



# 2017-2018 WCPSS Middle School Athletic Participation Form

*Please Print or Type*

Athlete's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student ID \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Race \_\_\_\_\_ Sport \_\_\_\_\_

Grade \_\_\_\_\_ Track # \_\_\_\_\_ (Year Round Schools Only)

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 \_\_\_\_\_

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 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 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 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, football, soccer, softball, track and field and volleyball. Weight training may be a required component of conditioning for any sport.



## DRMS Cheerleading Intramurals



Any student (6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>) interested in cheerleading are encouraged to attend. Intramurals are not try-outs, just a time to work and improve cheer skills.

### Cheer Intramurals Dates

**ALL GRADES -----**

**Mon. Tues. Wed. Thurs., July 17<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup>, and 20<sup>th</sup>**

**Mon. Wed. Thurs., August 21<sup>st</sup>, 23<sup>rd</sup>, and 24<sup>th</sup>**

**Mon., August 28<sup>th</sup>**

**Cheer intramurals are from 3:15-5:15pm each day.**

**IMPORTANT:** Wake County requires students to have insurance to participate in intramurals. The "Athletic Participation" form should be filled out and given to the coaches. If the form is not handed in, the student will not be allowed to participate. Each student is given a copy, but if an extra is needed, it can be located on the DRMS athletics webpage under athletic forms.

**Students must return the permission slip below and athletic participation form to Coach Binkley.**

### DRMS Intramural Permission Form

I, \_\_\_\_\_, have read the information letter, understand participation expectations and give my student permission to participate in the Durant Road Middle School cheer intramural program. I will arrange transportation to pick my student up promptly by 5:15pm.

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

I, \_\_\_\_\_, will abide by the expectations for participation in the Durant Road Middle School intramural sports program. I also understand that failure to do so may result in my dismissal from the program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_