

| WINSTON-SALEM/FORSYTH COUNTY SCHOOLS | | | PARENT PERMISSION (HIGH SCHOOL) INTERSCHOLASTIC ATHLETICS | |
|---|--------|------|--|---------|
| Name of Parent/Legal Custodian: | | | Student-Athlete: | |
| Street Address: | | | School: | Grade: |
| City: | State: | Zip: | Date of Birth: | Gender: |
| Parent/Legal Custodian Phone Home: Work: Cell: | | | Year Student-Athlete Entered 9 th grade: | |
| INSURANCE: School Board Policy 6145 requires that all students who participate in athletics be adequately covered by medical or accident insurance. 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: | | | | |
| Street Address of Other Insurance Co: | | | Group No: | |
| City: | State: | Zip: | Policy Term 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.

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 W-S/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 W-S/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 W-S/FCS allowing the student-athlete to participate in athletics, we agree to release and hold the W-S/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.

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

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

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

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

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

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

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

Elaborate on any positive (yes) answers: _____

If additional space is needed attach a separate sheet

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

Signature of parent/legal custodian: _____ Date: _____

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

Athlete's Name _____ Age _____ Date of Birth _____

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

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

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

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

Optional Examination Elements – Should be done if history indicates

| | | | |
|-------------------|--|--|--|
| HEENT | | | |
| ABDOMINAL | | | |
| 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: _____

Signature of Physician/Extender _____ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: _____

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.

This form is current as of April 2016

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.

Last Updated May 2016

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

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. 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 W-S/FCS and its schools will adhere to any and all penalties listed in the North Carolina High School Athletic Association Handbook and the W-S/FCS AR6145.2 Section V Sportsmanship/Election Regulations.

Protect Your Eligibility; Know the Rules: 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 not be absent more than ten (10) school days in a semester to be eligible for participation in interscholastic athletic activities during the next semester.
3. 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.
4. Must be under 19 years of age on or before August 31st.
5. 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).
6. Must be present for a minimum of fifty (50) % of the student day on the day of an athletic contest in order to participate in the event.
7. Must have passed 6 out of 8 classes during the previous semester and earned a 2.0 QPA during the previous 9-week grading period.
8. Must have received and cleared a medical examination by a licensed physician (or physician's assistant) within the past 365 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.
9. 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.
10. Must not have signed a professional contract, have played on a Jr. college team or be enrolled and attending a class in college.
11. Must not participate in unsanctioned all-star or bowl games.
12. May not receive instructions from your school's coaching staff during the school year outside your sports season (from first practice through final games). Instruction is limited to coach and one or multiple participants in small group settings.
13. 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.
14. May not play, practice, or assemble as a team with your coach on Sunday.
15. May not dress for a contest, sit on bench, or practice if you are not eligible to participate.
16. 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).
17. May attend only those summer camps to which you or your parents pay the fees.
18. Must submit to random drug testing
19. 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.

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 W-S/FCS is unable to contact me, I grant the W-S/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 W-S/FCS authorized athletic trainer. I further accept financial responsibility for such medical care or treatment on behalf of myself and my spouse.

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 or 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 W-S/FCS explaining the W-S/FCS Policy and procedures for random alcohol and drug testing. I, the student, agree to participate in random alcohol/drug testing and I authorize W-S/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 W-S/FCS's random alcohol/drug testing program.

NCHSAA REGULATIONS 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 certify that the home address as parents shown 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 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 eligibility for 365 days.

NCHSAA SPORTSMANSHIP/EJECTION POLICY

We, the student and the parent/legal custodian, acknowledge we have read and understand the NCHSAA and the W-S/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 W-S/FCS Administration Regulation 6145.2.

General Requirements: We, the 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 student and parent/legal custodian, have read this document and understand all of the expectations for athletic participation at my high school.

MUST BE SIGNED BELOW

| | |
|-------------------------|-------|
| Student: | Date: |
| Parent/Legal Custodian: | Date: |

2015-2016 North Carolina High School Athletic Association Eligibility and Authorization Statement
This document is to be signed by the participant of an NCHSAA member school and by the participant's parent.

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

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

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

Student Code of Responsibility

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

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

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

I will respect the property of others.

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

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

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

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

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

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

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

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

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

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

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

Must Be Signed Before Participation

| | | | |
|--|------------|-----------------|------|
| Student's Signature | Birth date | Grade in School | Date |
| Signature of Parent or Legal Custodian | | | Date |

Parental Permission

(To be completed by the parent or guardian)

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director, or coach.

I certify that the home address as parents shown below 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. All other information contained on this form is accurate and current.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis, or even death. It is impossible to eliminate this risk.

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of my student-athlete named below for the following activities circled below:

| | | | |
|---------------|---------------|------------|--------------|
| Baseball | Golf | Swimming | Field Hockey |
| Basketball | Indoor Track | Tennis | |
| Cross Country | Outdoor Track | Volleyball | |
| Football | Soccer | Wrestling | |
| Softball | Cheerleading | Lacrosse | |

Others (School may list): _____

Date: _____ Parent/Guardian's Signature: _____

Name of Student-Athlete:
(please print) _____

Name of Parent/Guardian:
(please print) _____

Address of Parent/Guardian:

NOTE: This statement should be on file in the principal's office and is valid for one school year only.