



CASPER
CLASSICAL
ACADEMY

CASPER CLASSICAL ACADEMY

900 S. BEVERLY ST. * CASPER, WY 82601
PHONE: 307-253-2300 * FAX: 307-253-2286

MATT TETERUD, PRINCIPAL

JULY 19, 2018

Dear Casper Classical Academy Students and Parents:

I am excited to be the new principal of CCA. I look forward to working with you and our wonderful CCA team as we provide a top-quality education for your child. Let's get right to some important information that will be helpful as you prepare for the start of the new 2018-2019 school year.

Our Back-To-School Orientation will be on August 23rd or August 28th at CCA. You can choose either one of these days to attend. Please choose to come for an hour at any time between 3:30 - 6:30 p.m. on either of these days. We strongly urge all families to take part in this opportunity if at all possible, as it sets the direction and tone for the year of learning (for those who are out of town and who contact us ahead of time, you will need to come by to pick up any information that is handed out). We ask that students come with an adult. Please put this Back-to-School Orientation Day on your calendar. We would love to welcome you, have you walk through your child's schedule, meet their teachers, get any beginning of the year paperwork turned in, sign up for a committee, and meet other parents of CCA students.

When you arrive through the CCA main doors, you will be greeted and receive a sheet that will have a checklist of stations for you to visit. Please check off each station as you go.

- Station 1 **"Welcome to CCA" video in the choir room.**
- Stations 2-10 **Information, Paperwork, Meet Teachers, and Committee Sign-up**
Please do all of these stations in any order in the CCA cafeteria.
- Station 11 **Get your class schedule (cafeteria). Find your locker and open it.**
Take a self-guided tour to locate your classrooms.
- Station 12 **Meet the Principal and have CCA staff answer any final questions.**
(Library on 2nd floor) Finally, thanks for coming and exit.

The following are the stations #2-10 we plan on having you visit:

- * Our Vision & Mission + Safety/Respect/Learning
- Paperwork: Please plan to stop and sign needed paperwork.
- Email/Infinite Campus for parents: Information on how student email is used, as well as Infinite Campus and the phone app that parents can use to check grades and attendance.

- **Cafeteria:** New students can get their fingerprint scanned for the cafeteria.
- **Health:** Nurse or other staff member will give you information on how to fill out the electronic health form and touch base with you if there are any student health concerns she has questions about.
- **Handbook/Dress Code reminders:** Receive information on where to find your electronic version of our Parent Student Handbook for the 2018-2019 school year and get an understanding of what those expectations are.
- **Clubs/Activities:** Information on all of our clubs and sign up sheets will be available.
- **New family orientation:** The Governing Council will have a station for all NEW families to CCA who need to go through our orientation of how the CCA philosophy works. Committee sign ups: Committee sign up sheets for parents who can be involved in supporting our school (library help, staff luncheon help, website help, fundraising help, etc.)
- **Purchase planners:** 6th grade students can purchase their required planner on this day for \$4. This is an option for 7th and 8th grade students to purchase (we will have a limited quantity on hand).

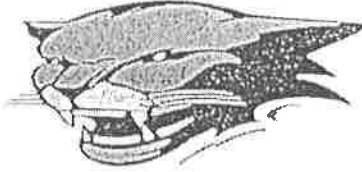
We're very excited to begin another great school year. Enjoy the rest of your summer, and we'll see you soon!

Sincerely,



Matt Teterud, Principal
Casper Classical Academy

COUGAR ATHLETICS



Dear Cougar Student/Athletes,

I would like to welcome you to Cougar Athletics for the 2018-2019 school year. We are very excited to have you participate in our athletic program. Attached to this letter are the **Middle School Athletic Calendar** for 2018-2019 & the required **NCSA #1 Physical form**. If you will be participating in Football, Volleyball or Cross Country please note the important information below concerning the first week of practices. Practice times will be adjusted during the second week of practices & once school begins.

7th & 8th Grade Football

First day of practice will be Tuesday, August 21st. 7th grade – 8 a.m. to 10 a.m. 8th grade – 4 p.m. to 6 p.m. Participants will be in helmets, T-shirts & shorts for the first 3 practice days. Please use the Activities Entrance to enter & exit the school.

6th, 7th & 8th Grade Cross Country

First day of practice will be Tuesday, August 21st from 8 to 9:30 a.m. Practices will be held on the grass areas between CCA and the Casper Recreation Center. Please use the Activities Entrance to enter & exit the school.

6th, 7th & 8th Grade Volleyball

First Practice Day for all grade levels will be Tuesday, August 21st. 8th Grade – 10 a.m. to 12 p.m. 6th grade – 1 p.m. to 3 p.m. 7th grade – 3:15 p.m. to 5:15 p.m. Please use the Activity Entrance to enter & exit the school.

*** There will be a Fall Sports Parent meeting on Tuesday, August 28th @ 6:30 p.m. in the Main Gym. Please plan on attending this meeting to learn more about Cougar Athletics, sign required papers, meet the Coaches, receive important information and ask any questions that you may have. ***

Note: It is a school district requirement that all middle school athletes have a sports physical completed **after May 1, 2018** to be eligible to participate in athletic programs. Please turn your completed sports physicals in to the main office.

If you have any further questions regarding Cougar Athletics, please feel free to contact me at the phone number below. We are excited to have your children involved in our athletic program.

Sincerely,

Rick Robinson, CAA/Cougar Athletics/253-2219 Office

Athletic Seasons 2018-2019

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NATRONA COUNTY SCHOOL DISTRICT #1 PHYSICAL EXAMINATION FORM

Physicians Statement Must Be Dated AFTER MAY 1 to Be Valid For the Upcoming School Year

RED Areas Are To Be Completed By Parent and Student Prior to Physical Examination

STUDENT INFORMATION

School _____ Grade _____ DOB _____ Name _____ Gender M F

SPECIFIC SPORT YOU WILL BE PARTICIPATING: Fall _____ Winter _____ Spring _____

CONSENT TO PARTICIPATE

I/We, as legal guardians, give our permission for our child named above to participate in organized NCSD #1 athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasion these injuries can be so severe as to result in total disability, paralysis or death.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I/We as legal guardians, give our permission for NCSD#1 to sign for emergency treatment for our child named above. Parents/Guardians will be notified in case of serious illness or injury as quickly as possible, but this will make treatment possible. In case of emergency and parent cannot be reached contact:

Name _____ Phone _____ Physician _____ Phone _____

INSURANCE (Parent/Guardian please check one statement) Insurance is mandatory for anyone participating in athletics and/or cheerleading. NCSD #1 *does not* carry health or accident insurance for students.

- The child named above is *not* covered by an accident insurance policy and we wish to purchase insurance. Student insurance is available through a local carrier and forms can be obtained at the school office.
- The child named above *is covered* by an accident insurance policy, the policy will remain in effect during all activities our child is involved in, and we *do not* wish to purchase additional insurance.

Insurance Company _____ Policy # _____

PARENTAL INFORMATION

I/We as legal guardians, agree that should any information on this form (including physician exam record below) change during the course of the school year we will submit to school officials in writing, the change that has occurred immediately. I/We, as legal guardians, acknowledge that I/We have read and understand the content of the Athletic/Activity Clearance Form, have completed the Health History (back), and further understand that no participation will be allowed until this form is completed and returned to administrative personnel.

Signatures _____
Parent/Guardian Student/Athlete

Work Phone _____ Home Phone _____ Address _____ Date _____

PHYSICIAN'S EXAMINATION RECORD (Physician's Use Only) Physician, please check all blanks

Height _____	Ears _____	Blood Pressure _____ / _____	Spine & Posture _____
Weight _____	Nose _____	Abdomen _____	Arms & Hands _____
Eyes _____	Throat _____	Hernia _____	Legs & Knees _____
Pupils _____	Teeth _____	Lymph Nodes _____	Feet & Ankles _____
Vision R _____ / _____	Lungs _____	Testicular Exam _____	Other _____
Vision L _____ / _____	Heart _____	Skin Conditions _____	

Corrected Y N

- Physical Activity: Cleared without restrictions
 Cleared with restrictions (Please list) _____
 Not cleared (Reasons/Recommendations) _____

PRINTED Name of Physician _____ Address _____ City _____ State _____ Zip _____
 Physician Signature _____ Phone _____ Date _____

PLEASE TURN IN TOGETHER: 1) COMPLETED PHYSICAL, 2) INSURANCE APPLICATION 3) INSURANCE PREMIUM PAYMENT TO THE SCHOOL ATHLETIC DIRECTOR/ATHLETIC/ACTIVITIES FACILITATOR-ML AT THE SAME TIME

MEDICAL/HEALTH HISTORY

Please explain "Yes" answers on bottom of page

Y	N

1. Have you ever been hospitalized?
 - a. Have you ever had surgery?
2. Are you presently taking any medications or pills?
3. Do you have any allergies (medicine, bees or other stinging insects)?
4. Have you ever passed out during or after exercise?
 - a. Have you ever been dizzy during or after exercise?
 - b. Have you ever had chest pain during or after exercise?
 - c. Do you tire more easily than your friends during exercise?
 - d. Have you ever had high blood pressure?
 - e. Have you ever been told that you have a heart murmur?
 - f. Have you ever had racing of your heart or skipped heartbeats?
 - g. Has anyone in your family died of heart problems or a sudden death before age 50?
5. Do you have any skin problems (itching, rashes, acne)?
6. Have you ever had a head injury?
 - a. Have you ever been knocked out, unconscious, or lost your memory?
 - b. Have you ever had a seizure?
 - c. Have you ever had a stinger, burner, pinched nerve, or numbness in extremities?
7. Have you ever had heat or muscle cramps?
 - a. Have you ever been dizzy, passed out, or become ill due to heat?
8. Do you have trouble breathing or do you cough during or after activity?
9. Do you use special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?
10. Have you had any problems with your eyes or vision?
 - a. Do you wear glasses or contacts or protective eye wear?
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?

Head Elbow Shoulder Neck Thigh Knee Foot
 Back Chest Forearm Wrist Ankle Hand Hip Shin/Calf

Y	N

12. Have you had any other medical problems (asthma, diabetes, mononucleosis, etc.)?
13. Have you had a medical problem or injury since your last evaluation?
14. When was your first menstrual period? _____
 - a. When was your last menstrual period? _____
 - b. What was the longest time between your periods last year? _____

Y	N

15. Has a physician ever denied or restricted your participation in sports or any physical activity? _____

Explain all "Yes" answers
