

Leesville Road High School Bimonthly Bulletin April 29, 2016

VIP for a VIP Safe Driving Program

On Tuesday, May 3 we will host the Vehicle Injury Prevention for a Very Important Person (VIP for a VIP) program during 2nd and 4th periods for our seniors. Due to seating capacity in the auditorium and temporary bleachers, this program is for senior students only. We don't have the capacity to accommodate parents. The program consists of an educational presentation of information with personal accounts of deaths and tragedies that have resulted from unsafe driving habits. The afternoon session consists of a dramatic accident re-enactment. This program is intense, powerful, emotional, and graphic at times. However, we have seen how it has the ability to positively influence the driving habits of our students. For more information, you can visit their website at <http://www.vipforavip.com/>. We will have guidance counselors available to speak with students who need additional support during or after the program. **If you have questions or feel like this program may be too intense and emotional for your child, please contact Guidance Counselor, Dr. Jessica Huber at jhuber@wcpss.net.** If necessary, we can make alternate arrangements for your student.

Interim Reports

Interim reports will be distributed in all classes on Wednesday, May 4.

Principal's Chat for Graduation and Senior Events

Last Wednesday, April 20, we hosted a Principal's Chat focusing on Graduation, Prom, and other senior events. The notes from this chat are included as an attachment with this Bimonthly Bulletin.

School Notification for 2016-2017

On Monday, all students in grades 9-11 will receive a yellow card indicating their school assignment and mode of transportation for the 2016-17 school year. If you are happy with your school assignment and/or level of transportation, you do not need to do anything. Families who believe they have extenuating circumstances may request a hardship transfer from May 2 through May 16 if they meet the criteria posted on the WCPSS website. The process to apply for a hardship transfer will be explained on the WCPSS website beginning May 2. You can find more information at <http://www.wcpss.net/Page/20549>.

Address Change

If you have moved, please update your new address with us by providing a proof of residence, such as a gas, water, or electric bill. We need to have an accurate address for all students, including graduating seniors, to ensure we mail final report cards and other important documents to the correct address.

Lost and Found

We have many lost and found items in the main office (clothing, jewelry, keys, etc.). Lost and found will be donated to a nonprofit organization on Friday, May 6. Please stop by or have your student stop by if he or she is missing anything.

Physicals for 2016-17 Athletics

Triangle Orthopedics on May 18 and Carolina Family Practice and Sports Medicine on May 26 will be offering \$10 physicals for next school year at their practices from 6:00 to 8:00 p.m. Please read the attached

flyers for more information. It is also beneficial to print out and complete a 2016 Wake County High School Athletic Participation Form, which is also included. Bring the form to one of the locations, and the doctors will complete the physical inside of the packet on Page 3. All proceeds will be donated back to school!

Student Services Updates

Senior Survey

The Senior Survey is a survey that needs to be completed by every senior in the class of 2016. The information provided in the survey is used by the Student Services office for sending final transcripts and tracking the plans for seniors once they leave high school. A link for the Senior Survey is posted on the main section of the school's website. Seniors can complete this survey at any time through their phone, tablet or computer. They will also have an opportunity to complete the survey through their 2nd period class over the first 3 weeks of May. Thanks for your help in getting your senior to complete this survey.

Final Transcripts

Final transcripts will be mailed in mid-June to the college, university or address that seniors list when they complete the senior survey. If seniors would like an unofficial copy of their final transcript, they may come to the Student Services Office and request a copy. A specific date the transcripts will be ready for pick up will be announced at a later time.

AP Summer Assignments

Many of the AP classes taught at Leesville have a summer assignment that must be completed before the start of the school year. Students should check the school announcements as to when and where to attain these assignments from the teacher of the class. The list of AP summer assignments will also be posted on the schools' website by the end of the school year.

National Honor Society

Rising juniors and seniors, with a weighted GPA of 3.6 or higher, who are interested in joining the National Honor Society need to submit a candidacy packet to Mrs. Langlois by 2:30 on Friday, May 6. Submission of a candidacy packet does not guarantee selection into NHS. The Faculty Council will review each packet to determine membership selection as set forth by NHS criteria. The candidacy packet will be available on the LRHS website Monday, April 4, through Friday, May 6.

Graduation Reception Needs

We are in need of freshman, sophomore and junior parents to help with the graduation reception on Monday, June 6. Please contact reception coordinator Terri Exel at texel3@gmail.com if you can volunteer two hours. This is a 21-year tradition that we need your help to continue.

Scholarship/Military Recognition

Seniors who have been offered scholarships or are planning to serve in the military are recognized at the Senior Assembly. In order for this to happen, seniors will need to submit their information. Students can include **all** scholarships they have been offered, even those to a school they are not planning to attend. For scholarships, we will need a copy of their scholarship award letter. For military service, we will need documentation of their enlistment. Students should submit all information to Student Services by May 25. The form that must be completed to report this information can be found on the school's website under Students > Forms or picked up in the Student Services Office.

Calendar Highlights

- Monday, May 2 through Friday, May 13: AP Testing
- Tuesday, May 3: (Periods 2 and 4) VIP Safe Driving Program (for Seniors only)
- Friday, May 6: Cap and Gown Delivery during lunch (for Seniors only)
- Monday, May 16: Final Cap and Gown Delivery during lunch (for Seniors only)
- Friday, May 20: Academic Breakfast

Attachments:

Athletic Physical Information

Athletic Participation Packet

Notes from Principal's Chat on Prom and other Senior Topics

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो पर कॉल करें (919) 852-3303

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919)852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại, 919-852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

**No Appointment
Needed**



**ONLY \$10
per person**

2016 SPORTS PHYSICALS

6pm – 8pm

THURSDAY, MAY 26

Raleigh

(American Institute of Health & Fitness)

8300 Health Park, Suite 107

- \$10 per person
- All proceeds back to your school
- Please bring forms with **HEALTH HISTORY** portion completed
- Sorry, no camp or scout forms will be completed. Please speak with a clinic representative if you would like to schedule an appointment.
- Visit www.cfpsm.com for more details



Sports Physicals

6:00pm - 8:00pm

- No appointment required
- Cost \$10.00 (Cash/Check only), which will be donated back to your school/organization
- Prior to arrival, please complete physical forms with Parent/Guardian signature

May 18, 2016

- Apex · 910 West Williams Street
- Chapel Hill · 100 Perkins Drive
- Durham · 120 William Penn Plaza
- Oxford · 107 E. McClanahan Street
- Raleigh · 3100 Duraleigh Road
- Roxboro · 799 Doctors Court
- Wake Forest · 11550 Common Oaks Drive

May 25, 2016

- Clayton · 2076 NC Hwy 42 West





Wake County High School Athletic Participation Form

Instructions, Eligibility Rules and Concussion Information

Instructions: This form must be completed in its entirety prior to being eligible for athletic participation. Please note that there are six (6) pages to this form and all of them must be completed. Incomplete forms will delay your athletic participation.

Use the following checklist to determine if the WCPSS High School Athletic Participation form is complete:

- All student and parent contact information (page 1)
- Current sport planning to participate in (page 1)
- Conviction section is complete (page 1)
- Request for Permission – Sports not allowed to participate in are listed (page 1). Please note: WCPSS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, gymnastics, indoor track, lacrosse, soccer, softball, swimming, stunt, tennis, track, volleyball, and wrestling. Weight training may be a required component of conditioning for any sport.
- Athlete's health history is complete (page 2)
- Provide details for any "yes" answers in the Athlete's Screening Examination (page 2)
- Athlete's Screening Examination must be signed and dated by the student athlete and the parent or legal custodian (page 2).
- Physical Exam Section is completed and signed by a physician (MD, DO, PA, NP) (page 3) Note: Doctor of Chiropractic Medicine is not satisfactory.
- Physical Exam Section is dated by the attending physician and signed (MD, DO, PA, NP) (page 3)
- Physical Exam Section (page 3) must include the medical office name, address, and phone number of the office where the physical exam was conducted. This may be stamped by the physician's office.
- Participation form is signed and dated by student athlete (page 4)
- Participation form signed and dated by a parent or legal custodian (page 4)
- Concussion Information for Student/Athletes & Parent/Legal Custodians has been read and understood
- Student-Athlete & Parent/Legal Custodian Concussion Statement has been filled out, read, initialed and has signatures (page 5)
- Pages 2, 4 and 5 must have signatures.
- Keep the instructions, eligibility rules and concussion information sheet for your information, and make copies of pages 1 - 5 for your records

Eligibility Rules; Know the Eligibility Rules: To represent your school in athletics, YOU:

- Must** be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester, and must be in regular attendance at that school.
- Must not** be convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.
- Must** not have more than 13.5 total absences (85% attendance requirement) in the semester prior to athletic participation.
- Must** not have exceeded eight (8) consecutive semesters of attendance or have participated in more than four (4) seasons in any sport (one season per year) since first entering grade nine (9).
- Must** be under 19 years of age on or before August 31.
- Must** live with a parent or legal custodian within the Wake County Public School System administrative unit. (Must notify the athletic director if not living with a parent or legal custodian.)
- Must** be present 100% of the student day on the day of an athletic contest in order to participate in the event. This includes games and practices.
- Must** meet promotion requirements at their school to be eligible for Fall semester.
- Must** have passed a minimum of five (5) courses during the previous semester in a traditional schedule or three (3) in a block schedule or six (6) for schools on an A/B form of scheduling. Note: Seniors must meet this requirement in order to participate in athletics during the spring sports season of their senior year.
- Must** maintain at least a 1.5 overall GPA.
- Must** have received a medical examination by a licensed physician within the past 365 days (395 days if physical is completed after December 31, 2015); if you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing.
- And your parent/legal custodian must** read the Concussion Information Sheet and both the Student-Athlete and Parent/Legal Custodian must initial and sign the Student-Athlete Concussion Statement. This must be done on an annual basis (once every 365 days).
- Must not** accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
- Must not** have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college. This does not affect a regularly enrolled high school student who is taking a college course(s) for advanced credit.
- Must not** participate in unsanctioned all-star or bowl games.
- May not** participate (try-out, practice, play) at a second school in WCPSS in the same sport season.
- May not** receive team instructions from your school's coaching staff during the school year outside your sports season. Instruction is limited to the coach and one or multiple participants in small group settings.
- May not**, as an individual or a team, practice or play during the school day.
- May not** play, practice, or assemble as a team with your coach on Sunday.
- May not** dress for a contest, sit on the bench, or practice if you are not eligible to participate.

CONCUSSION

INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

| Thinking/Remembering | Physical | Emotional/Mood | Sleep |
|----------------------------------------|-------------------------------------|--------------------------------------------|--------------------------|
| Difficulty thinking clearly | Headache | Irritability-things bother you more easily | Sleeping more than usual |
| Taking longer to figure things out | Fuzzy or blurry vision | Sadness | Sleeping less than usual |
| Difficulty concentrating | Feeling sick to your stomach/queasy | Being more moody | Trouble falling asleep |
| Difficulty remembering new information | Vomiting/throwing up | Feeling nervous or worried | Feeling tired |
| | Dizziness | Crying more | |
| | Balance problems | | |
| | Sensitivity to noise or light | | |

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion?

After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.



Wake County High School Athletic Participation Form

Please Print or Type

Athlete's Name: _____ Class of: _____
(Last) (First) (Middle)

Student ID _____ Date of Birth: _____ Gender: M F Race _____ Sport _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Father's Name: _____ Daytime Phone: _____ Page/Cell _____

Mother's Name: _____ Daytime Phone: _____ Page/Cell _____

*Legal Custodian: _____ Daytime Phone: _____ Page/Cell _____

**Please note the residency requirements and definition of legal custodian on page 4 of this document.*

Alternate Emergency Contact: _____ Daytime Phone: _____ Page/Cell _____

Family Physician: _____ Phone # _____ Orthopedist: _____ Phone # _____

Insurance Company Name: _____ Policy Number/s: _____

Medical Alerts: Are you allergic to any type of Medications, List: _____

Other allergic reactions, List: _____

Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.

Convictions: Check the box that applies to, _____ (student name):

Is not convicted of a felony in this or any other state **OR adjudicated** as a delinquent for an offense that would be a felony if committed by an adult in this or any other state

Is convicted of a felony in this or any other state

Is adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state

The following must be completed if the student is convicted of a felony or is adjudicated as a delinquent:

Convicted or adjudicated of: _____

City and State: _____ Date Convicted/Adjudicated: _____

Description of Offense: _____

Court Counselor: _____ Telephone Number: _____

Insurance: The Wake County Public School System (WCPSS) furnishes an Interscholastic Athletic Insurance Policy that provides limited benefits for all students in the system who participate in high school sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for students with other insurance coverage, but it pays only when other benefits have been exhausted. In cases in which a student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the WCPSS athletic insurance policy is the primary policy.

If your son or daughter should be injured while participating in a high school sponsored or supervised interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by WCPSS:

- Pick up a claim form at your school.
- See a physician within 30 days of the injury.
- Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 60 days of the injury and should include the Explanation of Benefits form from your primary insurance carrier. Please list above the name of your primary insurance carrier and policy number.

Request for Permission: We, the student's parent/legal custodian, give my consent for the above-named student to represent his/her school in interscholastic sports, **except for those sports indicated by listing here:** _____, _____,

_____. **Please note:**

WCPSS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, gymnastics, indoor track, lacrosse, soccer, softball, swimming, stunt, tennis, track, volleyball and wrestling. Weight training may be a required component of conditioning for any sport.

NAME: _____

Class of _____

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: _____ Age: _____ Sex: _____

*This is a screening examination for participation in sports. **This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

| Explain "Yes" answers below | Yes | No | Don't know |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the athlete presently taking any medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the athlete have the sickle cell trait? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the athlete ever had a head injury, been knocked out, or had a concussion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the athlete ever fainted or passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the athlete ever been diagnosed with exercise-induced asthma ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has a doctor ever told the athlete that they have high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has a doctor ever told the athlete that they have a heart infection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has the athlete ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Has the athlete ever had any problems with their eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has the athlete ever been hospitalized or had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has the athlete had a medical problem or injury since their last evaluation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FAMILY HISTORY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Has any family member had unexplained heart attacks, fainting or seizures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does the athlete have a father, mother or brother with sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Elaborate on any positive (yes) answers: _____

If additional space is needed attach a separate sheet

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone #: _____

Athlete's Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ (_____ % ile) / _____ (_____ % ile) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N

Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)

| These are required elements for all examinations | | | |
|--------------------------------------------------|--------|----------|-------------------|
| | NORMAL | ABNORMAL | ABNORMAL FINDINGS |
| PULSES | | | |
| HEART | | | |
| LUNGS | | | |
| SKIN | | | |
| NECK/BACK | | | |
| SHOULDER | | | |
| KNEE | | | |
| ANKLE/FOOT | | | |
| Other Orthopedic Problems | | | |

Optional Examination Elements – Should be done if history indicates

| | | | |
|------------------|--|--|--|
| HEENT | | | |
| ABDOMINAL | | | |
| GENTALIA (MALES) | | | |
| HERNIA (MALES) | | | |

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for : _____
- *** C. Medical Waiver Form must be attached (for the condition of: _____)
- D. Not cleared for: Collision Contact
 Non-contact _____ Strenuous _____ Moderately strenuous _____ Non-strenuous

Due to: _____

Additional Recommendations/Rehab Instructions: _____

Name of Physician/Extender: _____

Signature of Physician/Extender _____ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: _____

Address: _____

Phone _____

| |
|-------------------------------------------|
| Physician Office Stamp (REQUIRED): |
|-------------------------------------------|

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

This form is current as of April 2016

Hazing: According to WCPSS Board Policy 6420.2, hazing is prohibited. No group or individual shall require a student to wear abnormal dress, play abusive or ridiculous tricks on him/her, frighten, scold, beat, harass, or subject him/her to personal indignity.

The Board of Education is required to expel any student convicted of hazing under NC Criminal Statute §14-35.

Code of Sportsmanship: It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athlete ejected from an athletic contest.

NCHSAA Regulations Student Athlete Pledge— As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Parent Pledge— As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school, our conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Football—Student athletes who are members of the school football team must read, review with parent/guardian, and sign an extra form entitled Safety List for Football Players. This form emphasizes specifics of tackling, blocking, running the ball, basic hitting (contact) position, fundamental technique, and fitting/use of equipment. This form will be available from your football coach and must be completed prior to practicing with pads.

NCHSAA Sportsmanship/Ejection Policy—We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an official, flagrant contact.

1st ejection: 2 game suspension in all sports *except* 1 game for football (fighting is a four game suspension in all sports *except* 2 games for football).

2nd ejection: Suspended for remainder of sport season.

3rd ejection: Suspended from ALL athletic competition for 365 days from date of 3rd ejection.

Transportation for Athletic Events—If student transportation is by a Wake County system-owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the North Carolina state required insurance coverage. All student athletes who travel with a team to an away athletic event must return to the school with the team. The only exception to this policy is when both the coach and parent/legal custodian agree that it is beneficial for the student athlete to ride home with the parent/legal custodian. Student athletes are not to ride home from athletic events with any other person.

Medical Authorization—As the parent or legal custodian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

Risk of Injury – We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a WCPSS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor WCPSS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Residency Requirements – The NCHSAA residency requirements state, “the residence of any student shall be deemed to be that of his or her parents or sole surviving parent. In the event the parents are separated or divorced, the residence of the student shall be that of the parent to whom custody has been awarded by a court of competent jurisdiction....No non-parental guardianship will be recognized where a student has a living parent....Any student proposed for a contest is eligible at the school to which the local board of education assigns him or her within the unit of residence of a parent or legal custodian within this state.” According to WCPSS Board Policy 6201 a “legal custodian” is a person or agency awarded legal custody of a child by a court of law. The athletic director of the school must be notified of any student not living with a parent or legal custodian. No person other than a parent or legal custodian may sign off on this document.

We, the undersigned student and parent/legal custodian, certify that the home address shown on this document is our sole, bona fide domicile as provided to the Wake County Public School System Office of Growth Management. We also agree that we will notify the high school principal immediately of any change in domicile, since such a move may alter eligibility status.

We have read the eligibility rules and this document and understand all of the requirements for athletic participation. We agree to comply with the requirements set forth in the eligibility rules and this document. All information contained in this document is accurate and correct.

Providing false information on this form may cause the student athlete to lose athletic eligibility.

Student Athlete: _____ **Date** _____
(Signature) (Printed Name of Student Athlete)

Parent _____ **Date** _____
(Signature) (Printed Name of Parent)

Legal Custodian _____ **Date** _____
(Signature) (Printed Name of Legal Custodian)

***Please note the residency requirements and definition of legal custodian on page 4 of this document.**

For official use only: This form must be signed by the school principal in cases where the student has indicated on page 1 of this document that they have been convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state. In such cases, participation in high school athletics is denied.

School Principal Signature _____

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

| Student-Athlete Initials | | Parent/Legal Custodian Initials |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| | A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available. | |
| | A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance. | |
| | A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury. | |
| | I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses. | N/A |
| | If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion. | N/A |
| | I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms. | N/A |
| | I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion. | |
| | Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation. | |
| | I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury. | |
| | After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away. | |
| | Sometimes, repeat concussions can cause serious and long-lasting problems. | |
| | I have read the concussion symptoms on the Concussion Information Sheet. | |

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

2016-2017 North Carolina High School Athletic Association Eligibility and Authorization Statement
This document is to be signed by the participant of an NCHSAA member school and by the participant's parent.

I have read, understand and acknowledge receipt of the eligibility rules of the North Carolina High School Athletic Association. I understand that a copy of the *NCHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All NCHSAA bylaws and regulations from the *Handbook* are also posted on the NCHSAA web site at www.nchsaa.org

I understand that an NCHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than NCHSAA rules.

I understand that participation in interscholastic athletics is a **privilege not a right**.

Student Code of Responsibility

As a student athlete, I **understand and accept** the following responsibilities:

I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.

I will be **fully responsible** for my own actions and the consequences of my actions.

I will **respect the property** of others.

I will **respect and obey the rules** of my school and laws of my community, state and country.

I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.

I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration

I understand that if I drop a class, take course work through Post Secondary Enrollment Option, or other educational options, this action could affect compliance with NCHSAA academic standards and my eligibility.

Informed Consent – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, LEGAL CUSTODIAN'S OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN NCHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.

I consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

I have received, read and signed the Gfeller-Waller Concussion Information Sheet.

I consent to the NCHSAA use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation.

Must Be Signed Before Participation

Student's Signature

Birth date

Grade in School

Date

Signature of Parent or Legal Custodian

Date

Leesville Road High School
Athletic Department
Student-Athlete Traveling Information Form

Today's Date: ____/____/____

School Year: _____

Name: _____
(Last) (First) (Middle)

Class of: _____

Gender: M F Date of Birth: ____/____/____ Social Sec. # _____ School ID#: _____

Parent / Legal Custodian Information:  (Social Sec. # Optional)

Father's Name _____ Father's Work # (____) _____

Employer _____ Father's Cell / Pager # (____) _____

Mother's Name _____ Mother's Work # (____) _____

Employer _____ Mother's Cell / Pager # (____) _____

Street Address _____ County: _____

City _____ State _____ Zip Code _____ Home Phone: (____) _____

Alternate Emergency Contact: _____ Phone: (____) _____

Athlete Medical Information:

1. Are you **ALLERGIC** to any type of medication? Y / N List: _____
2. List any other allergies: _____
3. Do you take medications regularly? Y / N List: _____
4. Do you take medicine for emergency use? Y / N List: _____
5. Do you have **ASTHMA**? Y / N If so, do you use an inhaler? Y / N What kind? _____
6. During athletic participation, do you wear: glasses? Y / N contacts? Y / N dental appliance? Y / N
7. Do you have any other medical conditions? Y / N List: _____

Preferred Hospital: (circle one) Wake Med Western Wake Rex Hospital Other: _____

Family Physician: _____ **Phone #:** _____

Insurance Information

Provider Name: _____ Policy or Group # _____

Policy Holder's Name: _____ Phone # _____

Medical Authorization – As the parents or legal custodian of this student athlete I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer. This permission is valid during the entire duration of the student-athlete enrolled at Leesville Road High School, unless revoked by me in writing

Risk of Injury – We acknowledge and understand that there is a risk of injury in athletic participation. We understand that the student-athlete will be under the supervision and direction of a WCPSS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the WCPSS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Student-Athlete (Print):

(Signature):

Date:

Parent / Legal Custodian (Print):

(Signature):

Date:

**Required Document for Athletic Participation
Leesville Road High School**

Athlete _____ Grade _____ Sport _____

Student Athlete Parent Pledge

As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I understand the spirit of fair play and the good sportsmanship expected by our school, our conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

_____ Parent(s)

Student Athlete Pledge

As a student athlete, I know I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including unnecessary physical contact. I know the expectations of my school, my conference and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

_____ Student Athlete

Conviction: Check the box that applies to _____ student name:

_____ **Is not convicted** of a felony in this or any other state **OR adjudicated** as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

_____ **Is convicted** of a felony in this or any other state.

_____ **Is adjudicated** as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

Convicted or adjudicated of _____

City and State _____

Date Convicted/Adjudicated _____

Description of Offense _____

Court Counselor _____

Telephone Number _____

Turn Over to Page 2

First week of May: Senior Bulletin comes home with all information, Baccalaureate Invitation also comes home

Friday, May 6 & Monday, May 16: Jostens delivers caps and gowns with correct tassel color given by the school.

- Only cords provided by LRHS National Honor Society, Dance Honor Society, Spanish Honor Society, Latin Honor Society, French Honor Society, Technical Honor Society, LHS Sports Medicine Honor Society, Art Honor Society, Math Honor Society, and International Thespian Society may be worn at Senior Assembly and graduation. These individual organizations provide cords; they are not given out with caps and gowns.
- Per Wake County policy, the end of the third quarter is the cumulative average used for determining tassel color. Tassel colors correspond to cumulative weighted GPA: solid gold for 4.0 and above, blue/gold for 3.5 – 3.999, and blue/green for anything below 3.5. Please note that GPA numbers are NOT rounded up.

Monday, May 9: Graduation Reception RSVP due with appreciated donation

Wednesday, May 25: Deadline for all scholarships, military appointments/commitments to be given to Student Services Office to be announced at the May 27 Senior Assembly.

Friday, May 27: Senior Assembly **8:45-10:45 AM** with **Senior Picnic** immediately after (for seniors only)

Tuesday, May 31: Seniors attend Periods 1, 2, 3

Seniors then attend Graduation Rehearsal at the Raleigh Convention Center **3:45-5:30 PM**

Wednesday, June 1 - Friday, June 3: Senior Exams

- **Wednesday: 1st and 2nd periods** **Thursday 3rd and 4th periods** **Friday: Makeup Day**

Sunday, June 5: Baccalaureate at 3 p.m. at Providence Baptist Church on Glenwood Avenue

Monday, June 6: Graduation Reception at LRHS from 6:00-8:00

- **Graduation tickets will be given to seniors on this night.** Each senior receives 7 tickets if all fines and fees have been paid. Seniors do NOT need a ticket. All other people, regardless of age, need a ticket for entrance.

Wednesday, June 8: Commencement at the Convention Center **at 4 p.m.**

Graduates must arrive by 3 p.m. Doors open to public at 3:15.

Prom

- Saturday, April 30 at the Wake County Shrine Club (6015 Lead Mine Rd) from 7:00-11:00
- Theme is "A Night among the Stars." Think of a night on the red carpet with a Hollywood theme focus.
- Tickets cost \$35 per person (including tax) and will be on sale during lunch from April 25 to April 28 in the Murphy Building Lobby. We will also sell them on Wednesday, April 27, after school in the Murphy Building Lobby.
- If students wish to bring a guest who is under 21 and does not attend LRHS, a form must be completed and submitted with a copy of the guest's photo ID in order to purchase the ticket.
- Students must arrive by 10:00 p.m. or they will not be permitted to enter
- On the night of the prom, all students will be required to blow into a breathalyzer and show their tickets and photo ID at the door.
- There is no re-entry once students exit the prom
- Students who have been suspended from school for a Level II offense (or higher) during the 15-16 school year cannot attend the prom.

Student Behavior

- Students must continue to follow school rules leading up to graduation
- Depending on exam exemptions, students may have about a week without classes prior to graduation. Please help me impress upon them the importance of following laws and school policies. Specifically, they should not be on campus (especially after school hours) without a purpose. If their actions off campus impact the school in any way, they can face school consequences. At that time of the year, the only disciplinary consequences that remain is removing a student from end-of-year activities, including graduation. This is the last thing I want to do.
- I don't condone senior pranks.

Senior Exam Exemptions

- Exam Exemptions include grades and attendance.
- A average: up to 3 absences, B average: up to 2 absences, C average: 1 or 0 absences.
- 5 unexcused tardies equal one unexcused absence for the purpose of exam exemptions.
- One unexcused absence will require a senior to take his or her exam.
- In the past, we have been asked to waive excused absences on inclement weather make-up days, so I will likely do that again if that the senior would otherwise be exempt.
- Other than that one waiver as directed by the county, there will be no exceptions to the policy. We have 538 seniors, so I have to be as consistent as I can.