

ACSC

Appendix A-Policies

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2. Open Gym and Workouts Policy
3. Protocol for Bleeding Player Policy
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3. Approved Academic Organization (one form per applying school)
4. Scholarship/Financial Aid Reporting (one form per applying school)

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2. Academic Validation (one per school or Approved Academic Organization)
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Proposal for Change in ACSC Policy or Procedure

Submitted by Julie McLaurine Date 7-16-2016 and 9-24-2016

Type of change required: X revision to existing policy or procedure new policy or procedure

Proposal: That each member institution follows a standard plan to use when lightning or thunderstorms are in the area of an outdoor contest. The plan is as follows:

1. Assign someone other than the coaching staff or umpires (because of their other responsibilities) to monitor local weather conditions before and during practices and contests using all technology available.
2. Designate those who have the authority to implement suspension of play and evacuation.
3. Develop an evacuation plan, including identification of appropriate nearby safe areas.
Suggestions:
 - a. An enclosed building (not a dugout or covered stands)
 - b. A hard top vehicle with windows closed
4. Develop criteria for suspension and resumption of play.
 - a. When thunder is heard or a cloud-to-ground lightning bolt is seen, the leading edge of the thunderstorm is close enough to strike your location with lightning. If there are 30 seconds or less between the flash of lightning and the bang of thunder or a weather device gives notification that lightning has been detected 5 or less miles away from the location of the game or practice, suspend play and take shelter immediately.
 - b. Thirty-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or flash of lightning is witnessed or a weather device gives notification that lightning is no longer within a 5 mile radius before resuming play.
 - c. Any subsequent thunder or lightning after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
5. In the event a person is struck by lightning call 911 immediately. If there are signs of cardiac or respiratory distress administer CPR.
6. Inform umpires/referees of your plan before a contest begins.
7. Inform student athletes and parents of the lightning policy at start of season.

[This plan derived and adapted from a variety of national guidelines.]

Background in support of change: Lightning is the second leading cause of death from severe weather. All major sports organizations (NCAA, NFHS, AHSAA among them) have developed a lightning policy for their membership.

Discussion:

How will this change affect the conference? Long-term? Short-term?

The safety of our student-athletes, coaching staffs, and fans will be improved.

Is there an impact of not implementing this proposal and, if so, what is the impact?

Increase the potential for a lightning related incident that could cause physical injury and economic liability for the conference.

When will this change go into effect?

Immediately upon approval.

What precedence might/will this set?

None

Are you requesting a teleconference of the Governing Board? ____ Yes X No

Proposal for Change in ACSC Policy or Procedure

Submitted by Julie McLaurine (Exec.Admin.) Date 6/17/2017

Type of change required: revision to existing policy or procedure X new policy or procedure

Proposal:

Establish the following guideline for player gatherings before official practices begin:

- Not mandatory; student-athletes are not required to attend or participate (this has to be clearly communicated to coaches to guard against subtle pressure on students to start a new season before the previous season ends)
- For conditioning purposes to prepare S-A's for the season and prevent injuries
- Outside instruction is allowed (trainers, camps, etc. however the spirit of this policy should prevent having outside instructors at each open gym or workout)
- Can work on skill development among players; coach may be present but cannot coach (i.e. no developing and practicing specific plays)
- Liability waiver; the conference highly recommends that each school have a liability waiver signed before an S-A can participate but the ACSC Liability Waiver is not required until official practices begin

Background in support of change: These guidelines were developed in 2014 from GB discussion and attached to the 2016 Annual Meeting minutes but need to be established as written policy.

Discussion:

How will this change affect the conference? Long-term? Short-term?

Long-term affect is to give a standard for open gyms and workouts.

Is there an impact of not implementing this proposal and, if so, what is the impact?

Continued confusion over the conference definition and policy regarding open gyms and workouts.

When will this change go into effect?

2017-2018 school year

What precedence might/will this set?

None

Are you requesting a teleconference of the Governing Board? Yes X No

Proposal for Change in ACSC Policy or Procedure

Submitted by Julie McLaurine (Exec. Administrator) Date 6-8-2018

Type of change required: revision to existing policy or procedure X new policy or procedure

Proposal: That each member institution use a standard plan in the event a student-athlete is bleeding during a game. The plan is derived from NFHS guidelines as follows:

- A student-athlete who is bleeding, has an open wound, or has any amount of blood on his/her uniform or person, will be directed to leave the game until the bleeding is stopped, the wound is covered, the uniform or body is appropriately cleaned or the uniform is changed.
- The home team is responsible for cleaning/sanitizing the affected court or field areas before play continues.

Furthermore, if the officials do not stop play after the situation has been called to their attention by the ACSC Athletic Director or coach, the coach must take initiative to bring the player off the court/field to receive medical attention and comply with the plan. Officials who do not comply with these guidelines are to be reported to their officiating association and to the conference.

Background in support of change: This is a matter of the health and safety of student-athletes and is recommended by national organizations. Bleeding incidents occurred during the past year and proper actions were not taken.

Discussion:

How will this change affect the conference? Long-term? Short-term?

The safety of our student-athletes will be improved.

Is there an impact of not implementing this proposal and, if so, what is the impact?

Confusion as to how to handle bleeding situations will continue to occur. The health and safety of our student-athletes will be affected.

When will this change go into effect? Immediately upon approval

What precedence might/will this set? None

Are you requesting a teleconference of the Governing Board? Yes X No

Proposal for Change in ACSC Policy or Procedure

Submitted by _____ **Date** _____

Type of change required: ____ revision to existing policy or procedure ____ new policy or procedure

Proposal:

Background in support of change:

Discussion:

How will this change affect the conference? Long-term? Short-term?

Is there an impact of not implementing this proposal and, if so, what is the impact?

When will this change go into effect?

What precedence might/will this set?

Are you requesting a teleconference of the Governing Board? ____ Yes ____ No

Appendix B-New Members

1. Membership Application (2 pages-one per applying school)
2. Member School Information (one per applying school)
3. Approved Academic Organization (one form per applying school)
4. Scholarship/Financial Aid Reporting (one form per applying school)

Alabama Christian Sports Conference Membership Application

School Name _____ School Year _____

Street Address _____ City _____ State _____ Zip _____

Year Founded _____ School Phone _____ Fax _____ Email _____

Athletic Director _____ Administrator's Name _____

Pastor's Name _____ Sponsoring Church _____

Affiliated with _____ Denomination, Association, etc _____

School Colors _____ Mascot _____

PROJECTED ENROLLMENT: Elementary _____ Junior High _____ High School _____

PROJECTED SPORTS PARTICIPATION:

Fall Sports: Volleyball JV Girls ☐ Varsity Girls ☐
 Tackle Football JV Boys ☐ Varsity Boys ☐
 Cross Country JV Girls ☐ Varsity Girls ☐ JV Boys ☐ Varsity Boys ☐

Winter Sports: Basketball JV Girls ☐ Varsity Girls ☐ JV Boys ☐ Varsity Boys ☐

Spring Sports: Softball JV Girls ☐ Varsity Girls ☐
 Baseball JV Boys ☐ Varsity Boys ☐

1. Have you been a member of another athletic conference in the past? Yes ☐ No ☐

2. If yes, why did you leave the conference? _____

3. How did you hear about our athletic conference? _____

4. Do you wish to participate in a sport not currently offered in our conference? _____
If so, what ? _____

**ACSC APPLICATION
CONTACTS**

Principal's Name _____ **Phone** _____

Administrator's Name _____ **Phone** _____

Athletic Director's Name _____ **Phone** _____

Assoc. Athletic Director _____ **Phone** _____

1. Coach's name/sport _____

Phone (Home/Cell) _____ Email _____

2. Coach's name/sport _____

Phone (Home/Cell) _____ Email _____

3. Coach's name/sport _____

Phone (Home/Cell) _____ Email _____

4. Coach's name/sport _____

Phone (Home/Cell) _____ Email _____

IMPORTANT: Your signature below affirms that the principal/administrator of your school has read and agrees to the rules and regulations of the ACSC as contained in the most current copy of the bylaws. You also agree to help us in setting a standard of excellence in the standard of conduct expected with all associated with the ACSC.

Principal/Administrator Signature

Date

ALABAMA CHRISTIAN SPORTS CONFERENCE

MEMBER SCHOOL INFORMATION FORM

School Information

Name of School _____

Address _____

City _____ State ____ Zip _____

Phone Number _____ Email _____

School Website _____

Administrator/Principal _____

Cell Phone _____ Email _____

Grade levels offered _____

Enrollment (K-8) _____ (9-12) _____

Mascot _____ School Colors _____

Athletic Director _____

Cell Phone _____ Email _____

Emergency Phone Number _____

Year School Started _____

ACSC member since _____

Church Information (if affiliated)

Name of Church _____

Address _____

City _____ State ____ Zip _____

Pastor's Name _____

Church Phone Number _____

Pastor's Phone Number _____

Email _____

Denomination _____

Church Website _____

Coaching Staff Information

Volleyball Head Coach _____

Cell Phone _____

Email _____

Football Head Coach _____

Cell Phone _____

Email _____

Basketball Head Coach (VG) _____

Cell Phone _____

Email _____

Basketball Head Coach (VB) _____

Cell Phone _____

Email _____

Softball Head Coach _____

Cell Phone _____

Email _____

Baseball Head Coach _____

Cell Phone _____

Email _____

Soccer Head Coach _____

Cell Phone _____

Email _____

List additional coaches on the back of this form for sports that are currently not sanctioned by the ACSC.

Form completed by _____

We affirm that the information contained on this form is true and accurate and can be used on the official website of the ACSC.

Principal/Headmaster Signature

Date

Athletic Director Signature

Date

Approved Academic Organizations for:
School Year:
Athletic Director’s Signature:

Athletic Director’s Printed Name:

Date:

| | | |
|---------------------------|--------------------------|---------------------------------|
| School Name & Address | Administrator/Headmaster | Total # 9th-12th Grade Students |
| Phone: Email: | | |
| | Sports Offered by School | # of your S-A's from DO |
| | | |
| Relationship of AAO to MI | | |
| | | |

| | | |
|---------------------------|--------------------------|---------------------------------|
| School Name & Address | Administrator/Headmaster | Total # 9th-12th Grade Students |
| Phone: Email: | | |
| | Sports Offered by School | # of your S-A's from DO |
| | | |
| Relationship of AAO to MI | | |
| | | |

| | | |
|---------------------------|--------------------------|---------------------------------|
| School Name & Address | Administrator/Headmaster | Total # 9th-12th Grade Students |
| Phone: Email: | | |
| | Sports Offered by School | # of your S-A's from DO |
| | | |
| Relationship of AAO to MI | | |
| | | |

SCHOLARSHIP(S)/FINANCIAL AID REPORTING

SCHOOL NAME: _____ DATE: _____

The purpose of this form is to determine compliance with Bylaw 9.2 “There are absolutely no scholarships awarded to students for the purposes of athletics,” as well as to document the allowable scholarships and financial aid offered by each school.

For the purposes of completing this form the following definitions are used:

Scholarship – Financial aid provided to a student on the basis of academic, athletic, music, or similar merit or achievement.

Financial Aid-Financial aid is any grant, loan, or paid employment offered to help a student meet his/her educational expenses based on need. Need based means that the family’s financial resources are not sufficient to cover educational costs. This aid may come from the federal or state government, the school itself, or private funding.

1. Does your school offer student athletic scholarships? Yes _____ No _____
2. Does your school offer student scholarships and/or financial aid of any type? Yes _____ No _____
3. If you answered Yes to question 2, please mark the types of scholarships/financial aid offered on a regular basis:
_____ Academic _____ Music
____ Complete or Partial Tuition based on Financial Need
_____ Complete or Partial Tuition for Compassionate Reasons
_____ Other

4. If you marked Other in question 3, please explain the nature of the scholarship and/or financial aid.

5. Does your school currently offer or has offered in the past sports fee reduction or miscellaneous expense payment for a student’s one time need? Yes _____ No _____

6. If you answered Yes to question 4, please explain.

Administrator/Principal Signature
2014

Athletic Director Signature

Appendix C-Member Institutions

1. Member School Information (one per Member Institution)*
2. Academic Validation (one per school or Approved Academic Organization)
3. Approved Academic Organization (one form per Member Institution)
4. AAO Agreement of Expectation and Responsibility (one per AAO)
5. Scholarship/Financial Aid Reporting (one form per Member Institution)

*Form in Appendix B

Alabama Christian Sports Conference Academic Validation

ACSC Member Institution or AAO Name _____

Address: _____

Email Address: _____

Grading Calendar: ____Quarter ____Semester ____Trimester ____Annual

Grading scale (e.g. 4.0; 90-100 A): _____

List the approximate dates for submission of grade reports:

I certify that all listed student-athletes meet or exceed the scholastic requirements in Article 3.3 of the most current ACSC Bylaws which states: " All student-athletes must maintain a 2.0 average on a 4.0 scale at the end of each grading period throughout the season. Grades from the most recent grading period determine eligibility." Also, that the student-athlete's grade level as indicated by the Member Institution is correct. *[Member Institution may list the student-athletes below or on an attached sheet or sport roster.]*

| Name | Grade |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Name | Grade |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Headmaster/Principal/Administrator Signature

Date

Member Institution Athletic Director

Date

Approved Academic
Organizations for:

School Year:
Athletic Director's Signature:
Printed Name:

Date:

| | | |
|---------------------------|--------------------------|---------------------------------|
| School Name & Address | Administrator/Headmaster | Total # 9th-12th Grade Students |
| Phone: Email: | | |
| | Sports Offered by School | # of your S-A's from DO |
| | | |
| Relationship of AAO to MI | | |
| | | |

| | | |
|---------------------------|--------------------------|---------------------------------|
| School Name & Address | Administrator/Headmaster | Total # 9th-12th Grade Students |
| Phone: Email: | | |
| | Sports Offered by School | # of your S-A's from DO |
| | | |
| Relationship of AAO to MI | | |
| | | |

| | | |
|---------------------------|--------------------------|---------------------------------|
| School Name & Address | Administrator/Headmaster | Total # 9th-12th Grade Students |
| Phone: Email: | | |
| | Sports Offered by School | # of your S-A's from DO |
| | | |
| Relationship of AAO to MI | | |
| | | |

Alabama Christian Sports Conference

AGREEMENT OF EXPECTATION AND RESPONSIBILITY FOR SPORTS PARTICIPATION

The Alabama Christian Sports Conference (ACSC) allows its Member Institutions (MI) to draw student-athletes from an Approved Academic Organization (AAO) for the purpose of participating in the sports program of the MI.

EXPECTATIONS AND RESPONSIBILITIES OF THE APPROVED ACADEMIC ORGANIZATION

- The AAO functions as a private, church, or home school as defined by the education laws of the state of Alabama.
- The AAO does not provide the sport(s) that their student-athlete will participate in for the ACSC.
- The AAO will provide the ACSC or MI with the number of 9th-12th grade students enrolled in their school.
- The AAO will complete an Academic Validation form for the student-athletes enrolled in their school when requested to do so by the MI. This form validates the grade in which the student-athlete is enrolled and that the student-athlete meets the minimum academic eligibility requirement of the ACSC to “maintain a 2.0 average on a 4.0 scale in each of the core subjects.” (ACSC Bylaw 3.3)

Please sign below indicating that you have read this document and are in agreement with it.

Principal/Headmaster/Administrator

Date

School Name _____

EXPECTATIONS AND RESPONSIBILITIES OF THE ACSC AND THE MEMBER INSTITUTION

- Provide the AAO with a copy of the most recent ACSC Bylaws.
- Oversee and approve the relationship between the Member Institution and the AAO.
- Provide the AAO with Academic Validation forms and the names of the student-athletes participating in sports with the ACSC through the MI in a timely manner.
- Be a resource for help with any questions or concerns that arise out of the AAO's relationship with either the MI or the ACSC.

Please sign below indicating that you have read this document and are in agreement with it.

Jack Moody, ACSC Commissioner

Date

SCHOLARSHIP(S)/FINANCIAL AID REPORTING

SCHOOL NAME: _____ DATE: _____

The purpose of this form is to determine compliance with Bylaw 9.2 “There are absolutely no scholarships awarded to students for the purposes of athletics,” as well as to document the allowable scholarships and financial aid offered by each school.

For the purposes of completing this form the following definitions are used:

Scholarship – Financial aid provided to a student on the basis of academic, athletic, music, or similar merit or achievement.

Financial Aid-Financial aid is any grant, loan, or paid employment offered to help a student meet his/her educational expenses based on need. Need based means that the family’s financial resources are not sufficient to cover educational costs. This aid may come from the federal or state government, the school itself, or private funding.

1. Does your school offer student athletic scholarships? Yes _____ No _____
2. Does your school offer student scholarships and/or financial aid of any type? Yes _____ No _____
3. If you answered Yes to question 2, please mark the types of scholarships/financial aid offered on a regular basis:
_____ Academic _____ Music
____ Complete or Partial Tuition based on Financial Need
_____ Complete or Partial Tuition for Compassionate Reasons
_____ Other

4. If you marked Other in question 3, please explain the nature of the scholarship and/or financial aid.

5. Does your school currently offer or has offered in the past sports fee reduction or miscellaneous expense payment for a student’s one time need? Yes _____ No _____

6. If you answered Yes to question 4, please explain.

Administrator/Principal Signature
2014

Athletic Director Signature

Appendix D-Team Forms

1. Team Roster (one per Varsity, Junior Varsity)
2. Game Schedule (one per sport)

Alabama Christian Sports Conference TEAM ROSTER

SPORT _____ **TEAM** _____ **Date** _____

School _____ Head Coach _____

Phone _____ Email _____ Colors _____ Mascot _____

Home Jersey Color _____ Away Jersey Color _____

| Player Name | Age | Birth Date | Grade | Jersey # | AAO Name (If applicable) | ACSC Transfer? | Non-ACSC Transfer? | Scholarship Student |
|-------------|-----|------------|-------|----------|-----------------------------|-------------------|-----------------------|------------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
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| 23. | | | | | | | | |
| 24. | | | | | | | | |
| 25. | | | | | | | | |

Principal/Administrator

Athletic Director

Roster submissions not later than two-weeks prior to start of each sports season

Roster Additions Deadlines: September 15 – Fall Season January 15 – Winter Season March 15 –Spring Season

Alabama Christian Sports Conference

Official Game Schedule

This official game schedule must be received by the conference no later than seven days prior to the first game (Conference or Non-Conference) of the team listed. List state and school sponsored tournaments dates also.

Please type all information

SCHOOL NAME: _____ (_____) SCHOOL YEAR: _____

City

Sport: _____ Team: ☐ Varsity Boys ☐ Varsity Girls ☐ J.H. Boys ☐ J.H. Girls

(A separate schedule must be filled out for each sport)

Coach's Name: _____ Cell Phone: _____ Home Phone: _____

Admission price for home games: (Adults) _____ (Students) _____ Date of first game: _____

| | Date | Opponent Please check if this is a Conference Game | ✓ | Home/ Away | JHG | JHB | VG | VB | Starting Time |
|-----|------|---|---|---------------|-----|-----|----|----|---------------|
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| 28. | | | | | | | | | |
| 29. | | | | | | | | | |
| 30. | | | | | | | | | |

Principal/Headmaster / Date

Athletic Director / Date

2018

This schedule serves as an official ACSC Game Contract

ACSC Office Use

Date Received:

Approved:

Appendix E-Student Athlete Eligibility

1. Liability Waiver (one per student-athlete)
2. Concussion Policy (one per student-athlete)
3. Student-Athlete Transfer (one per transfer student-athlete)

ACSC Liability Waiver

*This **Liability Waiver Form** must be completed, and signed by the parent or guardian for each student-athlete (including cheerleaders) before participation in an ACSC athletic practice, game, activity, contest, or event. The original must be on file in the school office and a copy must be on file with the ACSC.*

PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges the Alabama Christian Sports Conference (ACSC), along with all of its agents, volunteers, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any ACSC sponsored athletic game, activity, contest, or event.

The undersigned hereby assumes all risk of injury associated with any such ACSC athletic game, activity, contest, or event and fully indemnifies and holds harmless the ACSC along with its agents, volunteers, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the ACSC along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any ACSC sponsored athletic game, activity, contest, or event. The ACSC does not have employees. All persons associated with the ACSC are volunteers.

This liability waiver/release applies to the following student-athlete:

**STUDENT'S
NAME:**

First Middle Last

HOME ADDRESS:

_____/_____/_____
Street City State Zip

who is currently enrolled in the following ACSC member school:

SCHOOL NAME:

SCHOOL ADDRESS:

_____/_____/_____
Street City State Zip

This _____ day of _____, 20____

Parent/Guardian's Signature

Parent/Guardian's Printed Name

ALABAMA CHRISTIAN SPORTS CONFERENCE
Concussion Information and Concussion Policy Signature Page
(Required for participation in any ACSC sport)

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 cannot 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• 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 lack of coordination• 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 |
|---|

ACSC Concussion Policy:

Any student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor.

Any health care professional or coach may identify concussive signs, symptoms, or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play.

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 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 a 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 clearance from a medical doctor. Close observation of the athlete should continue for several hours. 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.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student Athlete Name Printed

Student Athlete Signature

Date

Parent Name Printed

Parent Signature

Date

ACSC Form adapted from the AHSAA Concussion Information Form

2014

**Alabama Christian Sports Conference
STUDENT-ATHLETE TRANSFER
For ACSC and Non-ACSC Transfer**

Receiving ACSC Member Institution _____

Student-Athlete's Name _____ Grade _____

Eligibility for the transferring student-athlete will be determined by the information on this form. The student-athlete will be considered a transfer student for the entirety of the current academic year.

1. Is this a "bona fide" student of your school (Bylaw 3.1) and age/grade eligible for athletics (Bylaw 3.2)? _____

2. ACSC MI to ACSC MI: Has the S-A been released by the Athletic Director of his/her former school? _____

Non-ACSC School to ACSC MI: What is the name and location (city,state) of the school from which the student transferred? _____

3. Has your school complied with the rules for transfer students (By-Law 3.4, 3.5)?

4. Is this student academically eligible (Bylaw 3.3) which would include his/her academic standing for the previous school and year? _____

5. Was this student under a disciplinary action at the previous school (Bylaw 3.4)?

6. If you answered "yes" to the question above, please explain the nature of the disciplinary action and the reasons this should not have bearing on the student's current eligibility.

Receiving AD's Signature

Date

Receiving Administrator/Headmaster Signature

Date

Appendix F-Awards

1. Christian Character Award (one for Varsity Girl, one for Varsity Boy)

**ALABAMA CHRISTIAN SPORTS CONFERENCE
DOUG HARRISON CHRISTIAN CHARACTER AWARD
NOMINATION FORM**

The purpose of the ACSC Doug Harrison Christian Character Award is to honor outstanding high school athletes, who by their testimony and their actions have consistently exemplified the highest ideals of Christian character and leadership. The student-athlete is nominated by the coaches, athletic directors, and administrators of the respective schools based on the established criteria.

A single letter of recommendation (no longer than two pages) can be submitted by someone who has first-hand knowledge of the character of the nominee. Letter writers may include employers, pastors, neighbors, scout leaders, coaches, teachers, etc. Nominees and winner will be recognized at the tournament.

Name of Nominee: _____

Name of School: _____

Grade of Nominee: _____

Sport: _____

Please evaluate the nominee on the following assessments with a 10 being the highest score. (Circle your point value on each criterion)

1. Accepts their God-given gift of athletic ability and works to maximize that potential by giving 100% at practice and in competition. 1 2 3 4 5 6 7 8 9 10
2. Consistently demonstrates a Christian example in moral maturity and a spirit of good sportsmanship. 1 2 3 4 5 6 7 8 9 10
3. Provides Christian leadership both in and out of the athletic arena. (On the back of this form please list these areas detailing the student's involvement in activities or organizations that promote Christian service and ideals.) 1 2 3 4 5 6 7 8 9 10
4. Has earned the respect of his teammates and members of the opposing teams through his/her dependability, work ethic, and willingness to make personal sacrifices for the good of the team. 1 2 3 4 5 6 7 8 9 10
5. Attends church regularly and becomes involved with ministry opportunities.
1 2 3 4 5 6 7 8 9 10

Signature of Coach _____ Date _____

Signature of AD _____ Date _____

