



2023-2024 Sports Information Packet

Instructions: Please return the following forms to the main school office or email the forms directly to sportsdocs@judah.org.

- ☐ Enrollment Form with Parent/Guardian signatures
- ☐ Current Physical
- ☐ IHSA Sports Medicine Acknowledgement & Consent Form with student-athlete and Parent/Guardian signatures



JUDAH CHRISTIAN SCHOOL – SPORTS START DATES

Fall Sports

Elementary/Jr. High Cross Country
Junior High Baseball
Junior High Soccer
Junior High Golf
*8 Man Football
*Cheerleading (Football)
Boys High School Golf
*Girls High School Golf
High School Cross Country
Girls High School Volleyball
Boys High School Soccer
Girls Junior High Basketball

23/24 Start Date

7/31/2023
7/31/2023
8/7/2023
8/7/2023
8/7/2023
8/7/2023
8/7/2023
8/7/2023
8/7/2023
8/7/2023
8/7/2023
8/28/2023

Eligible Students

5th-8th Grade Boys & Girls
6th-8th Grade Boys & Girls
6th-8th Grade Boys & Girls
6th-8th Grade Boys & Girls
9th-12th Grade Boys
9th-12th Grade Girls
9th-12th Grade Boys
9th-12th Grade Girls
9th-12th Grade Boys & Girls
9th-12th Grade Girls
9th-12th Grade Boys
5th-8th Grade Girls

Winter Sports

Boys Elementary Basketball
Boys Junior High Basketball
*Girls High School Basketball
*Cheerleading (HS Boys Basketball)
Boys High School Basketball
*Wrestling
Jr. High/High School Archery Girls
Junior High Volleyball
Girls Elementary Volleyball

23/24 Start Date

10/16/2023
10/16/2023
10/30/2023
11/6/2023
11/6/2023
11/6/2023
12/4/2023
11/27/2023
12/4/2023

Eligible Students

5th-6th Grade Boys
7th-8th Grade Boys
9th-12th Grade Girls
9th-12th Grade Girls
9th-12th Grade Boys
9th-12th Grade Boys
6th-12th Grade Boys & Girls
7th-8th Grade Girls
5th-6th Grade Girls

Spring Sports

High School Track & Field
Junior High Track & Field
*High School Baseball
*Girls High School Soccer

23/24 Start Date

1/15/2024
2/26/2024
2/26/2024
2/26/2024

Eligible Students

9th-12th Grade Boys & Girls
5th-8th Grade Boys & Girls
9th-12th Grade Boys
9th-12th Grade Girls

*Sports offered are dependent on enough interest from student-athletes. We were unable to field 8 Man Football, Cheerleading (Football), Wrestling, Girls High School Basketball, Cheerleading (HS Boys Basketball), Boys HS Baseball, and Girls HS Soccer for the 2022-23 school year.



JUDAH CHRISTIAN ATHLETICS

908 N. Prospect Avenue | Champaign, IL 61820 | Phone 217.359.1701 | Fax 217.359.0214 | www.judah.org

JUDAH CHRISTIAN SCHOOL – 2023-2024 ATHLETIC ENROLLMENT FORM

Attention: This entire enrollment form must be completed and signed in the designated locations, and a current physical must be on file with the Athletic Office before the student can participate in Interscholastic Athletic practices or contests. Your cooperation is appreciated.

CONTACT INFORMATION - TO BE COMPLETED BY THE PARENT/STUDENT

Student Last Name: _____ Student First Name: _____

Grade: _____ Birth Date: _____ Sex (check one): ☐ M ☐ F

Home Address: _____

Father's Last Name: _____ Father's First Name: _____

Phone: _____ Father's Email: _____

Mother's Last Name: _____ Mother's First Name: _____

Phone: _____ Mother's Email: _____

Emergency Contacts (list in order of contact priority):

1. Name/Relationship: _____ Phone: _____

2. Name/Relationship: _____ Phone: _____

Name of Physician: _____ Physician's Phone: _____

Physician's Address: _____

Medical Insurance Company: _____ Policy # _____

Allergies to medicine or other allergies: _____

My child is currently taking the following medication(s): _____

For the following condition(s): _____

CONSENT TO MEDICAL TREATMENT - TO BE COMPLETED BY THE PARENT/GUARDIAN

I/We give my/our permission for a licensed doctor, physician, or emergency treatment center selected by the coach/representative to administer the necessary attention and aid immediately to our child should he/she become injured or sick during any school event, athletic or scholastic, throughout the school year, and to do so without having to wait until I/we am/are contacted. I/We consent to any x-rays, examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care deemed necessary.

I/We understand the school's coach/representative will endeavor to reach us. However, I/we will not hold any of the school personnel responsible if efforts to contact me/us are unsuccessful. I/we understand that the school does not assume responsibility for payment of a physician in any case. I/We also agree to be responsible to update any medical information that may be needed throughout the year.

Date: _____ Name of Parent/Guardian (printed): _____ (signed): _____

Please note: Electronic signatures are treated by Judah Christian School as a physical handwritten signature on a paper form.



Student Name: _____

Grade level: _____

Please check the sport or sports your student-athlete will participate in for the 2023-2024 school year.

Elementary and Junior High

Fall

- ☐ 6-8th Co-Ed Golf
- ☐ 5-8th Co-Ed Cross Country
- ☐ 6-8th Co-Ed Soccer

- ☐ 6-8th Co-Ed Baseball
- ☐ 5-6th Girls Basketball
- ☐ 7-8th Girls Basketball

Winter

- ☐ 5-6th Boys Basketball
- ☐ 7-8th Boys Basketball
- ☐ 6-8th Co-Ed Archery Club

- ☐ 5-6th Girls Volleyball
- ☐ 7-8th Girls Volleyball

Spring

- ☐ 5-8th Co-Ed Track and Field

High School

Fall

- ☐ 9-12th Boys Golf
- ☐ 9-12th Girls Golf
- ☐ 9-12th Boys Soccer
- ☐ 9-12th Co-Ed Cross Country

- ☐ 9-12th Girls Cheerleading (football)
- ☐ 9-12th Girls Volleyball
- ☐ 9-12th 8 Man Football

Winter

- ☐ 9-12th Girls Cheerleading (basketball)
- ☐ 9-12th Boys Basketball
- ☐ 9-12th Girls Basketball

- ☐ 9-12th Boys Wrestling
- ☐ 9-12th Co-Ed Archery Club

Spring

- ☐ 9-12th Co-Ed Track and Field
- ☐ 9-12th Boys Baseball

- ☐ 9-12th Girls Soccer

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- ☐ Current Physical
- ☐ IHSA Sports Medicine Acknowledgement & Consent Form with student athlete and Parent/Guardian signatures

To be completed by athlete or parent prior to examination.

Name _____ School Year _____
 Last First Middle
 Address _____ City/State _____
 Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____
 Parent's Name _____ Phone No. _____
 Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS | Yes | No |
|--|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| BONE AND JOINT QUESTIONS | Yes | No |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |

| MEDICAL QUESTIONS | Yes | No |
|---|-----|----|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had a herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Have you or any family member or relative been diagnosed with cancer? | | |
| 52. Do you have any concerns that you would like to discuss with a doctor? | | |
| FEMALES ONLY | Yes | No |
| 53. Have you ever had a menstrual period? | | |
| 54. How old were you when you had your first menstrual period? | | |
| 55. How many periods have you had in the last 12 months? | | |

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____

Signature of parent/guardian _____

Date _____

PHYSICAL EXAMINATION FORM

Name _____

Last

First

Middle

| EXAMINATION | | | |
|---|--------|---|-------|
| Height | Weight | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| BP / (/) | Pulse | Vision R 20/ | L 20/ |
| | | Corrected <input type="checkbox"/> Y <input type="checkbox"/> N | |
| MEDICAL | NORMAL | ABNORMAL FINDINGS | |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | |
| Eyes/ears/nose/throat • Pupils equal • Hearing | | | |
| Lymph nodes | | | |
| Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | | |
| Pulses • Simultaneous femoral and radial pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only) ^b | | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | | |
| Neurologic ^c | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot/toes | | | |
| Functional • Duck-walk, single leg hop | | | |

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> Headaches “Pressure in head” Nausea or vomiting Neck pain Balance problems or dizziness Blurred, double, or fuzzy vision Sensitivity to light or noise Feeling sluggish or slowed down Feeling foggy or groggy Drowsiness Change in sleep patterns | <ul style="list-style-type: none"> Amnesia “Don’t feel right” Fatigue or low energy Sadness Nervousness or anxiety Irritability More emotional Confusion Concentration or memory problems (forgetting game plays) Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- | |
|--|
| <ul style="list-style-type: none"> Appears dazed Vacant facial expression Confused about assignment Forgets plays Is unsure of game, score, or opponent Moves clumsily or displays incoordination Answers questions slowly Slurred speech Shows behavior or personality changes Can’t recall events prior to hit Can’t recall events after hit Seizures or convulsions Any change in typical behavior or personality Loses consciousness |
|--|



Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>



IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy

<http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf>



IHSA Sports Medicine Acknowledgement & Consent Form

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IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

Special note: Judah Christian School requires all student-athletes (grades 5-12) to complete and return this form.

STUDENT

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Please note: Electronic signatures are treated by Judah Christian School as a physical handwritten signature on a paper form.

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.