



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.



Durant Road Middle School Intramurals 2017



Dear Durant parents,

To encourage student participation throughout the school, we are hosting after-school intramurals for volleyball on **August 2nd, and August 23rd**. The purpose of Durant intramural sports is to encourage students to be physically active and participate in organized gameplay.

Dates:

Wednesday August 2nd, and Wednesday August 23rd.

Intramural Participation Expectations

Students must return the permission slip and certification of accident insurance to Coach Kerr (room G26). If you have purchased WCPSS accident insurance, you must provide documentation for proof of purchase.

Student cannot participate if absent or assigned a suspension or in ALC on the day intramurals take place. Students must display positive behaviors and sportsmanship to coaches and peers. Behavioral issues may result in dismissal for the continuance of the intramural sport season.

Students should be picked-up from school **no later than 5 pm** from the bus parking lot of the school. Students riding the activity bus will await the activity bus in the bus parking lot. You can find the activity bus routes on the Durant athletic website.

Students should only sign up for the program if they can attend.

Students should be dressed in appropriate athletic and climate appropriate clothing. They need athletic shorts, a t-shirt, and sneakers. Volleyball knee pads are not required, but recommended.

Intramural Sports Sessions last from 3:15-5:00. Students should have their transportation arrangements affirmed before choosing to stay for intramurals. Emergencies are understandable, but if students are not picked up promptly they may forfeit their chance to participate in future intramural dates.

Tryouts will begin August 29th. A completed physical form needs to be turned in to Miss Cicco or Coach Kerr by **August 18th**. You can find that packet on the website or from your PE teacher.

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

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_____