

**SUMMER READING FOR STUDENTS ENTERING**  
**FIFTH GRADE**

We are excited that you will be coming to Westminster in the fall. Students are required to complete a summer reading assignment, and you will find the information below. Reading can take you to new worlds. We hope you discover wonderful places this summer.

This summer, you are to read a total of 3 books:

Required Novel: *Caddie Woodlawn* by Carolyn Ryrie Brink

One novel from the Selection Novel List

One novel of your choice, any book you want to read (per your parents' approval).

1. On the first day of school (Wednesday August 13), you will turn in your answers to the questions about the novel of your choice. The questions are attached. Responses must be **handwritten**. The assignment can be turned in the first day of school or dropped off in the main office during the summer.
2. On the first Friday (August 15) of school, you will write a summary **in class** of the novel you read from the Selection Novel list. The Selection Novel List is attached.
3. On the first Monday (August 18) of school, you will have a comprehension test on the required reading. You will be tested on the plot of the novel and on your understanding of the events in the novel. If you read the required book early in the summer, you will want to review before the test. You do **not** need a copy of the novel on test day.

Late Registering Students:

\*\*Students registering by June 30 should complete the full summer reading requirement.

\*\*Students registering by July 15 should complete the required novel and a 2<sup>nd</sup> book.

\*\*Students registering by Aug. 5 should complete the required novel only.

\*\*Students registering after Aug. 5<sup>th</sup> can schedule with the teacher an appropriate due date to make up the test on the required reading.

## Selection Novel List

Read one book from this list.

<i>Borrowers, The</i>	Norton, Mary
<i>Charlie and the Chocolate Factory</i>	Dahl, Roal
<i>Ginger Pye</i>	Estes, Elanor
<i>Hardy Boys series *</i>	Dixon, Franklin
<i>Heidi</i>	Spyri, Johanna
<i>Holes</i>	Sachar, Louis
<i>Homer Price</i>	McCloskey, Robert
<i>Indian in the Cupboard, The*</i>	Banks, Lynne Reid
<i>Julie of the Wolves</i>	George, Jean Craighead
<i>Little Princess, A</i>	Burnett, Francis
<i>Little Town on the Prairie *</i>	Wilder, Laura Ingles
<i>Mr. Popper's Penguins</i>	Atwater, Richard
<i>Mrs. Frisby and the Rats of NIMH</i>	O'Brien, Robert C.
<i>My Side of the Mountain*</i>	George, Jean Craighead
<i>Nancy Drew series *</i>	Keene, Carolyn
<i>Narnia Series*</i>	Lewis, C. S.
<i>Redwall Series*</i>	Jacques, Brian
<i>The Secret Garden</i>	Burnett, Francis
<i>Shiloh</i>	Naylor, Phyllis Reynolds

**\*Any one title from this series is acceptable**

## Novel of Your Choice

Answer the following questions. Be sure to answer in **complete sentences** using correct punctuation.

Book Title \_\_\_\_\_

Author \_\_\_\_\_

Describe the setting of the story.

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List the main characters and give a brief description of each one.

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Write a short summary about the story.

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Explain how the story ends (the conclusion).

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Did you like the book? Tell why or why not.

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This book was... Circle one.

easy to read

just right to read

a little difficult

too hard

**SCHOOL SUPPLY LIST 2014-2015**  
**FIFTH GRADE**

\* Please make sure everything is clearly labelled with your student's name.

I have found that students have greater success when they are organized. I encourage each student to use one "Tool Kit" for all of his/her supplies. The following materials are highly recommended for the "Tool Kit".

- A zippered notebook with 2-3 inch rings
- 2 packs of notebook paper (1 pack to keep in binder and 1 pack to keep in cubby for restocking)
- 1 dry erase marker (not yellow)
- 8 subject dividers for the notebook
- 1 box of #2 pencils to be kept in cubby
- 2 composition notebooks (not spiral bound, 100 sheets/200 pages/wide ruled)
- Markers
- Colored pencils
- Scissors
- 4 large glue sticks
- \$6.00 for agenda (same one used in middle school)
- 4 pack of play-doh (including green)

**Additional items for the classroom:**

- 1 roll of paper towels
- 1 box of tissues
- 1 box of plastic spoons OR forks
- 1 pack of paper OR plastic cups
- 1 pack of paper plates (not Styrofoam)
- 1 container of Clorox wipes

**For Art Class:**

- White poster board
- 3-brad pocket folder with 25 sheets of notebook paper loaded inside.



**FAMILY CONTACT AND STUDENT MEDICAL/EMERGENCY FORM**  
**& UNIVERSAL FIELD TRIP PERMISSION SLIP**

This form only needs to be filled out one time, per family. It will serve as the Family Contact Form, and each student's Medical/Emergency Form and Field Trip Permission slip for the 2014-2015 school year.

**Student One:** Name \_\_\_\_\_ Name Preferred \_\_\_\_\_  
**Student Two:** Name \_\_\_\_\_ Name Preferred \_\_\_\_\_  
**Student Three:** Name \_\_\_\_\_ Name Preferred \_\_\_\_\_  
**Student Four:** Name \_\_\_\_\_ Name Preferred \_\_\_\_\_  
**Student Five:** Name \_\_\_\_\_ Name Preferred \_\_\_\_\_

Primary Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext. \_\_\_\_\_

Does the student reside with the mother?  Yes  \*No (If the answer is NO, please provide alternate mailing address below)

Father's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext. \_\_\_\_\_

Does the student reside with the father?  Yes  \*No (If the answer is NO, please provide alternate mailing address below)

\*Alternate Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The primary method of communication to parents from the school is through email. Westminster's school-wide email list is used to provide parents with news about the school and its community including, but not limited to, a \*weekly announcement delivered each Wednesday, prayer requests, messages from the headmaster, school alerts such as school closings due to inclement weather, and more. In an effort to monitor and respect the amount of school-wide emails parents receive, this email list is only accessible by a few school employees. ***\*It is important that at least one parent from each household receives the weekly announcements, which contains important information about upcoming events, due dates, and reminders.***

Please select the following options to help direct WCA in communicating with you throughout the 2014-2015 school year.

- Please include both parents' email addresses on the school-wide email list
- Please only include the mother's email address on the school-wide email list
- Please only include the father's email address on the school-wide email list
- In addition to the above indicated email addresses, please also add the following to the school-wide email list
 

Name _____	Relationship _____	Email _____
Name _____	Relationship _____	Email _____

**EMERGENCY CONTACT INFORMATION**

Please provide an emergency contact person, in the event the parent is unavailable.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL/HEALTH INFORMATION**

In case of an emergency, Westminster Christian Academy has my permission to seek medical attention for my child including the time my child is participating in a WCA field trip.

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

Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_ Member #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

**Student One:** Full Name \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_

Does your child have any unusual health conditions? NO \_\_\_\_ YES \_\_\_\_ If yes, please indicate:

Asthma \_\_\_\_ Seizures \_\_\_\_ Diabetes \_\_\_\_ Other \_\_\_\_\_

Bee Sting Allergy: Mild \_\_\_\_ Severe \_\_\_\_ Never been stung \_\_\_\_

Special instructions/health concerns/information of which we should be aware:

Medications taken on a regular basis: \_\_\_\_\_

**Student Two:** Full Name \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_

Does your child have any unusual health conditions? NO \_\_\_\_ YES \_\_\_\_ If yes, please indicate:

Asthma \_\_\_\_ Seizures \_\_\_\_ Diabetes \_\_\_\_ Other \_\_\_\_\_

Bee Sting Allergy: Mild \_\_\_\_ Severe \_\_\_\_ Never been stung \_\_\_\_

Special instructions/health concerns/information of which we should be aware:

Medications taken on a regular basis: \_\_\_\_\_

**Student Three:** Full Name \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_

Does your child have any unusual health conditions? NO \_\_\_\_ YES \_\_\_\_ If yes, please indicate:

Asthma \_\_\_\_ Seizures \_\_\_\_ Diabetes \_\_\_\_ Other \_\_\_\_\_

Bee Sting Allergy: Mild \_\_\_\_ Severe \_\_\_\_ Never been stung \_\_\_\_

Special instructions/health concerns/information of which we should be aware:

Medications taken on a regular basis: \_\_\_\_\_

**Student Four:** Full Name \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_

Does your child have any unusual health conditions? NO \_\_\_\_ YES \_\_\_\_ If yes, please indicate:

Asthma \_\_\_\_ Seizures \_\_\_\_ Diabetes \_\_\_\_ Other \_\_\_\_\_

Bee Sting Allergy: Mild \_\_\_\_ Severe \_\_\_\_ Never been stung \_\_\_\_

Special instructions/health concerns/information of which we should be aware:

Medications taken on a regular basis: \_\_\_\_\_

**Student Five:** Full Name \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_

Does your child have any unusual health conditions? NO \_\_\_\_ YES \_\_\_\_ If yes, please indicate:

Asthma \_\_\_\_ Seizures \_\_\_\_ Diabetes \_\_\_\_ Other \_\_\_\_\_

Bee Sting Allergy: Mild \_\_\_\_ Severe \_\_\_\_ Never been stung \_\_\_\_

Special instructions/health concerns/information of which we should be aware:

Medications taken on a regular basis: \_\_\_\_\_





## UNIVERSAL FIELD TRIP PERMISSION SLIP

This permission slip will be used for day field trips for the 2013-14 school year. Once this form has been completed, it will not be necessary to turn in another form, with the exception of overnight trips.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### EMERGENCY INFORMATION:

Father's cell #: \_\_\_\_\_ Mother's cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

I understand Westminster Christian Academy or any driver(s) for WCA cannot be held liable in any way should an accident occur.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Students are required to wear their WCA uniforms on all field trips unless otherwise noted.**

\*All children under the age of 8 are required by law to have a car seat or booster seat when riding in a vehicle. \*

**VOLUNTEER DRIVER/CHAPERONE**  
**APPLICATION FORM 2014-2015**

Complete this form if you wish to chaperone and/or drive for any Westminster field trip or sporting event.  
(*Non-driving chaperones should complete this form so that if while on a trip the need arises for a change of drivers, all accompanying adults will have been approved.*)

A new application form must be completed each year and submitted with a copy of your current driver's license and current vehicle insurance card. (*Volunteer drivers are required to have liability insurance.*)

Completed applications must be submitted to the school office **NO LATER THAN Friday, August 22, 2014.**

**SECTION I - VOLUNTEER DRIVER INFORMATION**

Name: \_\_\_\_\_ Driver's License Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Have you been in an accident in the last three years? *If you answered YES, please describe the accident and its cause on another sheet of paper and attach it to this form.*

\_\_\_ Yes \_\_\_ No Have you been ticketed for moving violations within the last three years? *If you answered YES, please describe the infractions on another sheet of paper and attach it to this form.*

\_\_\_ Yes \_\_\_ No Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or drinking while under suspension or revocation? *If you answered YES, please describe the time frame and the circumstances of the infractions on another sheet of paper and attach it to this form.*

Yes \_\_\_ No \_\_\_ Are you licensed to drive a commercial vehicle (such as a school bus)?

**SECTION II - REQUIREMENTS FOR VOLUNTEER DRIVERS**

I certify that for the 2014-2015 school year:

- I possess a valid Georgia driver's license. PLEASE ATTACH A COPY OF YOUR LICENSE AND CURRENT VEHICLE INSURANCE CARD. UPDATE THESE AS THEY ARE RENEWED THROUGHOUT THE YEAR.
- I will maintain the minimum insurance coverage required by the school for volunteer vehicles and only volunteer to drive when such insurance policies and coverage are in force.
- I understand that in case of any type of accident, injury, or vehicle damage, the school's liability insurance policy does not provide primary or direct insurance on my vehicle. The school's insurance will take effect only after my personal auto insurance limits are exhausted. (Note: This is the only coverage that most non-profit organizations can provide because obtaining primary or direct coverage on the vehicles of volunteer drivers is cost prohibitive).

- I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage or termination of insurance.
- All students riding in my vehicle(s) will be seated and secured with individual working seat belts. (No double belting of children is permitted.) No student under age 13 may sit in the front seat of a vehicle with an airbag. As required by state law, I will have a child restraint seat, properly installed for each child age 4 or under.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).

**SECTION III - RESPONSIBILITIES FOR DRIVERS / CHAPERONES**

- As a driver, you are expected to obey all traffic laws, especially those governing speed limits. Documented incidences of speeding or unsafe driving will result in field trip driving / chaperoning privileges being rescinded.
- As a driver, you will refrain from the use of a mobile phone while operating a vehicle. If the need arises to use a mobile phone while transporting students please park your vehicle during the phone usage.
- Students must remain in the same vehicle for the entire trip. The teacher will make vehicle assignments. Be prepared to stay with and supervise students under your care at all times. Refer discipline problems to the teacher.
- Chaperones may elect to allow students to listen to personal stereos and use handheld electronics and game devices while on trips. Chaperones who allow this should be aware that music or games gratifying violence, irreverence, or sexually explicit material are not acceptable at all. Chaperones are expected to censor listening or game materials if necessary.
- Remember to exercise authority and proper guidance over the children you transport.
- Monitor conversations for appropriateness and redirect if necessary.
- Please call the school right away if you experience car trouble or become lost. If someone has been hurt or is ill, and the teacher is not readily available for consultation, please call the school for instructions.

**SECTION IV - DECLARATION AND SIGNATURE**

I have read this application form and will abide by the Requirements and Responsibilities as stated herein. I affirm that I will carefully transport students under my care, including obeying all traffic laws. I will notify the school personnel if I wish to be removed from the Approved Driver/Chaperone List. The information given on this form is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your license and current vehicle insurance card as well as an explanation for any “yes” answers to the questions on the front of this form. It is your responsibility to update these items as they change throughout the year.

Completed applications must be submitted to the school office **NO LATER THAN Friday, August 22, 2014.**

**SECTION V - WCA ADMINISTRATION APPROVAL**

\_\_\_\_\_ Approval \_\_\_\_\_ Disapproval for addition to the school’s Approved Driver / Chaperone List.

Administrator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2014-2015 Academic Calendar Overview

### July 2014

S	M	T	W	T	F	S
		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	31		

### January 2015

S	M	T	W	T	F	S
				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	31

5-Teacher Workday  
6-School Resumes  
19-MLK Day, No School

### August 2014

S	M	T	W	T	F	S
					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
31						

7-12 Pre-Planning  
13-First Day of School,  
Early Dismissal

### February 2015

S	M	T	W	T	F	S
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

13-Inservice, No School  
16-President's Day, No School

### September 2014

S	M	T	W	T	F	S
	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				

1-Labor Day, No School

### March 2015

S	M	T	W	T	F	S
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	31				

13-End of 3rd Qtr, No School

### October 2014

S	M	T	W	T	F	S
			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	31	

10 - End of First Quarter  
16 - Early Dismissal  
17 - Inservice, No School  
20 - Fall Break, No School

### April 2015

S	M	T	W	T	F	S
			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		

3 Good Friday - No School  
6-10-Spring Break - No School

### November 2014

S	M	T	W	T	F	S
						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						

25- Early Dismissal  
26-28, Thanksgiving Break

### May 2015

S	M	T	W	T	F	S
					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
31						

25- Memorial Day, No School  
29- Last Day of School, Early Dismissal, Graduation

### December 2014

S	M	T	W	T	F	S
	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	31			

19- Last Day of 2<sup>nd</sup> Qtr,  
Early Dismissal  
22-Jan 5, Christmas Break

### June 2015

S	M	T	W	T	F	S
	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				

1-3 Post-Planning

**2014-2015 AT-A-GLANCE CALENDAR**

**AUGUST**

- Aug. 7-12 ..... Pre-Planning
- Aug. 12 ..... Open House (*PK-5<sup>th</sup> 12-1:30; 6<sup>th</sup>-8<sup>th</sup> 1:30; 9<sup>th</sup>-12<sup>th</sup> 3:00*), Uniform Re-Sale
- Aug. 13 ..... First Day of School, Early Dismissal (*PK/K5 10:45; 1<sup>st</sup>-5<sup>th</sup> 11:00; 6<sup>th</sup>-12<sup>th</sup> 11:30*)
- Aug. 15 ..... New Parent Orientation (*4-5:00 p.m.*), Back-to-School Bash
- Aug. 19 ..... Lower School Orientation Night
- Aug. 25 ..... Upper School Orientation Night

**SEPTEMBER**

- Sept. 1 ..... No School, Labor Day Holiday
- Sept. 19 ..... Annual Talent Show
- Sept. 22-26 ..... Scholastic Book Fair

**OCTOBER**

- Oct. 8 ..... Blood Drive (sponsored by WCA's National Honor Society)
- Oct. 10 ..... End of 1st Quarter
- Oct. 16 ..... Early Dismissal (*11:30*), Parent/Teacher Conferences
- Oct. 17..... Inservice, No School
- Oct. 20 ..... No School, Fall Break
- Oct. 21 ..... Parent/Teacher Conferences (*Upper School 6:30p.m.*)

**NOVEMBER**

- Nov. 8 ..... Second Annual Lion's Gala & Silent Auction
- Nov. 21..... Homecoming (Alumni Weekend)
- Nov. 22..... Westminster 5K and Kids' Fun Run/ Alumni Awards Luncheon
- Nov. 25..... Grandparents' Day, Early Dismissal (*12:00 noon*)
- Nov. 26-30..... No School, Thanksgiving Break

**DECEMBER**

- Dec. 11 ..... Lower School Music Performance
- Dec. 13 ..... Winter Formal
- Dec. 16-19..... Upper School Exam Week
- Dec. 19 ..... End of 2<sup>nd</sup> Quarter and 1<sup>st</sup> Semester Early Dismissal (*PK/K5 10:45; 1<sup>st</sup>-5<sup>th</sup> 11:00; 6<sup>th</sup>-12<sup>th</sup> 11:30*)
- Dec. 22- Jan. 4... No School, Christmas Break

**JANUARY**

- Jan. 5..... No School for Students / Teacher Work Day
- Jan. 19..... No School, MLK, Jr. Holiday
- Jan. 22 ..... 2015-2016 Curriculum Preview Night and Open House

**FEBRUARY**

- Feb. 13 ..... No School for Students / Faculty In-service day
- Feb. 16 ..... No School, Presidents' Day Holiday
- Feb. 18 ..... Blood Drive (sponsored by WCA's National Honor Society)

**MARCH**

- March 7 ..... Father Daughter Dance
- March 13 ..... No School, End of 3rd Quarter
- March 26 ..... Night of Fine Arts and Silent Auction

**APRIL**

- April 3 ..... No School, Good Friday
- April 6-10 ..... No School, Spring Break
- April 20-23..... ERB Testing
- April 24..... Field Day (tentative)
- April 25..... Spring Formal

**MAY**

- May 14 ..... Lower School Music Performance
- May 18 ..... High School Honors Night
- May 19-26 ..... Senior Mission Trip to Jamaica
- May 25 ..... No School, Memorial Day
- May 26 ..... Middle School Honors Night
- May 26-29 ..... Upper School Exam Week
- May 28 ..... Baccalaureate
- May 29 ..... Last Day of School, Early Dismissal (*PK/K5 10:45; 1<sup>st</sup>-5<sup>th</sup> 11:00; 6<sup>th</sup>-12<sup>th</sup> 11:30*) Graduation

**JUNE**

- June 1-3..... Post-Planning

All clothing, unless specifically stated, will be purchased from one of our three vendors.

**Lower School Chapel Uniforms** are to be worn every Thursday for Chapel, and on any other specifically designated day.

<b>Boys:</b> Uniform <i>Khaki</i> pants or shorts with logoed <i>Navy</i> polo shirt or <i>White</i> logoed Oxford
<b>Girls:</b> Uniform <i>Khaki</i> skort with logoed <i>Navy</i> polo shirt or <i>White</i> logoed Oxford (not Peter Pan), or <i>Navy</i> Jumper with <i>White</i> Peter Pan blouse worn underneath jumper

## Lower School Universal Guidelines

- **All shirts will be tucked in – boys and girls, regardless of the style of the blouse/shirt.**
- **Short-sleeved undershirts must be white, and should show only at the neck.**
- **Long-sleeved undershirts worn under a short-sleeved shirt must be of the same color.**
- **No boots of any kind allowed for Lower School.**
- **Socks must be solid color with no logos or accent trims.**
- **Hair accessories must be in school colors.**
- **Outerwear may be worn indoors only if it has a WCA logo. Otherwise it is to be removed upon entering the building.**
- **WCA Lower School Hoodies may be worn outside, the hood needs to be removed once you are indoors, and it needs to be taken off entirely once you are in your classroom.**
- **“Spirit Wear Days” allow for wearing WCA Spirit Wear (see specifics on the Uniforms pages),**

<b>** BELTS</b>	Belts must be worn if there are belt loops. Colors: <i>Solid Black, Brown, Khaki, or Navy</i> Belt
<b>** Closed Toe SHOES</b>	Conservative School-Type Shoes – <i>Black, Brown, Tan, or Navy</i> Or Athletic Shoes — Predominately <i>White, Gray, Navy or Black</i> (minimal subdued accent colors acceptable) <b>Boots, Flip-flops, sandals, Crocs, and slide-on backless shoes are not allowed.</b>
<b>** Boys SOCKS</b>	<i>Solid Black, Khaki, Navy, or White</i> - Crew or sport length - NO logos
<b>** Girls SOCKS / TIGHTS</b>	<i>Solid Navy or White</i> (Selections are available at all three vendors)
<b>** LEGGINGS</b> NO Lace or other EMBELLISHMENTS	<i>Solid Navy or White</i> <b>Must reach to the ankle or be covered by socks.</b> (Selections are available at all three vendors)
<b>** PRIVACY SHORTS</b>	<i>Solid Navy</i> Bike or knit shorts - Required to be worn under jumper and dress (not to be worn alone) (Selections are available at all three vendors)
<b>** HAIR ACCESSORIES</b>	<b>Only Matching Plaid, Khaki, Burgundy, Navy, White, or Yellow</b> (Selections are available at all three vendors)
<b>** OTHER ACCESSORIES</b>	Hats and scarves should be removed when indoors, and no other decorative accessory is to be worn along with the uniform.

**\*\* ONLY THESE SPECIFIC ITEMS MAY BE PURCHASED FROM OTHER VENDORS**

## Helpful Hints and How to Order from our Vendors

In order to purchase the proper uniform items, you must shop with the vendors using the proper school ID.

- For Lands’ End, the school code is 900052127 (Lower School). Use this when logging in to Landsend.com.  
New at Landsend.com this year will be a parent portal that should make shopping online simpler.  
For your convenience, the first five digits of the Item Numbers are referenced in the Uniform Requirements.
- For Buckhead, the school code is #323, plaid color #61 (www.buckheaduniforms.com).
- For The Target Group (**not** Target Stores) go to [www.wcauniforms.com](http://www.wcauniforms.com) and select Lower School or Accessories.

If you are a new to WCA, don’t feel like you have to purchase a lot of different items right at the start. There are definite trends among the classes, so you may find that what has been purchased isn’t what your student will want to wear. The uniform re-sale shop is available for finding gently used uniforms that can get you by until you know what you want. Buckhead has a 20% sale in January, May, and June. Lands’ End often has \$0.01 logo sales, free shipping, and other discounts. Sign up on their website for sales offers they have throughout the year. Returns are free through Sears stores.

It is wise to label everything your child wears to school, especially jackets and sweaters.

All clothing, unless specifically stated, will be purchased from one of our three vendors.

## LOWER SCHOOL UNIFORMS : GIRLS (K-5<sup>th</sup> GRADES)

		<b>Lands' End</b>	<b>Buckhead</b>	<b>Target Group</b>
<b>SLACKS</b>	<i>Khaki or Navy</i>	Plain or Pleat front, Elastic Waist, Boot-cut (#40365, 40366, 40367, 40373, 40374)	Pleated or Fashion Fit Slacks	Flat Front Trouser or Flare Leg Pant
<b>CAPRIS</b>	<i>Khaki or Navy</i>	Crop Pants (#40367)	Capri Slacks	Straight Leg Capri
<b>SHORTS</b>	<i>Khaki or Navy</i> (Inseam must be at least 6")	Plain or Pleat Front (#40377, 40378) 	Pleated Shorts 	Flat Front or Pleated 
<b>SKORTS</b>  (Skirts are NOT allowed for K-5)	<i>Khaki or Navy</i> (Inseam must be at least 6")  No buckles or belt loops	Short or Long Chino Skort (#32007, 32008, 32013, 32019) 	WRAP Skort (Style #907) 	Chino Skort 
<b>KNIT SHIRT DRESS</b> with School Logo  (Must wear privacy shorts underneath)	LS/SS Navy Knit Shirt Dress  (No shorter than top of knee)	Mesh Polo Dress (#39366, 39367) 		
<b>JUMPERS</b> NO Logo on Jumper- WCA Initial Logo on collar of shirt (Peter Pan or turtleneck) worn underneath  (Must wear privacy shorts underneath)	<i>Plaid Jumper</i>  <i>Khaki or Navy Jumper</i>  (No shorter than top of knee)	Jumper (#06817) 	Style #194P - Color #61  Style #194PC, or Style #156P (Navy Polyester Princess) 	<i>Plaid High Neck Kick Pleat</i>  <i>High Neck Kick Pleat, or Navy Twill Jumper</i> 
<b>BLOUSES</b>	LS/SS Peter Pan with WCA Initial Logo on Collar  LS/SS or ¾ Sleeve Oxford Shirt with School Logo (above pocket, if appl.)	<i>White or Chamois Oxford, or White LS No Iron Pinpoint</i> (#31532, 39368, 41476, 41477)	Peter Pan Blouse (NO trim) ( <b>White ONLY</b> )  <i>White ¾ Sleeve Fitted Oxford Cloth Blouse, or White LS/SS Oxford</i>	SS Peter Pan ( <b>White ONLY</b> )  <i>White or Yellow LS Button Down Oxford</i>
<b>CROSSTIE</b> (Optional)	To be worn with Peter Pan blouse or oxford		#61 <i>Plaid or Navy</i> Crosstie	Crosstie w/ adjustable strap
<b>POLO SHIRTS</b> with School Logo	LS/SS Unisex or Feminine/Fashion/Fitted	Interlock or Mesh - <i>Burgundy, Maize, Classic Navy, White</i> (#05135, 05136, 05137, 05142, 05143, 05146, 23094, 23095)	<i>Burgundy (Cardinal), Corn, Navy, or White</i> (ONLY sewn-on Logos, not iron on)	<i>White, Navy, Burgundy, Light Yellow</i>
<b>TURTLENECKS</b> with WCA Initial Logo on Collar	<i>Navy or White</i>	Turtleneck (unisex) (#40725)	Turtlenecks (unisex)	Youth Turtleneck Interlock Knit
<b>SWEATERS</b> with School logo (can be worn indoors)	NO HOODS - <i>Navy, Burgundy (Cardinal), White, Maize</i> (LE only)	Drifter Crew, V-neck, Vest, Button-front, or Zip-front, or Fine Gauge Cotton Cardigan (#09280, 22300, 22301, 22302, 31528, 31529, 41475, 41476)	Any Style NOT HOODED	Crew Neck Cardigan ( <i>White Navy, Burgundy</i> ) or Sweater Vest ( <i>Navy, Burgundy</i> )
<b>OUTERWEAR</b> with School logo (can be worn indoors)	NO HOODS - <i>Navy or Burgundy</i>	Microfleece Half-zip Pullover, Kids' Fleece Jacket or Vest, or Down Vest (#18872, 18873, 31536, 32002)	½ or Full Zip Fleece Jacket or Vest, or Nylon (Survivor) Jacket	¼ Zip, Full Zip or Vest Fleece, Girls' Microfleece, or Challenger Jacket
<b>SPIRIT WEAR</b>	<i>Navy, Burgundy, White, Yellow</i>	Designated days throughout the year will be deemed "Spirit Wear Day". These are the only days on which spirit wear can be worn to school. Spirit Wear is defined as any shirt <i>in school colors</i> that has "Westminster" or a WCA lion on it. Field Day and 5K shirts that are <i>not</i> school colors are <i>not</i> allowed. WCA Hoodies are OK. Standard Uniform bottoms are to be worn with the spirit wear shirt.		
<i>Requirements for belts, shoes, socks, leggings, tights, and accessories can be found on the Universal Guidelines page.</i>				
<i>Requirements for the Chapel Uniform can be found on the Universal Guidelines page.</i>				



All clothing, unless specifically stated, will be purchased from one of our three vendors.

## **LOWER SCHOOL UNIFORMS : BOYS (K-5<sup>th</sup> GRADES)**

		<b>Lands' End</b>	<b>Buckhead</b>	<b>Target Group</b>
<b>SLACKS</b>	<i>Khaki or Navy</i>	Plain or Pleat front, or Elastic Waist (#23106, 40384, 40385)	Pleated or Flat Front Slacks	Flat Front, Pleated, Adjustable Waist
<b>SHORTS</b>	<i>Khaki or Navy</i>	Plain or Pleat Front (#23115, 23116)	Pleated, Flat Front, or Long Shorts	Flat Front, Pleated, Adjustable Waist
<b>OXFORDS with School Logo (above pocket)</b>	LS/SS Oxford Shirt	<i>White or Chamois</i> LS/SS Oxford, or <i>White</i> LS/SS No Iron Pinpoint (#21930, 21931, 21932, 31535)	<i>White</i> LS/SS Oxford	<i>White</i> SS Button Down Oxford
<b>POLO SHIRTS with School Logo</b>	LS/SS Unisex	Interlock or Mesh - <i>Burgundy, Maize, Classic Navy, White</i> (#05135, 05136, 05137, 05140, 05143, 05146)	<i>Burgundy (Cardinal), Corn, Navy, or White</i> (ONLY sewn-on Logos, not iron on)	<i>White, Navy, Burgundy, Light Yellow</i>
<b>TURTLENECKS with WCA Initial Logo on Collar</b>	<i>Navy or White</i>	Turtleneck (unisex) (#40725)	Turtlenecks (unisex)	Youth Turtleneck Interlock Knit
<b>SWEATERS with School logo (can be worn indoors)</b>	NO HOODS - <i>Navy, Burgundy (Cardinal), White, Maize</i> (LE only)	Drifter Crew, V-neck, Vest, Button-front, or Zip-front, or Fine Gauge Cotton Cardigan (#22300, 22301, 22302, 31528, 31529, 41474, 41475)	Any Style NOT HOODED	V-neck Cardigan ( <i>White, Navy, Burgundy</i> ) or Sweater Vest ( <i>Navy, Burgundy</i> )
<b>OUTERWEAR with School logo (can be worn indoors)</b>	NO HOODS - <i>Navy or Burgundy</i>	Microfleece Half-zip Pullover, Kids' Fleece Jacket or Vest, or Down Vest (#18872, 18873, 31536, 32002)	½ or Full Zip Fleece Jacket or Vest, or Nylon (Survivor) Jacket	¼ Zip, Full Zip, or Vest Fleece, or Challenger Jacket
<b>SPIRIT WEAR</b>	<i>Navy, Burgundy, White, Yellow</i>	Designated days throughout the year will be deemed "Spirit Wear Day". These are the only days on which spirit wear can be worn to school. Spirit Wear is defined as any shirt <i>in school colors</i> that has " <b>Westminster</b> " or a <b>WCA lion</b> on it. Field Day and 5K shirts that are <i>not</i> school colors are <i>not</i> allowed. WCA Hoodies are OK. Standard Uniform bottoms are to be worn with the spirit wear shirt.		
Requirements for <i>belts, shoes, and socks</i> can be found on the <b>Universal Guidelines page</b> .				
Requirements for the <b>Chapel Uniform</b> can be found on the <b>Universal Guidelines page</b> .				





## 2014/2015 PARENT PARTICIPATION IN WESTMINSTER ATHLETICS

Westminster athletics is excited about the sports opportunities for students in 2014-2015. We offer the following programs: volleyball, cross country, basketball, baseball, soccer and swimming. Middle School sports are open to 5th – 8th graders and varsity sports are open to 8th – 12th graders.

**Westminster athletics depends on parental involvement.** When your child joins a team, in essence, you also join that team. Because the athletic department is self-funded (none of your tuition dollars go toward athletics), we depend on our athletic fees, admissions and concessions to raise the needed funds for uniforms, supplies, officials, etc. This means that **ALL** of our parents are needed to help make this happen. So, as you consider with your child the sport(s) to be involved in, consider also what your involvement will include.

**For EACH SPORT YOUR CHILD PARTICIPATES IN, A PARENT WILL BE REQUIRED TO SERVE A MINIMUM OF TWO TIMES** in either concessions or admissions for that sport. If you have more than one child in the same sport, you would serve a minimum of two times the number of children playing.

When you receive the schedule with your assigned duties, know that it is acceptable to swap times with someone else. However, you should **NOT** call or e-mail and leave word that a particular time won't work for you. **YOU ARE RESPONSIBLE FOR YOUR TIME SLOT OR FOR FINDING SOMEONE ELSE TO TAKE IT FOR YOU.** If someone other than you has to find a replacement (or fill in at the last minute), your school TADS account will be charged \$25. This money will be used to pay a replacement for the time you were scheduled.

We look forward to having both you and your child involved at WCA. It's a great place to make friends and enjoy being part of a team. Thank you for your continued involvement in Westminster athletics.

I acknowledge and will adhere to Westminster's Athletic Parent Involvement Policy:

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

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

Student's Name: \_\_\_\_\_

# Preparticipation Physical Evaluation

# HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_

**In case of emergency, contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

**Explain "Yes" answers below.  
Circle questions you don't know the answers to.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply):                                    |                          |                          |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart murmur  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart infection   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)                | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |           |       |            |               |            |
|--|--------------------------|--------------------------|-----------|-------|------------|---------------|------------|
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:          | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| Head   | Neck                     | Shoulder                 | Upper Arm | Elbow | Forearm    | Hand/ Fingers | Chest      |
| Upper Back   | Lower Back               | Hip                      | Thigh     | Knee  | Calf/ Shin | Ankle         | Foot/ Toes |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 42. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

**FEMALES ONLY**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 47. Have you ever had a menstrual period?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? _____ |                          |                          |
| 49. How many periods have you had in the last 12 months? _____       |                          |                          |

**Explain "Yes" answers here:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Preparticipation Physical Evaluation

## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_ / \_\_\_\_ (\_\_\_\_ / \_\_\_\_, \_\_\_\_ / \_\_\_\_)

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# Preparticipation Physical Evaluation

**CLEARANCE FORM**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not Cleared for  All sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

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# Preparticipation Physical Evaluation

**CLEARANCE FORM**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not Cleared for  All sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

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# WCA Summer Practices & Workouts ~ June 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 Indoor Soccer 1-3p	4 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	5 Indoor Soccer 1-3p	6 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	7
8	9 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	10 Indoor Soccer 1-3p XCTRY Track Workout 6:30p	11 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	12 Indoor Soccer 1-3p XCTRY Tempo Run 6:30p	13 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	14
15	16 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	17 Indoor Soccer 1-3p XCTRY Track Workout 6:30p	18 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	19 Indoor Soccer 1-3p XCTRY Tempo Run 6:30p	20 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	21
22	23 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	24 Indoor Soccer 1-3p XCTRY Track Workout 6:30p	25 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	26 Indoor Soccer 1-3p XCTRY Tempo Run 6:30p	27 Workouts 9-10:30a Basketball Open Gym 10:30a-12p	28
29	30 Workouts 9-10:30a Basketball Open Gym 10:30a-12p					

# WCA Summer Workouts and Practices ~ July 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 Workouts 9-10:30a	3	4	5
6	7 Workouts 9-10:30a Volleyball Open Gym 10:30a-12p Basketball Practice 3-5p	8 XCTRY Track Workout 6:30p Indoor Soccer 1-3p	9 Workouts 9-10:30a Volleyball Open Gym 10:30a-12p	10 XCTRY Tempo Run 6:30p Indoor Soccer 1-3p	11 Workouts 9-10:30a	12
13	14 Workouts 9-10:30a Volleyball Open Gym 10:30a-12p Basketball Practice 3-5p	15 XCTRY Track Workout 6:30p Indoor Soccer 1-3p	16 Workouts 9-10:30a Volleyball Open Gym 10:30a-12p	17 XCTRY Tempo Run 6:30p Indoor Soccer 1-3p	18 Workouts 9-10:30a	19
20	21 Workouts 9-10:30a Volleyball FCA Camp @ Covenant	22 XCTRY Track Workout 6:30p Volleyball FCA Camp @ Covenant Indoor Soccer 1-3p	23 Workouts 9-10:30a Volleyball FCA Camp @ Covenant	24 XCTRY Tempo Run 6:30p Indoor Soccer 1-3p	25 Workouts 9-10:30a	26
27	28 Workouts 9-10:30a Volleyball Open Gym 10:30a-12p Basketball Practice 3-5p	29 XCTRY Track Workout 6:30p Indoor Soccer 1-3p	30 Workouts 9-10:30a Volleyball Open Gym 10:30a-12p	31 XCTRY Tempo Run 6:30p Indoor Soccer 1-3p	8/1 Workouts 9-10:30a	

# WCA Summer Workouts & Practices ~ August 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Workouts 910:30a	2
3	4	5 XCTRY Track Workout 6:30p	6 Volleyball Preseason Practice 9a-12p	7 Volleyball Preseason Practice 9a-12p XCRTY Tempo Run 6:30p	8 Volleyball Preseason Practice 9a-12p	9
10	11 Volleyball Preseason Practice 9a-12p	12 Volleyball Preseason Practice 9a-12p XCTRY Track Workout 6:30p	13 First Day Of School	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



## 2014 CROSS COUNTRY SCHEDULE

### **SUMMER PRACTICES:**

**Track Workouts** – 6:30pm at the UGA Track  
6/10, 6/17, 6/24, 7/8, 7/15, 7/22, 7/29, 8/5, 8/12

**Tempo Run** – 6:30pm at the Botanical Gardens  
6/12, 6/19, 6/26, 7/10, 7/17, 7/24, 7/31, 8/7

### **REGULAR SEASON**

**First Day of Regular Season Practice** – Thursday, 8/14

#### **Tentative Meet Schedule:**

8/16- GICAA Invitational, Hampton

8/23- Providence Christian, Oxford

9/5- Konos, Fayetteville

9/13- CFCA, Macon

9/20- Praise, Villa Rica

9/27- HOME MEET

10/4- Providence, Oxford

10/11- JV Championship Meet, Oxford

10/18- Varsity Regionals, TBD

10/25- Team 5k

11/1- State Championship, Macon





Dear Westminster Family,

Coach Holloway and I are so geared up for the 2014 WCA volleyball season! We have already heard the excitement brewing in parents and players alike, and we would like to invite all middle and high school ladies to check out our summer plans.

If your daughter is interested in playing volleyball this fall, please email the following information to me (Coach Alexa) at [alexschulman916@gmail.com](mailto:alexschulman916@gmail.com):

- o Player name, age, and grade (email address and cell number if applicable)
- o Parent (primary contact) name, cell number, and email address
- o FCA Summer Camp Commitment (if applicable)
- o Middle School Summer Camp interest (if applicable)

**Please see the WCA Summer Schedule and check out these important notes!**

#### **FCA Summer Camp** (*8th graders and up*)

Our JV and Varsity teams will travel to Chattanooga July 21 – 23 to attend camp. Last year was an incredible experience for our team, and we want to see as many girls at camp as possible.

Cost is \$160 per player, but our generous friends at Athens FCA is helping us attend FCA camp on a partial scholarship. We will also hold a car wash in July (date TBD) to minimize camp costs. **Please DO NOT let cost be a hindrance in participation.**

Please note in your email if your daughter is interested in attending camp. This response is to gather feedback about player interest and is **not a final commitment**.

#### **Summer Workouts**

Coach Donatelli and Coach Payne will hold summer workouts at WCA Monday, Wednesday and Friday from 9am to 10:30am throughout the months of June and July. **I greatly encourage your daughters to attend as many workouts as possible.** It will be very important at the beginning of the season that their bodies be prepared for our rigorous practices!

#### **Middle School Summer Plans**

Although a Middle School coach has not yet been chosen, we would like to invite Middle School players to attend V/JV Preseason Practices between 11am and noon for a specific time of training with the older girls. (See summer schedule for these dates). If your middle school daughter is interested in local volleyball camps to attend this summer, please include that in your email.

Thank you,

Alexa Schulman

*Westminster Christian Academy*

*Varsity Volleyball Coach*

[alexschulman916@gmail.com](mailto:alexschulman916@gmail.com)

407-271-9545

## WCA VOLLEYBALL SUMMER SCHEDULE

**JULY 2014**

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
6	7 <b>Open Gym 10:30am - 12</b>	8	9 <b>Open Gym 10:30am - 12</b>	10	11	12
13	14 <b>Open Gym 10:30am - 12</b>	15	16 <b>Open Gym 10:30am - 12</b>	17	18	19
20	21 <b><u>FCA</u></b>	22 <b><u>CAMP</u></b>	23 <b><u>@ Covenant</u></b>	24	25	26
27	28 <b>Open Gym 10:30am - 12</b>	29	30 <b>Open Gym 10:30am - 12</b>	31		

**AUGUST 2014**

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					1	2
3	4	5	6 <b>Preseason Practice 9am-12</b>	7 <b>Preseason Practice 9am-12</b>	8 <b>Preseason Practice 9am-12</b>	9
10	11 <b>Preseason Practice 9am-12</b>	12 <b>Preseason Practice 9am-12</b>	13 First Day of School <i>See Regular Schedule</i>	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



**2014-2015 ATHLETIC PASS FORM**

Thank you for supporting the Lions by purchasing an annual athletic pass! Your athletic pass is good at all **regular season** home games for every sport throughout the entire school year. *(Please note that state playoffs played at our school are not included with this pass.)*

Westminster's athletic programs include baseball, basketball, cross country, soccer, swimming, and volleyball.

Please fill out the information below and return to the Athletic Office and TADS account will be billed for the cost of your Athletic Pass.

Thank you for your support. We look forward to seeing you in the stands cheering our Lions on to victory!

**2014-2015 Athletic Pass**

Family Name \_\_\_\_\_ Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Please circle the Pass(es) you would like to purchase for the 2014-2015 Athletic season.

- Single \$ 125.00
- Family \$ 175.00
- Grandparents (2) \$ 125.00
- Grandparent (1) \$ 75.00
- Alumni Family \$ 125.00

Please bill my TADS account for the above indicated Athletic Pass(es) totaling \$ \_\_\_\_\_.

**2014-2015 ATHLETIC FEES**

2014-2015 General Athletic Fee for Middle School and High School Students: *\$175 (per athlete)*

In addition to the General Athletic Fee, participation fees for each sport are as follows:

	MS	HS
• Participation fee per athlete for baseball:	-----	\$175
• Participation fee per athlete for basketball:	\$125	\$150
• Participation fee per athlete for cross country:	\$125	\$125
• Participation fee per athlete for swimming:	\$125	\$150
• Participation fee per athlete for volleyball:	\$115	\$135
• Participation fee per athlete for soccer:	\$115	\$135

The General Athletic Fee of \$175 includes supplemental insurance for your child and will cover injuries for every sport they play this school year. This fee will be due, along with the **participation fee** for the **first** sport your child plays. You may also choose to pay the General Athletic Fee and all participation fees at the beginning of the school year, if you wish. **Fees must be paid before a student will be issued a uniform and are non-refundable and non-transferable. If your fees are not paid before the first game of the season your TADS account will be billed.**

Please complete the following form and return it to the athletic office. Your TADS account will be billed for all Athletic Payments.

**2014-2015 ATHLETIC FEES  
STUDENT ATHLETE FORM**

(Please complete one form per athlete)

Athlete's Name \_\_\_\_\_ Name Preferred \_\_\_\_\_ Grade \_\_\_\_\_

Parents' Names \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please list the sport(s) for which you are paying at this time:

	Sport Participation Fee
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Total Participation Fees: \$ \_\_\_\_\_

PLUS General Athletic Fee (*paid once per year per athlete*) + \$175.00

TOTAL FEES: \$ \_\_\_\_\_

Fees will be billed to your TADS account. I have read and signed the athletic department information sheet entitled "Parent Participation in Westminster Athletics" and I understand my involvement.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_