



Participation and Eligibility Packet

High School Interscholastic Athletics

2018-2019

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****Indicates a form that must be completed, signed and returned to your student's school.***

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS
HIGH SCHOOL INTERSCHOLASTIC ATHLETICS PARTICIPATION FORM
PERMISSION, ACKNOWLEDGMENT AND RELEASE

Name of Parent/Legal Custodian:		Name of Student-Athlete:	
Relationship to Student-Athlete (check one): <input type="checkbox"/> Biological/Adoptive Mother <input type="checkbox"/> Biological/Adoptive Father <input type="checkbox"/> Legal Custodian pursuant to Court Order <input type="checkbox"/> Other: _____			
Street Address:		School:	Grade:
City:	State:	Zip:	Date of Birth:
Parent/Legal Custodian Telephone Home: Work: Mobile:		Year Student-Athlete Entered 9 th Grade:	
Emergency Contact Person Name: Relationship to Student-Athlete:		Emergency Contact Telephone: Home: Work: Mobile:	
INSURANCE: WS/FCS Board Policy 6145 requires that all students who participate in athletics be adequately covered by medical or accident insurance. By signing below, we certify that we have purchased and will maintain in full force and effect during the student-athlete's participation in athletics the following insurance policy:			
Check One: <input type="checkbox"/> School Accident Insurance <input type="checkbox"/> Other Insurance Company		Policy No.:	
Name of Other Insurance Co.:		Group No.:	
Street Address of Other Insurance Co.:		Policy Term	
City:	State:	Zip:	From: To:

Request for Permission: We, the undersigned student and the student's parent/legal custodian, apply for permission to participate in interscholastic athletics in the following sports:

- | | | | |
|--|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | <input type="checkbox"/> Cheer |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Field Hockey |

Athletic Eligibility, Academics: A student must meet the NCHSAA academic standards and earn a 2.0 Quality Point Average (QPA) the previous academic quarter (9 weeks) grading period. A student whose semester QPA is 2.0 or greater but whose 2nd or 4th quarter QPA is below 2.0 will be eligible for athletics if the student agrees to participate and attends the Academic Support Program (ASP) at the student's school during the following academic quarter. A student whose 2nd or 4th quarter QPA is 2.0 but whose semester QPA is below a 2.0 will be eligible for athletics if the student agrees to participate and attends ASP during the following academic quarter. Because Summer School grades are pass/fail, they will not affect a student's QPA. See Policy 6145 for Information on Hardship Waivers.

Athletic Eligibility, Attendance: A student who is absent more than ten (10) school days in a semester shall be ineligible for participation in any interscholastic athletics during the next semester unless granted a hardship waiver. See Policy 6145 for information on Hardship Waivers.

Athletic Eligibility, Change of Residence or Special Transfer: A student who changes his/her domicile to or within Forsyth County, as defined by the NCHSAA, or is granted a special transfer, during a sports season shall be ineligible for interscholastic athletics at the new school in the same sport for the remainder of that sport's season. If a student or a student's parent(s) believe that the application of this rule will create an undue hardship, they may request a waiver for a good and just cause in accordance with the athletic eligibility review procedures in Policy 6145.

Athletic Eligibility, Alcohol/Drugs: To be eligible to participate in athletics, the student with the consent of his/her parents must agree in writing to submit to random alcohol and drug testing. The student shall be tested for alcohol, marijuana, cocaine, amphetamines and any other controlled substances the Superintendent deems appropriate. Information about the alcohol/drug testing policy, program and procedures is provided in a separate brochure which all athletes and their parents are expected to read.

Consequences of a positive test: (The student shall not be suspended from school as a result of a positive test.)

First Offense: In the event a student fails or refuses to participate in the alcohol/drug test when selected at random, or tests positive for alcohol or drugs, the student shall be ineligible to participate in athletics for 365 days. However, if the student agrees to be assessed and to enroll in and successfully complete an alcohol and/or drug abuse education and/or intervention program, the student shall regain eligibility to participate in athletics immediately.

Second Offense: In the event a student tests positive a second time, fails or refuses to participate in the second alcohol/drug test when selected at random, the student shall be ineligible to participate in athletics for 365 days.

Possession, Use, Sale or Distribution: If an athlete possesses or is under the influence (to any degree) of alcohol or illegal drugs at school or any school activity, or if a student sells or distributes alcohol or a controlled substance, the athlete shall be ineligible for athletics for a minimum of thirty (30) school days in addition to being subject to suspension or expulsion from school as provided in Policy 5131.6 and AR 5131, Guidelines for Student Discipline.

By signing the form below, I, the student and I, the student's parent/legal custodian, acknowledge that we have read the information provided to us by WS/FCS explaining the WS/FCS Policy and procedures for random alcohol and drug testing. I, the student, agree to participate in random alcohol/d rug testing and I authorize WS/FCS, its agents or employees to release the results of my alcohol/drug test to me, my parent/legal custodian and school officials. I, the student's parent/legal custodian, give my child consent to participate in WS/FCS's random alcohol/drug testing program.

Athletic Eligibility, Other Rules to Know: To represent your school in athletics, YOU:

1. 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.
2. Must have not exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering 9th grade.
3. Must be under 19 years of age on or before August 31st.
4. Must live with your parents or legal custodian within the school administrative unit (exceptions must be approved by your principal and the NCHSAA). A student is eligible if he has attended school within that unit the previous two (2) semesters (if eligible in all other respects).
5. Must be present for a minimum of fifty percent (50%) of the student day on the day of an athletic contest in order to participate in the event.
6. Must have received and cleared a medical examination by a licensed physician (or physician's assistant) with the past 395 days. If you miss five (5) or more days of practice due to illness or injury, you must receive a medical release before practicing or playing.
7. 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.
8. Must not have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college.
9. Must not participate in unsanctioned all-star or bowl games.
10. May not receive instructions from your school's coaching staff during the school year outside your sports season (from first practice thorough final games). Instruction is limited to coach and one or multiple participants in small group settings.
11. May not, as an individual or a team, practice or play during the school day (from first practice through conference tournament).
Exceptions: Golf and tennis players may play during the school day with prior permission from the Superintendent.
12. May not play, practice, or assemble as a team with your coach on Sunday.
13. May not dress for a contest, sit on bench, or practice if you are not eligible to participate.
14. Must not play more than three (3) games in one sport per week (exceptions: basketball, baseball, softball and volleyball); and not more than one (1) contest per day in the same sport (exceptions: baseball, softball and volleyball).
15. May attend only those summer camps to which you or your parent/legal custodian pay the fees.
16. Must not have been convicted of a crime classified as a felony under North Carolina or federal law or have been adjudicated delinquent for an offense that would be a felony if committed by an adult.

Athletic Eligibility, Acknowledgment: We, the undersigned student and parent/legal custodian, have read and discussed the general requirements for high school athletic eligibility. We understand any additional questions or specific circumstances should be directed to my student's coach, athletic director or principal. We certify that all information provided on this form is accurate and current. I, the undersigned parent/legal custodian, certify that the home address I provided in this document is my sole bona fide residence and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student-athlete. I, the undersigned parent/legal custodian, further acknowledge I must not falsify any official eligibility information relating to my residence, and acknowledge that doing so may result in a loss of my student-athlete's eligibility for 365 days.

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 of a WS/FCS 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 WS/FCS 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.

Release: In consideration of the WS/FCS allowing the student-athlete to participate in athletics, we agree to release and hold the WS/FCS, its athletic coaches, and other employees free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.

Release of Information: By signing below, I, the student and I, the student's parent/legal custodian, consent and give permission for WS/FCS to the use of student's name, likeness and athletic-related information in reports of contests, promotional literature, social media and other materials and releases related to interscholastic athletics.

Local Athletic Field Trip Permission. As a member of an athletic team, the student athlete will be traveling by activity bus or other means of transportation to a number of local schools and venues this school year for athletic events. The athletic team's schedule contains information about the location of such athletic events. Student athletes will be supervised by their coach or other school personnel. By signing below, I (the student athlete's parent or legal custodian), give permission for my student athlete to travel as a member of an athletic team. If I have any questions about travel, I will ask the Head Coach, Athletic Director or Principal.

Medical Authorization: By signing below, I (the student athlete's parent or legal custodian), give consent for the student to receive a medical screening and examination prior to participation in athletics. If the student athlete is injured while participating in athletics and the WS/FCS is unable to contact me, I grant the WS/FCS permission and authority to obtain the necessary medical care and treatment for the student athlete, including but not limited to: first aid, medical treatment or surgical treatment recommended by a physician; and medical treatment recommended by the WS/FCS authorized athletic trainer. I further accept financial responsibility for such medical care or treatment on behalf of myself and my spouse.

Student Athlete Pledge: As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship that my school, my conference, and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

Parent Pledge: As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators and support groups. I will participate in cheers supporting and uplifting the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship that our school, our conference and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student athlete. I agree to comply with WS/FCS Policy 1170-Civility Policy.

NCHSAA Sportsmanship/Ejection Policy: We, the student and the parent/legal custodian, acknowledge we have read and understand the NCHSAA and the WS/FCS Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, flagrant contact, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing or contacting an official. See NCHSAA Sportsmanship/Ejection Policy and WS/FCS Administration Regulation 6145.2.

Code of Sportsmanship: We recognize interscholastic athletic events should be conducted in such a manner ensuring 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 student shall be under the coach's supervision and control at all times the student is participating in an athletic event. **In the event a student is ejected from an athletic contest, the WS/FCS and its schools will adhere to any and all penalties listed in the NCHSAA Handbook and the WS/FCS AR 6145.2 Section V Sportsmanship/Ejection Regulations.**

We, the undersigned student and parent/legal custodian, have read this document and understand all of the requirements for athletic participation at my school. We agree to comply with the requirements set forth in all applicable eligibility rules and this document. All information contained in this document is accurate and correct.

Student:	Date:
Parent/Legal Custodian:	Date:

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete'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.***

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

Parent/Legal Custodian Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about 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 "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed.	Yes	No	Unsure
1. Does the student-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 student-athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-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 student-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 student-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 student-athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-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 student-athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student-athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-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 student-athlete's heart, or has the athlete ever been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-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 student-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 student-athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to 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 Other: _____			
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). <input type="checkbox"/> 1. Has the student-athlete had little interest or pleasure in doing things? <input type="checkbox"/> 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? <input type="checkbox"/> 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? <input type="checkbox"/> 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?			
FAMILY HISTORY			
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"/>

Explain "yes" or "unsure" answers here: _____

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: _____ Phone #: _____

Signature of Athlete: _____ Date: _____

Student-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			
GENITALIA (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: _____ (Please print)

Signature of Physician/Extender: _____ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: _____

Address: _____

Phone: _____

Physician Office Stamp

(*** 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.

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:

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.

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 right 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/Legal Custodian Name(s): (please print)_____

Student-
Athlete
Initials

Parent/Legal
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.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

2018-2019 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT AND PARENT(S)/LEGAL CUSTODIAN.

I have read, understand and acknowledge receipt of the North Carolina High School Athletic Association's Eligibility Rules. I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations and those imposed by the NCHSAA. I understand that local rules may be more stringent than the NCHSAA and agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

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

PARENTS, LEGAL CUSTODIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and his/her parent/legal custodian 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.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student-athlete") is under the supervision of the member school. I **consent to medical treatment** for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, 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 further authorize the use or disclosure of my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

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 before the student is allowed to return to participation. I also acknowledge that I **have received, read and signed the Gfeller-Waller Concussion Information Sheet**.

I **consent to the NCHSAA's 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 and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the participant's face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCHSAA, upon its request, of all records relevant to the student-athlete's athletic eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence and physical fitness. The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the participant's member school. By doing so, however, we understand that the participant would no longer be eligible for participation in interscholastic athletics.

Student's Signature

Date of Birth

Grade in School

Date

Signature of Parent or Legal Custodian

Date

Revised May 2018



Wake Forest Baptist Health Athletic Training Outreach Program

Sports Medicine

Wake Forest Baptist Health is proud to deliver high quality athletic training services to local secondary schools, including the student-athletes of the Winston-Salem / Forsyth County school district. WFBH athletic trainers are board certified healthcare professionals and licensed by the state of North Carolina. As part of a complete healthcare team, the WFBH athletic trainer works under the direction of a WFBH licensed physician and in cooperation with other professionals such as school nurses, physical therapists, athletic administrators, coaches, and parents.

We strive to provide student athletes of the Winston-Salem / Forsyth County school district with access to an evidence based healthcare collaboration from acute injury recognition, immediate injury management, referral by the athletic trainer to the appropriate medical providers, quick access to formal rehabilitation with the expert WFBH physical therapy staff along with implementation of the most current return to play guidelines to ensure optimal return to sports participation with the lowest relative risk for re-injury. In addition, our program offers educational resources and preventive programs individualized to specific sports to decrease the student athletes' risk for future injuries.

Our WFBH athletic trainers also follow best practices when completing return-to-play protocols following concussions. The goal is "return to learn" first, meaning re-assimilation into the classroom environment in accordance to school board policy. Once that is accomplished and the student-athlete is symptom free, the next step is they must complete the "return-to-play" concussion protocol under the supervision of the athletic trainer. Finally, the student-athlete will need a signed concussion release form from a physician in order to return to competition.

Wake Forest Baptist Health Certified Athletic Trainers' knowledge base includes:

- Evaluation and assessment of injury and athletic-related illness
- Recognition and evaluation of head injuries & concussions
- Acute/emergency or on-field care of injury
- Rehabilitation of orthopedic injuries
- Risk management and injury prevention
- General medical conditions and disabilities
- Health and wellness issues
- Nutritional aspects of injury and illness

Key functions Wake Forest Baptist Health Certified Athletic Trainers' perform for student-athletes:

- Design and implement injury prevention programs
- Evaluate, treat, and rehabilitate injured student-athletes
- Prepare athletes for practices and games
- Monitor field, environment, and weather conditions (including heat index; lightning)
- Attend all home athletic events, matches and games (including practices)
- Develop return-to-play programs for injured athletes
- Communicate with physicians, parents, and coaches about injuries
- Develop emergency action plans for schools

Wake Forest Baptist Health strives to offer same day or next day appointments for all student athletes with our Sports Medicine providers. Please call (336) 716-3286 or see your WFBH athletic trainer to arrange an appointment. Please visit www.wakehealth.edu/Sports-Medicine for additional information.

2018-2019 Permission and Release Form for Athletic Trainer Program Recordings

Parent/Guardian's Name:	Student's Name:
Street Address:	Student's School:
City: State: Zip:	Student's Date of Birth:
Telephone or Cell Phone Number:	Student's Grade in School:
Email:	Sports in Which Student Participates:

Dear Parent or Guardian:

Winston-Salem/Forsyth County Schools ("WS/FCS") strongly believes in the contribution of an athletic program to the total educational process. The safety of the thousands of WS/FCS student athletes that participate in interscholastic athletics each year is extremely important to us. We are proud to have partnered with Wake Forest University Baptist Medical Center ("WFBMC") to establish and implement a program at our high schools that provides valuable sports medicine and athletic training services to our student athletes ("the Program"). Periodically, WS/FCS and WFBMC desire to feature certain media, which may include interviews, photographs, images, sound bites, and other footage (each, "a Recording" and collectively, "Recordings") of the student athletes who interact with certain members of the WFBMC athletic training Program team at our high schools in order to promote and publicize the Program. These Recordings may appear in publications, on websites, and on social networking sites (such Facebook, Twitter, and Instagram) belonging to WS/FCS or WFBMC. The Recordings may also appear in local media outlets, such as newspapers, television news, and their affiliated websites and social networking sites. The Recordings may contain the student's image, likeness, voice, and name.

The purpose of this permission and release form is for parents and guardians to make their preferences and permissions known for their student's participation in Recordings that will be used by WS/FCS, WFBMC, or both to promote and publicize the Program. Please complete, sign, and return this form to the Athletic Director at your student's school. Your selection remains valid for the 2018-2019 school year. You may change your selection at any time by completing a new form and submitting it to the Athletic Director at your student's school.

By signing below, the undersigned states that (please select one option):

- ☐ **I grant permission** to WS/FCS, WFBMC, or both to use Recordings that include the above-named student in publications, on websites, and on social networking sites (such as Facebook, Twitter, and Instagram) belonging to WS/FCS, WFBMC, or both. I understand that Recordings that include the above-named student may also appear in local media outlets, such as newspapers, television news and their affiliated websites and social networking sites. I understand that the Recordings may contain the student's image, likeness, voice, and name. I understand that the Recordings will become the property of WS/FCS or WFBMC, as applicable, and may not be returned. I also understand that I may not be asked to inspect or review the Recordings prior to use, production, or other distribution. I understand that I will not receive any royalties or compensation arising out of any use, production, or other distribution of the Recordings. I agree to hold harmless, release, and forever discharge, WS/FCS and WFBMC, and its affiliates and subsidiaries, from all claims, demands, and causes of action which, I, my heirs, representatives, or any other persons acting on my behalf or on behalf of my estate, have or may have by reasons of this permission and release form.
- ☐ **I do not grant permission** for the above-named student to be interviewed, photographed or recorded to promote and publicize the Program.

Parent/Guardian Signature*:	Date:
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*If student is 18 years of age or older, he/she may sign this form for himself/herself.