



# Stingrays

## Middle School Athletics Handbook

Athletic Director: Lora Spurlock

# TWIN LAKES CHRISTIAN SCHOOL ATHLETIC HANDBOOK

## 1. INTRODUCTION AND PHILOSOPHY

The mission of Twin Lakes Christian School's Athletic Department is to produce positive student-athletes who honor God and each other by exemplifying character and integrity on and off the field of play.

We strive to provide a safe environment for our student-athletes to maximize their God-given abilities in a competitive setting while learning important lessons in teamwork, cooperation, dedication, discipline, sportsmanship, integrity and proper work ethic.

## 2. PARENT AND SPECTATOR EXPECTATIONS

We value your support and you play an essential role in the overall experience of your student in our athletics program. Here are some expectations of you that will contribute to your student's success:

- Be positive and supportive without adding undue pressure or unrealistic expectations
- Be objective in regard to your player's skill level and role on the team
- Express support for the coach's judgment whether or not you fully agree. This will help your child do the same. Remember that all players, no matter how capable, can learn from correction or redirection by a coach
- Be flexible. Despite careful planning, schedule changes sometimes need to be made
- Build up and speak well of other team members
- If you have questions or concerns, express it to the appropriate person (ie: coach, athletic director) in a constructive way at an appropriate time
- Be supportive and positive towards opponents, opposing fans and officials – **NO booing, jeering, cursing, mocking, taunting or negative comments to officials, coaches, athletes and others.** A game official or the Athletic Director has the authority to remove a person from a game for unsportsmanlike behavior

## 3. STUDENT-ATHLETE EXPECTATIONS

**It is our goal to glorify God by winning with honor and losing with grace.** Once you join a team here at TLCS, you are a representative of our school and, ultimately, of Christ. You are called to be good representatives of God and let your light shine before men (Matthew 5:16). Other schools and people from the community will evaluate our school based on your

conduct and attitudes on and off the field of play. You are expected to work hard to set a good example. You are expected to show respect at all times to fellow team members, coaches, opponents and officials (even if you disagree with a call).

#### **4. ATTENDANCE**

When an athlete joins a team, a commitment to attend the entire season of practices and games is made by the athlete as well as the parents/guardians. If an athlete has to miss a practice or a game, the coach should be consulted as soon as possible. Missing a practice may result in some team-specific consequences (ie: playing time).

#### **5. ELIGIBILITY**

A student must have a minimum GPA of 2.5 and no F's in any current class. Grade checks will be done on Monday morning and eligibility will be determined at that time for the week.

Students participating in athletics are required to be in attendance at school the full day the game is to take place. Excessive tardiness will also result in ineligibility. Reasonable time for doctor or dental appointments is an exception.

#### **6. PLAYING TIME**

Athletes who make a team will not necessarily see equal playing time. No amount of participation time is guaranteed to any athlete. Playing time depends on skill, experience, attitude of the athlete and philosophy of the coach. We aim for students to see playing time at every game under normal conditions. The amount of time will not necessarily be equal.

#### **7. CONFLICT RESOLUTION**

If a conflict or concern arises between an athlete or parent and a coach, the first step is for the athlete/parent to discuss the situation with the coach. If no resolution is reached, the next step is a meeting with the AD and coach, and then, if necessary, a meeting with the principal.

Parents should NOT try to address a concern with a coach immediately after a game. The parent should instead schedule an appointment for a suitable time. If an athlete has a concern, it is the responsibility of the athlete, not the parents, to address the issue with the coach.

Remember that the coach is the designated person in charge of the team. Parents may not understand or agree with all of the coach's philosophies or decisions, but are asked to be willing, despite disagreement, to give the benefit of the doubt and show support.

## **8. FUNDING**

The athletic department at TLCS is NOT funded through tuition. There is a \$80 fee per sport. This helps pay for coaches, officials and site rental fees.

## **9. SPORTS OFFERED**

### FALL SPORTS

- Co-ed Flag Football
- Girls Basketball
- Co-ed Cross Country

### WINTER SPORTS

- Boys Basketball
- Girls Lacrosse
- Co-ed Soccer
- Girls Volleyball

### SPRING SPORTS

- Co-ed Ultimate Frisbee
- Boys Volleyball
- Co-ed Track & Field



## Athletic Handbook Agreement Form

**Prior to a student's participation in athletics at Twin Lakes Christian School, the STUDENT and PARENT(S)/GUARDIAN(S) must review the Athletic Handbook. This form must be signed and returned to the school office before the student may participate in any athletic contest for the school year.**

By signing below, we acknowledge that we have read and agree to adhere to the Twin Lakes Christian School Athletic Handbook. Furthermore, we acknowledge that the failure to abide by the Twin Lakes Christian School Athletic Handbook could result in the student's participation in athletics being limited or forfeited, as well as the loss of the parent(s) privilege to attend athletic events.

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Student Name	Student Signature	Date
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Parent Name	Parent Signature	Date
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Parent Name	Parent Signature	Dat
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**Twin Lakes Christian School Athletic Participation Permission Form**  
**AUTHORIZATION FOR TREATMENT OF A MINOR**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

**MEDICAL WAIVER/RELEASE:** My child has permission to participate in competitive athletics at Twin Lakes Christian School. If, in the opinion of a licensed physician, my child needs medical or surgical services, I hereby authorize Twin Lakes Christian School and its staff to act as my agent to furnish on my behalf oral or written authorization as may be required, and release Twin Lakes Christian School from any and all liability which might arise from giving such authorization.

Print Name of Parent \_\_\_\_\_

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

**EMERGENCY INFORMATION**

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

In case parents cannot be contacted, please provide alternative contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONDITIONS AND MEDICATIONS**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance Company \_\_\_\_\_

Subscriber \_\_\_\_\_ Policy # \_\_\_\_\_