Grace Christian Academy
Raising Up A Standard

Grace Christian Academy Athletics Registration Form

Student's Name: _____ Grade: _____

Step 1: Select a Season & Sport

Fall *(choose one)*: ☐ Girls Volleyball ☐ Boys Soccer

Winter *(choose one)*: ☐ Boys Basketball ☐ Girls Basketball

Spring *(choose one)*: ☐ Boys Volleyball ☐ Girls Soccer

Step 2: Athletics Fee

Athletic fees are based on the number of sports your child participates in per school year:

☐ This is my child's first sport this school year ($200)

☐ This is my child's second sport this school year ($175)

☐ This is my child's third sport this school year ($100)

*Season family cap = $1000

Step 3: Team Dress Requirement

All athletes must wear "Team Dress" on game days:

- Blue "GCA Athletics" Polo Shirt
- Khaki Pants

☐ Polo Shirt – $20 Size: ☐ S ☐ M ☐ L ☐ XL

Step 4: Payment Information

Payments may be made:

- FACTS (note: $25 one-time annual application fee applies for incidental payments)
- GCA website under the Online Store tab
- By check, cash, or credit card in the Main Office

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Grace Christian Academy Athletics Registration Form (cont'd)

Step 5: Volunteer Discount (Optional)

Parents may earn a $50 discount by volunteering at least 3 times in areas such as:

- Coaching assistance
- Concessions
- Timekeeping
- Bookkeeping
- Ticket taking
- Grounds keeping
- Court clean-up

✅ Volunteers must complete a background check.
✅ Coaches will verify volunteer service before discounts are applied.
✅ Discounts are credited to the student's incidental account and must be used before the last day of school.
✅ Credits cannot exceed fee balance. Applications of credits to other incidentals by Admin approval only.
✅ Credits do not roll over to the next year. Unused balances will be donated back to the school by June.

Would you like to volunteer this season? ☐ Yes ☐ No

Parent/Guardian Information

Name: _____ Phone: _____

Email: _____ Signature: _____ Date: _____

Sports Qualifications 2026-2027

- Possess a 2.0 GPA (C-, 77%) on game day
- Attend scheduled practices and be ON TIME
- Dress in appropriate attire for all practices
- Be willing to accept constructive criticism with a GOOD ATTITUDE
- Follow GCA guidelines, dress in "Team Attire", (blue GCA Athletics polo shirt and khaki pants), on every game day.
- At all times, respect coaches, referees, all players, spectators and school administration
- Profanity, physical roughness, or any other unsportsmanlike behavior will not be tolerated.
- You are financially responsible for your shoes, GCA Polo, Dress Pants

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PARENT/LEGAL GUARDIAN CONSENT FORM FOR ATHLETIC CONTESTS

We, as parents or guardians of _____
(Name of Child)

☐ Grant our Permission ☐ Do Not Grant Our Permission

In granting such permission and consent, we specifically recognize that such consent and participation in specified trip is voluntary and that failure to grant consent will in no way result in any impact on the grade of such child for failure to participate in the trip.

In granting such permission and consent, we:

1. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child or ward during such activity.
2. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
3. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.
4. I understand that my student needs to be picked up promptly at the end of each after school game. Team members are required to ride the team bus when required to and from the games indicated on the schedule. I understand that I am responsible for transportation to and from all other games.
   There is a $10 fine per every 15 minutes if you are late in picking up your student.

Finally, we expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have any questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

_____

(Print Parent or Guardian Name) (Signature of Parent or Guardian) (Date)

_____

(Parent Phone) (Address) (City, State, Zip)

Health concerns or limitations: _____

_____

Medication required to be taken to an athletic contest: _____

_____

Athletic Permission Form

Parent Permission (Only one (1) form per school year is required.)

Student Name_____ Grade_____ Date of Birth_____

I understand that Grace Christian Academy, Inc. of West Allis, WI will in no way assume the responsibility for any injuries sustained to any player, cheerleader, manager, statistician, family member, etc. traveling to, from or participating in the scheduled games and practices. I also understand that each sport/activity has its own inherent dangers and potential injury:

1. I hereby give consent to the above-named student to participate in the following sports (mark out any sport(s) where such consent does not apply):

   BOYS SPORTS - Soccer, Basketball, Volleyball

   GIRLS SPORTS - Volleyball, Basketball, Soccer, Cheer

   SUMMER OPTION - Basketball training

2. I agree to ALLOW MY STUDENT TO TRAVEL with the school athletic teams at my own risk. Further, neither the school, drivers, nor faculty will be liable to any suit whatsoever resulting from any or in any of the practices, games, or travel

3. I realize that the primary INSURANCE COVERAGE, if any injury should occur, would be my responsibility.

4. I am also aware that PHYSICAL EXAMINATIONS are the parents' responsibility to schedule in order to clear the student for athletic and cheerleading participation. Evidence of the physical examination (as recorded at the bottom of this form) must be given the school before a student participates in any practice, athletic event, or summer sports program.

Parent/Guardian Signature_____ Date_____

In Case of Emergency:

Home and/or Cell Phone_____

Mothers Work/Business Phone _____

Father’s Work/Business Home _____

Other Relative’s Phone_____

Liability/Medical Release and Consent

Grace Christian Academy

Print Student's First & Last Name _____

Grade _____ Address _____

City _____ Zip _____

Liability Release

I/we hereby release Grace Christian Academy, Inc., its agents, employees, and volunteer assistants from any liability whatsoever arising or resulting in or from any injury, damage, loss, or negligence which may be sustained by said person during school related event or activity.

Parent Signature_____

Student Signature_____

Medical Release

I, _____, as parent/guardian of_____, do hereby give my express permission for my son or daughter to be treated for any illness or injury sustained in connection with their duties as a student for Grace Christian Academy, should such incident occur in my absence.

Consent Form

I/we consent to the performance of such treatment, anesthetics, and operations as in the opinion of the

attending physician is deemed necessary on _____.
(Print Student's Name)

Parent Signature_____ Date_____

Please attach copy (both sides) of family insurance card

Emergency Contact Info

In case of emergency, please contact:

1. Name _____

Relationship _____

Cell Phone _____ Home Phone: _____

OR

2. Name _____

Relationship _____

Cell Phone _____ Home Phone: _____

Student Allergies – (Medication/Environmental/Food)

_____

_____

_____

Family Physician _____

Dr.'s Phone _____

ATHLETE AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Athlete Agreement:

I,_____have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play.

I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

_____

Athlete Signature

Date _____

WISCONSIN DEPARTMENT OF Public Instruction

Concussion and Head Injury Information

Wis. Stat. § 118.293 Concussion and Head Injury

What Is a Concussion? A concussion is a type of head (brain) injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly. Consequences of severe brain injury (including concussion) include problems with thinking, memory, learning, coordination, balance, speech, hearing, vision, and emotional changes.

What are the signs and symptoms of a concussion? You cannot see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you as an athlete or your child or teen is acting or feeling, if symptoms are getting worse, or if you/they just "don't feel right." Most concussions occur without loss of consciousness.

If the child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

These are some SIGNS of concussion (what others can see in an injured athlete):

- Dazed or stunned appearance
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior or personality changes
- Loss of consciousness (even briefly)
- Repeats questions
- Forgets class schedule or assignments

These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

- Headache
- Nausea or vomiting
- Dizzy or unsteady
- Sensitive to light or noise or blurry vision
- Difficulty thinking clearly, concentrating, or remembering
- Irritable, sad, or feeling more emotional than usual
- Sleeps *more* or *less* than usual

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it is OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

If you or your child or teen has signs or symptoms of a concussion

Seek medical attention right away. A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe to return to normal activities, including physical activity and school (concentration and learning activities).

After a concussion, the brain needs time to heal. Activities may need to be limited while recovering. This includes exercise and activities that involve a lot of concentration.

Information adapted from the Centers for Disease Control and Prevention's (CDC) Heads Up Safe Brain. Stronger Future.

For more information view the CDC's Heads Up to Youth Sports webpages for athletes, parents, and coaches.

WISCONSIN DEPARTMENT OF Public Instruction

WIAA

Sudden Cardiac Arrest Information

Wis. Stat. § 118.2935 Sudden cardiac arrest; youth athletic activities

Sudden cardiac arrest (SCA), while rare, is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life-threatening. A family history of SCA at younger than age 50 or cardiomyopathy (heart muscle problem) places an athlete at greater risk. **Athletes should inform the healthcare provider performing their physical examination about their family's heart history.**

What is Sudden Cardiac Arrest? Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs.

Cardiac arrest usually causes death if it is not treated with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) within minutes.

Cardiac arrest is not the same as a heart attack. A heart attack occurs if blood flow to part of the heart muscle is blocked. During a heart attack, the heart usually does not suddenly stop beating. In cardiac arrest the heart stops beating.

What warning signs during exercise should athletes/coaches/parents watch out for?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain/tightness with exertion
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)

Stop activity/exercise immediately if you have any of the warning signs of Sudden Cardiac Arrest.

Speak up and tell a coach and parent/guardian if you notice problems when exercising.

If an athlete has any warning signs of SCA while exercising, they should **seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes.

What are ways to screen for Sudden Cardiac Arrest (SCA)?
WIAA Pre-Participation Physical Evaluation – the Medical History form includes important heart related questions and is required every other year. Additional screening using an electrocardiogram and/or an echocardiogram may be done if there are concerns in the history or physical examination but is not required (by WIAA). Parents/guardians/athletes should discuss the need for specific cardiac testing with the medical provider performing the review of family history and physical evaluation or after experiencing warning signs of sudden cardiac arrest while exercising. The cost of the pre-participation physical and any follow up examinations or recommended testing including an electrocardiogram is the responsibility of the athlete and their parents/guardians. **Not all cases or causes of SCA in young athletes are detected in the history, examination, or with testing.**

What is an electrocardiogram, its risks, and benefits? An electrocardiogram (ECG) is one of the simplest and fastest tests used to evaluate the heart. Electrodes (small, plastic patches that stick to the skin) are placed at specific spots on the chest, arms, and legs. The electrodes are connected to an ECG machine by wires. The electrical activity of the heart is then measured, interpreted, and printed out. No electricity is sent into the body. Risks associated with having an ECG are minimal and rare. The benefits include that it