

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:

- O All student and parent contact information (page 1)
- O 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.
- O Athlete's health history is complete (page 2)
- O 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.
- O 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
- of form signed and dated by a parent or legal custodian (page 4)
- Oncussion Information for Student/Athletes & Parent/Legal Custodians has been read and understood
- O Student-Athlete & Parent/Legal Custodian Concussion Statement has been filled out, read, initialed and has signatures (page 5)
- O 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.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

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:

Physical	Emotional/Mood	Slee
Headache	Irritability-things bother you more easily	Sleeping more than usual
Fuzzy or blurry vision	Sadness	Sleeping less than usual
Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Vomiting/throwing up	,	Feeling tired
Dizziness		
Balance problems	. ,s	
Sensitivity to noise or light		
	Headache Fuzzy or blurry vision Feeling sick to your stomach/queasy Vomiting/throwing up Dizziness Balance problems	Headache Fuzzy or blurry vision Feeling sick to your stomach/queasy Vomiting/throwing up Dizziness Balance problems Irritability-things bother you more easily Sadness Being more moody Feeling nervous or worried Crying more

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.

Wake County High School Athletic Participation Form

Please Print or Type

				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: *Please note the residence	cy requirements and definition			Page/Cell
Alternate Emergency Cor	ntact:	Daytime Phone:		Page/Cell
Family Physician:	Phone #	Orthopedist:_		Phone #
Insurance Company Nam	e:	Policy N	lumber/s:	
Insurance Company Nam Medical Alerts: Are you		•		
Medical Alerts: Are you Other allergic reactions		ntions, List:		
Medical Alerts: Are you Other allergic reactions Attach necessary docu Convictions: Check the base is not convicted of a	allergic to any type of Medica	erts such as allergic react OR adjudicated as a delino	ions, conta	cts, etc(student name):
Medical Alerts: Are you Other allergic reactions Attach necessary docu Convictions: Check the b Is not convicted of a felony if committed Is convicted of a felony i	allergic to any type of Medica, List: umentation for Medical Ale oox that applies to, felony in this or any other state by an adult in this or any other	erts such as allergic react OR adjudicated as a delinostate	ions, conta	cts, etc(student name): offense that would be a
Medical Alerts: Are you Other allergic reactions Attach necessary docu Convictions: Check the base is not convicted of a felony if committed is convicted of a felony is adjudicated as a delimination.	allergic to any type of Medica, List:	erts such as allergic react OR adjudicated as a deline state be a felony if committed by svicted of a felony or is adjudicated.	ions, contaquent for an o	cts, etc(student name): offense that would be a is or any other state delinquent:
Medical Alerts: Are you Other allergic reactions Attach necessary docu Convictions: Check the base is not convicted of a felony if committed is convicted of a felony is adjudicated as a delinate in the following must be convicted or adjudicated and State:	allergic to any type of Medical, List:	erts such as allergic react OR adjudicated as a deline state be a felony if committed by a victed of a felony or is adjudicated and a deline state	ions, contaquent for an of an adult in the dicated as a	cts, etc. _(student name): offense that would be a is or any other state delinquent:

<u>Insurance</u>: 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 below 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 studen	t 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, in	door track, lacross

soccer, softball, swimming, stunt, tennis, track, volleyball and wrestling. Weight training may be a required component of conditioning for any sport.

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name:	Age:	Sex:			
This is a screening examination for participation in sports. <u>This does not substitute for your child's regular physician where important preventive health information can be</u>		nsive examination	with		
Athlete's Directions: Please review all questions with your parent or legal custodian an Parent's Directions: Please assure that all questions are answered to the best of your kn					
know the answer to a question please ask your doctor. Not disclosing accurate informati					
activity. Physician's Directions: We recommend carefully reviewing these questions and clarify					
inysician's Directions. We recommend carefully reviewing these questions and clarify	ing any positi	ve of Don't Know	answc	15.	
Explain "Yes" answers below			Yes	No	Dor kno
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asth List:	nma), kidney p	roblems, etc.]?			
2. Is the athlete presently taking any medications or pills?					
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex).	?				
4. Does the athlete have the sickle cell trait?					
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?					
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with ac					
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or	startle?				
8. Has the athlete ever fainted or passed out AFTER exercise?					
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from		?			
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise	<u> </u>				
11. Has the athlete ever been diagnosed with exercise-induced asthma?					
12. Has a doctor ever told the athlete that they have high blood pressure?					
13. Has a doctor ever told the athlete that they have a heart infection?	1 . 1	. 11.1 1			
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athmurmur?		•			
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exheart "racing" or "skipping beats"?		olained of their			
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure pr	roblem?				
17. Has the athlete ever had a stinger, burner or pinched nerve?					
18. Has the athlete ever had any problems with their eyes or vision?					
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated any bones or joints?	swelling or o				
Head Shoulder Thigh Neck Elbow Knee Forearm Shin/calf Back Wrist Ankle Hand	Chest Foot	H _{ip}			
20. Has the athlete ever had an eating disorder, or do you have any concerns about you	r eating habits	or weight?			
21. Has the athlete ever been hospitalized or had surgery?					
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling d for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a fai 4. Thoughts that he/she would be better off dead or hurting themselves?					
23. Has the athlete had a medical problem or injury since their last evaluation?					
FAMILY HISTORY					
24. Has any family member had a sudden, unexpected death before age 50 (including syndrome [SIDS], car accident, drowning)?	from sudden i	nfant death			
25. Has any family member had unexplained heart attacks, fainting or seizures?					
26. Does the athlete have a father, mother or brother with sickle cell disease?					
Elaborate on any positive (yes) answers: If addition	al space is n	eeded attach a s	separa	ıte she	et
By signing below I agree that I have reviewed and answered each question above. Eve is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I gi permission for my child to participate in sports.	ery question is	answered comple	tely an	d	
Signature of parent/legal custodian:	Data:				
Signature of Athlete:Date:	rnone #:				

Height	Weight	BF	?	(% ile)	/ <u>(</u>	% ile)Pulse	
Vision R 20/	L 20/	_ Corrected: Y	N				
Physical Examination (Bel	ow Must be Co	mpleted by Licen	ised Physi	cian, Nurse Pi	ractitioner or	Physician Ass	istant)
		These are requi	ired eleme	ents for all exa	minations		
	NORMALA					L FINDINGS	
PULSES							
HEART							
LUNGS							
SKIN							
NECK/BACK							
SHOULDER							
KNEE							
ANKLE/FOOT							
Other Orthopedic							
Problems							
	Optional	Examination Ele	ements – S	hould be done if	history indica	ites	
HEENT							
ABDOMINAL							
GENITALIA (MALES)							
HERNIA (MALES)							
Clearance: A. Cleared B. Cleared after completing *** C. Medical Waiver Form mus D. Not cleared for:	-	condition of:	Contact) Moderately	strenuous	Non-strenu	nous
Due to:							
Additional Recommendation	s/Rehab Instruct	tions:					
Name of Physician/Extender	·				-		
Signature of Physician/Exten	der			_ MD DO	PA NP		
(Signature <u>and</u> circle of desig	nated degree re	quired)					
Date of exam: <u>Physician Offi</u>	ce Stamp: Addro	ess:					
Phone_							

Age _____ Date of Birth

Athlete's Name

(*** 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.)

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 <u>Safety List for Football Players</u>. 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	

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the left column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-	Athlete Name: (please print)	
Parent/L	egal Custodian Name(s): (please print)	
Student- Athlete Initials		Parent/Lega Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or 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 a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or 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 listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	
	ng below, we agree that we have read and understand the information contained in & Parent/Legal Custodian Concussion Statement Form, and have initialed appropritement.	
Signatu	re of Student-Athlete Date	
Signatu	re of Parent/Legal Custodian Date 5. Last U	Jpdated May 2016

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.

Signature of Parent or Legal Custodian

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

Date

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

doctor. I understand that every effort will be made information to the school and athletic trainer. The Leesville Road High School, unless revoked by mathlete will be under the supervision and direction instructions of the coach in order to reduce the understand that neither the coach nor the WCPS injuries can be severe and in some cases may reaccept and assume the risk of injury that might occord the student-Athlete (Print): Parent / Legal Custodian (Print):	that there is a risk of injury in athletic pon of a WCPSS athletic coach. We risk of injury to the student and other can eliminate the risk of injury in esult in permanent disability or even	participation. We understand that the student- agree to follow the rules of the sport and the ner athletes. However, we acknowledge and a sports. Injuries may and do occur. Sports
doctor. I understand that every effort will be made information to the school and athletic trainer. The Leesville Road High School, unless revoked by made Risk of Injury – We acknowledge and understand the athlete will be under the supervision and direction instructions of the coach in order to reduce the understand that neither the coach nor the WCPS injuries can be severe and in some cases may reaccept and assume the risk of injury that might occar.	that there is a risk of injury in athletic pon of a WCPSS athletic coach. We risk of injury to the student and oth SS can eliminate the risk of injury in esult in permanent disability or even cur from participation in athletics.	participation. We understand that the student- agree to follow the rules of the sport and the ner athletes. However, we acknowledge and a sports. Injuries may and do occur. Sports a death. We freely, knowingly, and willfully
doctor. I understand that every effort will be made information to the school and athletic trainer. The Leesville Road High School, unless revoked by made Risk of Injury – We acknowledge and understand the athlete will be under the supervision and direction instructions of the coach in order to reduce the understand that neither the coach nor the WCPS injuries can be severe and in some cases may re-	that there is a risk of injury in athletic pon of a WCPSS athletic coach. We risk of injury to the student and other can eliminate the risk of injury in esult in permanent disability or even	participation. We understand that the student- agree to follow the rules of the sport and the ner athletes. However, we acknowledge and a sports. Injuries may and do occur. Sports
	pation in sports, including medical or side to contact me prior to treatment. A	surgical treatment recommended by a medical Also, permission is granted to release medical
Policy Holder's Name:		nt permission for treatment deemed necessary
Insurance Information Provider Name:		p#
Preferred Hospital: (circle one) Wake Me Family Physician:	_	
 Are you ALLERGIC to any type of medication? List any other allergies:	Y/N List: Y/N List: you use an inhaler? Y/N What kinders? Y/N contacts? Y/N N List:	dental appliance? Y/N
Athlete Medical Information:	Pno	one:()
City State		
Street Address		County:
Employer	Mother's Cell / Pager #	()
Mother's Name		()
Employer		()
Father's Name	_	()
Gender: M F Date of Birth:/ So Parent / Legal Custodian Information:		School ID#:
	(Middle)	
(Last) (First)		<u></u>
		Year:

Athlete _____Sport ____

Student Athlete Parent Pledge As a parent, I acknowledge that I am a role model. I will remember that school athletics is classroom, offering learning experiences for the students. I must show respect for all playe spectators, and support groups. I understand the spirit of fair play and the good sportsmans school, our conference and the NCHSAA. I hereby accept my responsibility to be a model sportsmanship that comes with being the parent of a student athlete.	ers, coaches, ship expected by our
Parent(s)	
Student Athlete Pledge As a student athlete, I know I am a role model. I understand the spirit of fair play while pla refrain from engaging in all types of disrespectable behavior, including unnecessary physic expectations of my school, my conference and the NCHSAA and hereby accept the respon of representing this school and community as a student athlete.	cal contact. I know the
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

Convicted or adjudicated of _____ City and State _____ Date Convicted/Adjudicated _____ Description of Offense _____

Court Counselor _______
Telephone Number ______

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this or any other state.

Court Counselor _