

# ACSC

## Appendix A-Policies

1. Lightning and Thunderstorm Policy 2016 (permanent)
2. Open Gym and Workouts Policy 2017 (permanent)
3. Lighthouse and East Central Football Policy 2020 (continued 2021)
4. Junior Varsity Basketball Tournament Policy 2021-22
4. Proposal for Change in ACSC Policy or Procedure Form

## 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)

## 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)

## Appendix D-Team Forms

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

## 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)

## Appendix F-Awards

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

## 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 7-11-2020

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

### Proposal:

That current Student-Athletes who are playing football for Lighthouse Homeschool Athletics be allowed to participate in other sports at East Central which is in their geographic area and only within their 4 years of eligibility.

**Background in support of change:** Lighthouse has only offered football since its founding. Since the beginning of East Central, both have drawn students from the same geographic area. There has not been an overlap of sports until East Central began football last year. Under current regulations students who play football for Lighthouse and not East Central would not be eligible for any other sport at East Central. This does a disservice to those students who wish to continue their relationship with Lighthouse until graduation. This proposal would allow those students who will continue in football at Lighthouse to play another sport at East Central that is not offered at Lighthouse.

### Discussion:

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

There should not be a long-term effect on the conference as it is specific to two institutions and to a specific group of students for a specified time.

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

It could impact the football program at Lighthouse if students leave their program in order to be eligible to play another sport at East Central. And it does impact students who cannot play other sports at East Central because they are finishing where they started at Lighthouse.

#### When will this change go into effect?

Immediately

#### 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 Tim Smith Date 6-12-2021

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

**Proposal:** The JV Basketball Tournament will be on one day, seeded single elimination, and include all JV teams on the Saturday before the Varsity tournament. Hosting will rotate among the schools as they have a facility available. In 2021-22 East Central will host if possible. If they cannot it will be offered to the next school alphabetically until a site is determined.

**Background in support of change:** Circumstances in 2021 led to Evangel hosting a one day JV tournament. It went well and numerous coaches requested that be the format in the future. They felt that it gave the JV players more recognition as well as helped in situations where JV players also were Varsity and might have to play two championship games on the same day.

### Discussion:

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

The long and short term affects will not be negative. It could create more interest in JV since they will be recognized apart from Varsity. Also, each school will have an opportunity to host the tournament at some point.

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

With some COVID restrictions still in place it may be hard to find a large enough gym to accommodate both JV and Varsity for a tournament.

#### When will this change go into effect? 2021-22 basketball season

**What precedence might/will this set?** The Governing Board already has final approval for anything the Sports Committee does so this is not taking away from the SC's role but affirming that the GB does have the role of overseeing all aspects of ACSC sports.

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

**\*\*This policy proposal was approved by a unanimous vote of the Governing Board at the annual meeting on 6-12-2021\*\***

## **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:

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

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

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



## **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 9<sup>th</sup>-12<sup>th</sup> 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.

\_\_\_\_\_  
Mike Long, 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.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
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
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
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.

<b>Symptoms may include one or more of the following:</b>
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- |   |
|---|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck Pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li><li>• Amnesia</li><li>• “Don’t feel right”; fatigue or low energy</li><li>• Sadness; nervousness or anxiety; irritability</li><li>• More emotional; confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|---|

<b>Signs observed by teammates, parents, and coaches include:</b>
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- |   |
|---|
| <ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays lack of coordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul> |
|---|



**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.**

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**Student Athlete Name Printed**

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**Student Athlete Signature**

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**Date**

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**Parent Name Printed**

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**Parent Signature**

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**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 \_\_\_\_\_

