



July 2010

Dear VCS Parents of Athletes:

Victory Christian Schools and the California Interscholastic Federation (CIF) require that every athlete be checked and cleared to play by a physician once per school year. This is in your child's best interest and for everyone's peace of mind. The Athletic Physical Participation Consent form attached must be filled out, signed by a physician, and returned to the school **before any student may even try out for a team**. Those players trying out for High School or Junior High sports for the coming year must have this form completed and returned to the High School Office. **Failure to do so could cost your son or daughter a spot on a team, as positions will not be held.** Some forms from last school year are still current, but it is easier to complete a new form during the open-ended summer months than to wait and take your child out of class to accomplish this during the school year. The forms that are current now will expire sometime during the year and will need to be updated. If you have one on file, you may call the Office during the summer to find out when your Physical Consent form will expire.

Sports fees for the coming year will remain the same as last year. The Junior High sports fee is \$70 per player per sport. The High School sports fee is \$80 per player per sport. These fees are payable after teams are selected, but must be paid **before** the first scheduled game.

Start dates for fall sports:

Varsity/JV Volleyball	Monday, August 9	4:00 - 6:00 pm	Tryouts
Varsity Soccer	Monday, August 9 @ La Sierra	TBA	Tryouts
Jr Hi Volleyball	Monday, August 30	3:00 - 5:00 pm	Tryouts
Cross Country	Monday, August 9	TBA	Tryouts

Thank you for your cooperation and attention to completing all paperwork in a timely manner. We're looking forward to an exciting year in VCS athletics.

In His service,

Tim Smithers  
Athletic Director

*"Train up a child in the way he should go..." Proverbs 22:6*

Elementary Office  
3045 Garfield Avenue • Carmichael, California 95608  
(916) 488-6740 • Fax: (916) 473-0916  
Email: [vcsoffcar@victorycs.org](mailto:vcsoffcar@victorycs.org)

Junior High & High School Office  
3045 Garfield Avenue • Carmichael, California 95608  
(916) 488-5601 • Fax: (916) 488-2589  
Email: [vcsoff@victorycs.org](mailto:vcsoff@victorycs.org)

[www.victorycs.org](http://www.victorycs.org)

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Name: \_\_\_\_\_  
Last First

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Victory Christian Schools  
3045 Garfield Avenue  
Carmichael, CA 95608  
Phone: (916) 488-5601  
FAX: (916) 488-2589

### JUNIOR & SENIOR HIGH SCHOOL INTERSCHOLASTIC ATHLETIC PHYSICAL PARTICIPATION CONSENT

**PHYSICIAN'S CERTIFICATION:** I hereby certify that \_\_\_\_\_ was examined by me on \_\_\_\_\_ and was found physically fit to engage in all sports except \_\_\_\_\_ for a period of one year from the date of my signature.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Attachments: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Date Signed

#### PARENT CONSENT:

\_\_\_\_\_ has my consent to compete in all athletics at V.C.S. I also give permission for him/her to travel by bus or car to and from any V.C.S. athletic game or practice. I further understand it is my responsibility to make arrangements for getting my student home from the school campus. In the event of an emergency or accident, I hereby authorize a representative of the school to make such arrangements as he considers necessary for my child to receive medical or hospital care, including necessary transportation (i.e. ambulance). Under such circumstances, I authorize such care and treatment to be performed by any physician or surgeon.

Insurance Name and I. D. Number: \_\_\_\_\_

If unable to reach parent, please call:

1. \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

2. \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

Home: \_\_\_\_\_ Work: \_\_\_\_\_

**THIS FORM IS REQUIRED BEFORE PARTICIPATION IN ANY EXTRA-CURRICULAR SPORT!**