NE 68116  
402-445-4000

Ben Ersland, Activities Director

Activities Calendar: <https://www.gobound.com/ne/schools/omahaconcordia/calendar>

## **Mission Statement of Concordia Lutheran Schools of Omaha**

**We prepare...**

**Faith Secure. World Ready. Kingdom Leaders.**



Revised: 5/2025

## **Activities Philosophy**

Activities are some of the many means Concordia Lutheran Schools uses to fulfill our mission to prepare 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**

### **Middle School Level**

The purpose of middle school sports is for students to continue to develop an 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.

### **High School 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 the abilities that God has given them.

## **Skills for Parents and Tips for Success**

- |  |   |
|--|---|
| 1. Be on time and with proper equipment                          | 5. Model appropriate behavior at athletic contests                            |
| 2. Support the Coaches   | 6. Emphasis effort and enjoyment over winning                                 |
| 3. Voice concerns appropriately (follow Matthew 18:15-20 policy) | 7. Problem solve issues your child has with Coaches (Matthew 18:15-20 policy) |
| 4. Praise and compliment your athlete rather than criticize      |   |

## **Skills for Players and Tips for Success**

- |                                  |  |
|----------------------------------|--|
| 1. Listen to your Coaches        | 7. Be prepared for practices and games               |
| 2. Follow Coaches' instructions  | 8. Win with class and lose with dignity              |
| 3. Accept coaching               | 9. Handle disappointment and adversity appropriately |
| 4. Get along with your teammates | 10. Respect facilities and equipment                 |
| 5. Have high energy              |  |
| 6. Respect your opponents        |  |

## **Schedules**

Team schedules can be found at <https://www.gobound.com/ne/schools/omahaconcordia/calendar>. You are able to subscribe to specific schedules and sync with your Google Calendar or iCalendar. Changes to the schedule or venue are updated in a timely manner. Coaches may also communicate last-minute changes through their preferred method of communication.

## **Social Media**

Playing and competing for Concordia is a privilege. Student-athletes at Concordia are held in the highest regard and are regarded 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 FACTS 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 some 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.

## **Activity & School 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 the semester. Students earning a grade lower than 64.5% will receive a two week probationary period to raise the ineligible grade.

After the probationary period, the grades will be reviewed. If *any* grade continues to be below a 64.5%, the participant is considered ineligible and may not participate in competitions/performances for two weeks, at which time the grade will be reviewed again to determine further eligibility. Ineligibility continues until all grades are above 64.5%.

## **“The Parent Seat” Course**

This free course offered by the National Federation of High Schools (NFHS) must be completed each year by at least one parent prior to receiving an eligible status. It takes less than 30 minutes to complete and the certificate PDF or a screen shot must be uploaded to your Bound registration. This only needs to be completed once if you have multiple children and the certificate can be uploaded for each one.

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



## **Athlete Participation Requirements Grades 7-12**

Students will register for specific athletic/activity participation on Bound. Students are not allowed to practice/try out until all requirements are completed and the student is marked "Eligible" on Bound. Bound will serve to track eligibility as a "digital Mustang Card." After the conclusion of a season, the student must turn in all required equipment, uniforms, etc. required by the coach to be marked "Eligible" on Bound for the next season. This will then allow the student to try out/practice for the next season of athletics/activities. Select non-athletic activities will also require these steps to gain eligibility for participation in auditions/practice. This will be noted during registration.

### **Mustang Cards Requirements- REQUIRED TO PARTICIPATE/TRY OUT**

1. Complete Program Registration at <https://www.gobound.com/ne/schools/omahaconcordia>
  2. Upload a current Health History & Physical/clearance form signed by a physician and dated **AFTER** May 1st.
  3. Upload the NSAA Student/Parent Consent Form (High School Only)
  4. Sign the Agreement on Bound covering the details of this handbook.
  5. Complete a current Sway baseline (every 2 years)
  6. Upload a current completion certificate by at least one parent of the NFHSLearn course "The Parent Seat".
- \*Sports Participation Fee (billed via FACTS after the start of the season)
- \*\*Coaches will meet with parents/athletes to discuss the philosophy, policies and rules of their particular sport.

### **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 Lutheran Schools of Omaha or affiliate co-op schools. I understand my son/daughter must comply with the eligibility requirements. I have read, understand, and agree to the provisions of the Concordia Lutheran Schools of Omaha Athlete/Activity 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 or a Co-op 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 or a co-op school. I give authorization for injury documentation, including but not limited to playing status, to be shared via Healthy Roster with the athlete's parent & coach.

### **FINANCIAL RESPONSIBILITY**

I accept financial responsibility for fees/charges incurred by my student athlete and understand they will be billed directly to my FACTS account (if applicable). If the student attends a co-op school, I will be responsible for check/cash/venmo 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.

**By applying my ESignature on my Bound Activity Registration I am stating that I have read, agree to, and will follow the Concordia Lutheran Schools of Omaha Parent/Student Athletic/Activity Handbook. 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 this Handbook. I understand that this waiver is binding for the duration of the school year.**





## NSAA Athletic and Activities Student and Parent Consent Form

School Year: \_\_\_\_\_  
Member High School: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Name of Parent(s), Guardian(s), or Person(s) in Charge: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address(es) of Student and Parent(s)/Guardian(s)/or Person(s) in Charge\*\*: \_\_\_\_\_

**\*\*Note: If Student and all Parents/Guardians do not live in the same household, please include all addresses and inform the Member School as this may impact eligibility.\*\***

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 and understand and agree that (a) by this Consent Form the NSAA has provided notice 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, including exposure to communicable diseases, and even catastrophic injury, paralyzation, and death; and (c) even the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(2) Consent and agree to participation of the Student in NSAA activities subject to (a) all NSAA Bylaws and rules interpretations, including limitations on transfers and limitations on the use of the Student's name, image, and likeness when wearing school uniforms or engaging in commercial activity tied to the Student's participation in NSAA activities; and (b) the athletic and activities rules of the Member School;

(3) Consent and agree to the disclosure by the Member School to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student contained in the Member School's directory information or other similar policies, and any other records or documentation needed to determine the Student's eligibility and compliance necessary to participate in NSAA activities;

(4) Understand that (a) prior to athletic participation, a pre-participation release form signed by a health care professional must be signed and submitted to the Member School; and (b) for purposes of determining fitness to participate, injury, injury status, or emergency response, Parents may be asked to consent to the disclosure of confidential medical records or information. Records and information shared for this purpose will not be redisclosed to any entities outside of the health care provider(s), Member School, or NSAA;

(5) Consent and agree (a) to authorize licensed or trained individuals, including certified 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 care, treatment, and rehabilitation for these injuries that is made available by the Member school and/or the NSAA, including transportation of the Student to a medical facility if necessary; and (b) that Parents are obligated to pay for professional medical and/or related services; the NSAA and the Member School shall not be liable for payment of such services even if made available by the Member School or NSAA.

(6) Understand that the Student or Student's likeness being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests and that any such recording may be used for broadcast, sale, or display.

We, Parent(s) and Student, 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, and agree that Student may participate in NSAA activities.

**Student Printed Name**

**Student Signature**

**Date of Signature**

**Parent(s) Printed Name(s)**

**Parent Signature(s)**

**Date of Signature(s)**

**2022**

## ■ 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  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		Yes	No
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			
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		Yes	No
(CONTINUED)			
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"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and <math>\pm</math> Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
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"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

\* 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

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.