



Heirway Archery Team

Welcome to the 2023-24 Archery Team

Our 2023-24 program/practice begins on **October 16, 2023** from 3:45pm-5:15pm. Weekly practices will be on Monday & Wednesday. The fees for HCA Athletes is \$200.00 and for Home School athletes is \$250.00.

Paperwork required for all athletes (see below forms): **Due Wednesday 10/18**

Athletics Contact Information
Concussion-Acknowledgement-Form
Player-Parent Contract
Preparticipation Physical History and Evaluation
Sudden Cardiac Arrest Awareness Form

The AES-Athlete-Agreement-Form is only used for Homeschooled athletes.

All Coaches that are not employed by HCA should complete the Coaches Code of Conduct & Contract. The Head Coach for our program is a Certified Archery Coach (BAI).

Archery coaches are strictly volunteers, so we need to be conscious of their time. During the first practice, NEW archers are to be tested for right or left eye dominance, this decides if they buy a right- or left-hand bow.

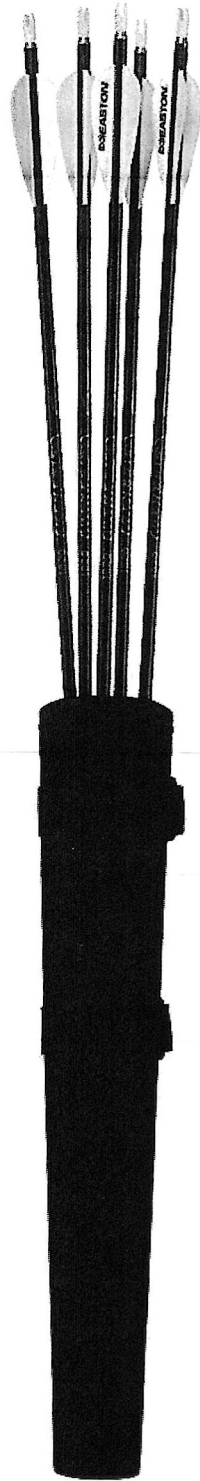
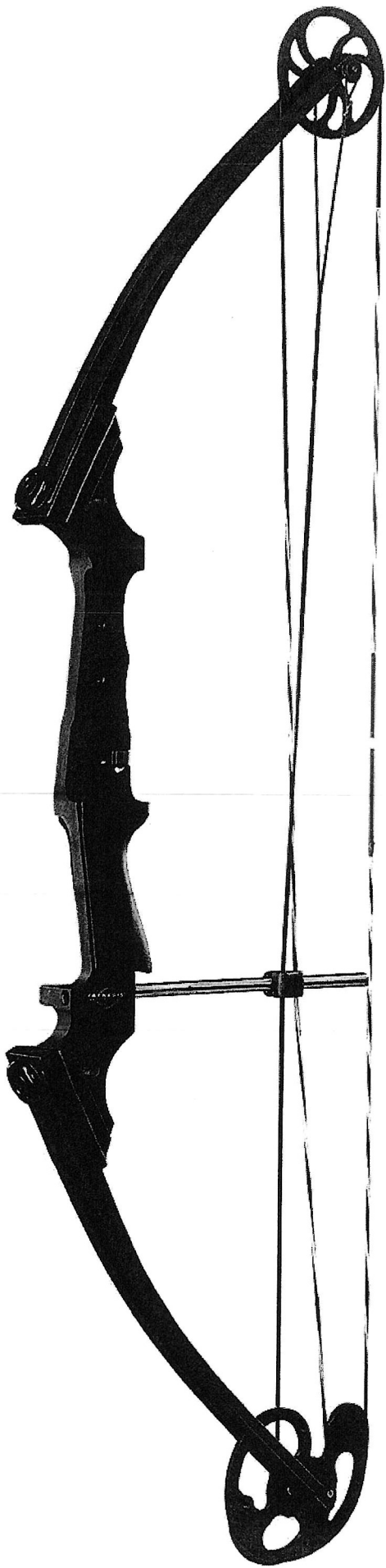
Archers/Parents are not to buy a bow until this critical test is conducted. Archery is run under the NASP (National Archery School Program) we use the Genesis Original bow as it is the official bow of NASP with Easton 1820 Arrow, (See attached Picture) emphasize that it is the "ORIGINAL" because there are couple of other Genes bows but those are not compliant.



Heirway Archery Team

Parents can order the bow kits (Bow & Arrows) from Gables, Amazon, at anywhere from \$170 to \$250 or so, all depending on the color they choose. Cases for the bows are required also, and those can be their choice of soft or hard and can be found at Amazon, Gables, Academy and others. Archers are to have arrows throughout the season for practice, we keep a handful of extras because arrows sometimes don't last long. HCA keeps a full set of arrows for tournaments only and we buy some as needed.

Parents/Students can pick up an **Archery packet** of documents at the front desk or from Coach Lewis (Athletic Director) – 4047291903.





ATHLETICS

CONTACT INFORMATION
2023-2024

Name: _____

Grade: _____ AGE: _____

Sport: _____ Season: _____

Parents Contact Information:

Name(s): _____

Address: _____

Cell No(s): _____ ; _____

Athlete Cell No: _____

Email(s): _____ ; _____

Note: Please know that we normally communicate via group text messages.

Georgia Association of Private & Parochial Schools

Fayetteville, GA 30214

www.gappschools.com

contact@gappschools.com

(678) 679-7123

Concussion Information and Acknowledgement Form



Parent and Student:

It is important that parents and students are educated about concussions. All concussions are serious, and concussions can occur in any sport.

1. Definition of Concussion: A brain injury that interferes with the normal brain function.
2. Cause of Concussions: A bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth.
3. Signs and Symptoms of Concussions:

Headache Nausea Vomiting Dizziness Confused Sluggish Fatigue Blurry Vision Memory Loss Appears Dazed	Slurred Speech Moves Clumsily Balance Problems Forgets Instruction Numbness/Tingling Loses Consciousness Concentration Problems Slowed Thought Process Difficulty Thinking Clearly	Answers Questions Slowly Sensitivity to Light or Noise Unsure of Game, Score or Opponent Shows Mood, Personality or Behavior Changes Cannot Recall Events Prior To or After Injury
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4. In accordance with Georgia Law, the following must occur if an individual exhibits signs, symptoms or behaviors of a concussion:
 - a. The individual shall be immediately removed from practice or competition.
 - b. The individual suspected of having a concussion shall be seen by an appropriate health care professional before the individual can return to athletic participation.
 - c. The individual shall not return to practice or competition the same day the concussion or suspected concussion occurred.
 - d. If no concussion has occurred, the individual can return immediately to practice or competition
 - e. If a concussion has occurred, the individual cannot return to participation in practice or competition until medically cleared by an appropriate health care professional.
 - f. An individual could never return to participation if the individual still has any symptoms of a concussion.
 - g. After clearance has been issued, the individual's actual return to participation in practice and competition should follow a gradual procedure suggested by the National Federation of High Schools and directed by the appropriate health care provider clearing the athlete for activity.
 - h. An appropriate health care profession may include licensed doctor or another licensed individual under the supervision of a licensed doctor such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.
5. The following information can be found online and is recommended for parents and students to read concerning concussions:
 - a. NFHS Suggested Guidelines for Management of Concussion in Sports.
 - b. NFHS, A Parent's Guide to Concussions in Sports
6. Parent and student should sign the form below. The school and parent should maintain a copy of this form.

I have read this form and I understand the facts presented in it.

Parent/Guardian Printed Name

Student Printed Name

Parent/Guardian Signature

Student Signature

Date

Heirway Christian Academy Athletics

Player/Parent Contract

I, _____
(print player's and parent's names), have read the Heirway Christian Academy Athletic Contract and understand and agree to abide by its rules and regulations as a program member for the current school year.

By signing this document, I accept that discipline decisions made by the coaching staff will be fair and consistent even if it means removal from the program. I understand that coach's decisions are final with no appeal process.

Player Signature

Date

Parent Signature

Date

(Please return this page to HCA Athletics)

Heirway Christian Academy Athletics

Player/Parent Contract

I. Attendance at Practice and Games

A. Attendance at practice and games is mandatory.

1. Exceptions are sickness/injury, death in the family, college class, or college visits.

2. Absences must be communicated to the coach by the player or parent. Do not ask a friend to tell the coach.

B. Injured players must still attend practices and assist in any manner possible.

C. Player must attend each practice in its entirety. Leaving early will be the same as being late and consequences will apply.

D. Players are expected to dress appropriately for all practices.

II. Game Day Expectations

A. All players are expected to dress appropriately for school on game day. (Team jerseys or dress clothes as designated by the coach.)

B. All players are expected to arrive on time for pre-game activities or for the bus departure. If an emergency arises such as car trouble, call or text the coach immediately.

C. All players must ride home with the team unless the parent makes other arrangements with the coach.

D. We expect excellence in behavior during games, which includes:

1. Stand at attention in silence during the National Anthem and prayer.

2. Maintain a positive attitude about the team, and its performance.

3. Maintain a clean area around the bench. Clean up after games.

E. Our **TEAM** and **PARENTS** are expected to present themselves with the utmost display of sportsmanship. Taunting opponents or officials will not be tolerated. Players will be removed from the game and parents may be asked to leave the gym.

F. Parents will be required to work in the concession stand and gate for at least one/two game during the season. A schedule will be sent out to each family thru sign-up genius to schedule your date(s). It is the responsibility of the family to make arrangements if they cannot work the assigned date. Families not showing up will be assessed a \$40 fine. Parents may opt to pay \$25 instead of working. Parents choosing this option must alert the school as soon as possible.

G. Players must attend school a full day on game days and must attend first period the day after a game. Failure to arrive before the end of first period will result in the player sitting out the first quarter/set of the next game. Extenuating circumstances will be considered by administration.

III. Code of Ethics

A. We expect each team member and parent to represent the program with the utmost class and excellence of character. For players this always includes serving as a leader in school by setting a good example. Any complaints from teachers will result in consequences from the coach determined on a case-by-case basis.

B. There is a zero-tolerance policy for disrespect of coaches which includes profanity, refusal to comply with rules, or any other means of insolence.

C. Parents are expected to support the coach's decisions. Please talk directly and respectfully to the coach about any questions or issues you have.

D. Parents are not to approach the bench/dugout/shooting line during a game for any reason unless requested by the coach.

E. Academics must come first. Athletes are expected to maintain passing grades in all of their classes. Failure to do so will result in suspension from the team. A player receiving 1 failing grade will sit out for 2 weeks. If the grade is no longer an F, the player will be reinstated. A player receiving 2 or more failing grades will be ineligible for 9 weeks.

IV. Playing Time

A. Playing time on the varsity level is designated by the coach based on performance and skill displayed in practice.

B. No player is guaranteed playing time.

C. The coaching staff will not discuss playing time with parents the day of a game. Ideally, we want the players to self-advocate and ask the coach what they need to do to improve. Playing time is earned in practice.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION			
Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 	<input type="checkbox"/>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input type="checkbox"/>		
Lymph nodes	<input type="checkbox"/>		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<input type="checkbox"/>		
Neurological	<input type="checkbox"/>		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Shoulder and arm	<input type="checkbox"/>		
Elbow and forearm	<input type="checkbox"/>		
Wrist, hand, and fingers	<input type="checkbox"/>		
Hip and thigh	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Leg and ankle	<input type="checkbox"/>		
Foot and toes	<input type="checkbox"/>		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input type="checkbox"/>		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____
Have you ever had surgery? If yes, list all past surgical procedures. _____
Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____
Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)				
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)				

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU		
(CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Georgia High School Association

Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give Scholars Guild Academy permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2023-2024 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Georgia Association of Private and Parochial Schools (GAPPS) or Scholars Guild Academy.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date