# Piedmont Community Charter Athletic Information Sheet

**Sport:** _____ **Grade:** _____ **Team:** _____

**Athletes Name:** _____
**Last** **First** **Middle**

**Nick Name:** _____

**Date of Birth:** _____ **Age:** _____
**Month** **Date** **Year**

**Parent / Guardian Name:**

**Father:** _____ **Work Phone:** _____
**Last** **First**
**Cell Phone:** _____

**Home Phone:** _____

**Mother:** _____ **Work Phone:** _____
**Last** **First**
**Cell Phone:** _____

**Home Address:** _____ **Apt:** _____

_____
**City:** **State:** **Zip:**

**Emergency Contacts:**

**Name:** _____ **Phone Number:** _____

**Name:** _____ **Phone Number:** _____

**Name:** _____ **Phone Number:** _____

**Hospital Preference:** _____

**Primary Care Physician:** _____

**Dentist:** _____

**Medical Conditions:** _____

## Student-Athlete Pledge

**As a student-athlete, I know I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash-talking, and unnecessary physical contact. I know the behavior expectations of my school, my coaches, my teachers, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student-athlete.**

**Student-Athlete Signature: _____**

**Date: _____**

## Student-Athlete's Parent Pledge

**As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, support groups, and any others that may be attending the event. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by our school, conference, and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student-athlete.**

**Parent/Legal Guardian Signature: _____**

**Date: _____**

# Piedmont Community Charter School Athletic Participation Form

Please Print:

Name: _____ Grade: ____ Home Phone: _____

Gender: [ ] M [ ] F Date of Birth: _____ Race: _____ Age: _____

Father's Name: _____ Daytime Phone, Cell Phone: _____

Mother's Name: _____ Daytime Phone, Cell Phone: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Person: _____ Phone: _____

***Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.**

Convictions: Check the box that applies to the student named above.

**[ ] 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: _____

**Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports: [Please check all sports that apply]**

[ ] Baseball [ ] Basketball [ ] Soccer [ ] Softball [ ] Volleyball [ ] Cheerleading [ ] Cross Country

*Weight lifting may be a required component of conditioning for any sport.

Insurance: The Piedmont Community Charter School furnishes a supplemental interscholastic Athletic Insurance Policy which provides limited benefits for all students in the system who participate in high school sponsored and supervised interscholastic athletic activities. The policy provides coverage for students with other insurance coverage, but pays only after other benefits have been exhausted.

If your son or daughter should be injured while participating in a high school-sponsored or supervised interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by PCCS:

*Pick up a claim form at your school.

*See a physician within 30 days of 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.

Name of Insurance Company: _____ Policy Number: _____

## Protect Your Eligibility: Know the Rules: To represent your school in athletics, YOU:

• Must be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester, and must be in regular attendance at that school.
• Must not be convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.
• Must not have more than 13.5 total absences (85% attendance requirement in the semester prior to athletic participation.
• Must have not exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sports since first entering grade nine (9).
• Must be under 19 years of age on or before August 31st.
• Must live with your parents or legal custodian within the Piedmont Community Charter School system administrative unit.
• Scholastic Requirements - A student must have passed a minimum load of work during the preceding semester to be eligible during the present semester, Students must also meet local promotion standards set by the LEA.
• Must have received a medical examination by a licensed physician 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 from a licensed physician before practicing or playing.
• Must not accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
• Must not have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college. This does not affect a regularly enrolled high school student who is taking a college course(s) for advanced credit.
• Must not participate in unsanctioned all-star or bowl games.
• May not, as an individual or a team, practice or play during the school day.
• May not play, practice, or assemble as a team with your coach on Sunday.
• May not dress for a contest, sit on the bench, or practice if you are not eligible to participate.
• Must not play more than three (3) games in one sport per week (exceptions: baseball, softball, cheerleading, and volleyball) and not more than one (1) contest per day in the same sport (exceptions: baseball softball cheerleading or volleyball).
• May not participate in any hazing activity. There should be no student-directed initiations.
• Must abide by the team rules of the particular sport he/she is participating in. Failure to abide by the team rules could lead to suspension or dismissal from the team. Participation in athletics Is a privilege In Piedmont Community Charter Schools. The use of social media by a student-athlete considered to be unbecoming of a Piedmont Community Charter School student may result in discipline including suspension or removal from the team or sport.

**Piedmont Community Charter Schools' Code of Sportsmanship:** It is recognized that public/charter school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition.
• Unsportsmanlike acts will not be tolerated. A player Is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athlete ejected from an athletic contest.

**NCHSAA Sportsmanship/Election Policy** - We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy, We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an offical.
• 1st ejection: 2-game suspension In all sports except 1 game for football.
• 2nd ejection: Suspended for the remainder of the sports season.
• 3rd ejection: Suspended from **ALL**, athletic competition for 365 days from the date of the 3rd ejection.

**Transportation for Athletic Events** - If student transportation is by the Piedmont Community Charter School system-owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. Parents or adult drivers should be aware that they may be held responsible for injuries to any individuals that they are transporting and must certify that any private vehicle used is covered by at least the North Carolina state-required insurance coverage. All student-athletes who travel with a team to any away athletic event must return to the school with the team. The only exception to this policy is when both the coach and parent/guardian agree that it Is beneficial for the student-athlete to ride home with the parent/guardian. Student-athletes are not to ride home from athletic events with any other person.

**Infections**- If a participant is suspected of having a communicable skin disease or condition that makes participation appear inadvisable, that student-athlete is not allowed to participate until the coach receives written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent.

**Medical Authorization** - As the parent or legal guardian of this student-athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer.

**Risk of Injury** -We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand the student-athlete will be under the supervision and direction of a PCCS 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 PCCS 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.

We the undersigned student and parent/guardian, certify that the home address shown on 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. We have read this document and understand all of these requirements for athletic participation and agree to comply with the requirements set forth in this document. All information contained in this form is accurate and correct.

Providing false information on this form renders it void and the student-athlete may lose athletic eligibility.

Student Signature: _____ Date: _____

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

***For official use only:***

*This form must be signed by the school principal in cases where the student has indicated on page 1 of this document that they have been convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state. In such cases, participation in high school athletics is denied.*

*School Principal Signature:* _____ *Date:* _____

# Piedmont Community Charter School Athletic Policy

- A student must follow the PCCS Discipline Plan.
- A student must be in school at least ½ a day to practice or play in a game.
- A student that is **assigned or is serving ISS may not practice, play, or ride the team bus**. This non-participation begins immediately upon assignment and ends when the student has completed the total number of days assigned. He/She may not participate the last day of the suspension. It will be up to the individual coach as to any additional disciplinary action.
- An student assigned 3 or more ISS will be **removed from the team immediately**.
- A student that is assigned or is serving OSS will be **removed from the team immediately**.
- Students must follow the team guidelines set for each sport by their coach.

**Athlete's Printed Name: _____**

I have read and understand the PCCS Athletic Participation Policy. I will follow these and the Team Guidelines set by the coach. If at any time I do not meet the standards set by Piedmont Community Charter School, or the coach, the appropriate disciplinary action will be taken.

**Athlete's Printed Name: _____**

**Athlete's Signature: _____**

**Parent's Signature: _____**

**Date: _____**

# PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

## HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.
Name: _____ Date of birth: _____
Date form completed: _____ Sport(s): _____
Sex assigned at birth (F, M, or intersex): _____

How do you identify your gender (optional)? (F, M, non-binary, or another gender):

Have you had COVID-19? (optional; check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (optional; check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots ☐ Three shots ☐ Booster date(s)

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
*Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)*

| | Not at all | Several days | Over half the days | Nearly every day |
|---|---|---|---|---|
| Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | Yes | No |
|---|---|---|
| 1. Do you have any concerns that you would like to discuss with your provider? | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | |
| 3. Do you have any ongoing medical issues or recent illness? | | |
| **HEART HEALTH QUESTIONS ABOUT YOU** | **Yes** | **No** |
| 4. Have you ever passed out or nearly passed out during or after exercise? | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | |
| 7. Has a doctor ever told you that you have any heart problems? | | |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. | | |

| HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*) | Yes | No |
|---|---|---|
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise? | | |
| 10. Have you ever had a seizure? | | |

| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Unsure | Yes | No |
|---|---|---|---|
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? | | | |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | | |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | | |

| BONE AND JOINT QUESTIONS | Yes | No |
|---|---|---|
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? | | |
| 15. Do you have a bone, muscle, ligament, or joint injury that bothers you? | | |

| MEDICAL QUESTIONS | Yes | No |
|---|---|---|
| 16. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ? | | |
| 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | |
| 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)? | | |
| 20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | |
| 21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? | | |
| 22. Have you ever become ill while exercising in the heat? | | |
| 23. Do you or does someone in your family have sickle cell trait or disease? **Unsure** | | |
| 24. Have you ever had or do you have any problems with your eyes or vision? | | |

| MEDICAL QUESTIONS (*CONTINUED*) | Yes | No |
|---|---|---|
| 25. Do you worry about your weight? | | |
| 26. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 27. Are you on a special diet or do you avoid certain types of foods or food groups? | | |
| 28. Have you ever had an eating disorder? | | |

| MENSTRUAL QUESTIONS (optional) | N/A | Yes | No |
|---|---|---|---|
| 29. Have you ever had a menstrual period? | | | |
| 30. How old were you when you had your first menstrual period? | | | |
| 31. When was your most recent menstrual period? | | | |
| 32. How many periods have you had in the past 12 months? | | | |

**Explain "Yes" answers here.**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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## ■ PREPARTICIPATION PHYSICAL EVALUATION

# PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

### *PHYSICIAN REMINDERS*

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION | | |
|---|---|---|
| Height: Weight: | | |
| BP: / ( / ) Pulse: Vision: R 20/ L 20/ Corrected: □ Y □ N | | |
| **MEDICAL** | **NORMAL** | **ABNORMAL FINDINGS** |
| Appearance<br>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | | |
| Eyes, ears, nose, and throat<br>• Pupils equal<br>• Hearing | | |
| Lymph nodes | | |
| Heart[a]<br>• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin<br>• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis | | |
| Neurological | | |
| **MUSCULOSKELETAL** | **NORMAL** | **ABNORMAL FINDINGS** |
| Neck | | |
| Back | | |
| Shoulder and arm | | |
| Elbow and forearm | | |
| Wrist, hand, and fingers | | |
| Hip and thigh | | |
| Knee | | |
| Leg and ankle | | |
| Foot and toes | | |
| Functional<br>• Double-leg squat test, single-leg squat test, and box drop or step drop test | | |

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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# 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

## ■ PREPARTICIPATION PHYSICAL EVALUATION

# MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

□ Medically eligible for all sports without restriction

□ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

□ Medically eligible for certain sports

_____

_____

□ Not medically eligible pending further evaluation

□ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

## SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

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## ELIGIBILITY, CONSENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, LIABILITY WAIVER, AND RELEASE

**The student-athlete and the student-athlete's parent(s)/legal custodian(s) must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed.**

**This document must be signed by the student-athlete of an NCHSAA member school and the student-athlete's parent(s)/legal custodian(s) before participation. Student-athletes may not participate without the signature of the student-athlete and the student-athlete's parent(s)/legal custodian(s).**

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) have read and understood the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA). We understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or athletic director, that the Handbook is available on the NCHSAA's website (nchsaa.org) at no cost, and that we may review it in its entirety if we so choose. We know that our 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, rules adopted by the State Board of Education, and the rules of the NCHSAA. We agree to follow the rules of our school and the NCHSAA and to abide by the school's and the NCHSAA's decisions. We acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. We understand that classroom performance, dropping a class, or taking coursework through other educational options could affect eligibility to participate in athletics.

### 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 the 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.

### LIABILITY WAIVER AND RELEASE

### PLEASE READ CAREFULLY BEFORE SIGNING

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, death, serious neck, head, and spinal injuries that may result in complete or partial paralysis, serious injury to internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury to or impairment of other aspects of the body, or effects on the general health and well-being of the child. Although death and serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, we recognize the importance of the student-athlete following coaches' instructions regarding playing techniques, training, and other team rules. We recognize that we have a responsibility to help reduce that risk. We understand that student-athletes 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 (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) understand that all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, we understand that if the student-athlete is removed from a practice or

competition due to a suspected concussion, he or she will be unable to return to participation unless and until clearance is given in compliance with applicable laws. We also acknowledge that we have received, read, and signed the Gfeller-Waller Concussion Information Sheet, and that we have viewed the CrashCourse concussion education video.

* * *

**I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) hereby irrevocably and unconditionally release, acquit, and forever discharge the NCHSAA, its member schools, and the directors, officers, agents, attorneys, representatives, and employees of the NCHSAA and its member schools (collectively, the "Releasees" and each individually a "Releasee"), from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature whatsoever (including attorneys' fees) that the student-athlete and/or the student-athlete's parent[s]/legal custodian[s] incur or sustain to person, property, or both that arise out of, result from, occur during, or are otherwise connected with or related to the student-athlete's participation in interscholastic athletics, if due to the ordinary negligence of any Releasee(s).**

* * *

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) hereby consent to allow the student-athlete to receive medical treatment that may be deemed advisable by the NCHSAA, its member schools, or member school representatives in the event of injury, accident, or illness while participating in interscholastic athletics, including, but not limited to, the transportation of the student-athlete to a medical facility. We consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a contest. We 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 if the student-athlete is a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. We further authorize the use or disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary. We agree that we have received adequate notice of health care services as required by N.C. Gen. Stat. § 115C-76.45(1) and that our consent herein to such services is sufficient to satisfy N.C. Gen. Stat. §§ 90-21.10B, 115C-76.45(1).

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) give the NCHSAA, its member schools, and member school representatives permission to use and
disclose the necessary personally identifiable information from the student-athlete's education records including academic, financial, and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staff, NCHSAA legal counsel, and the media, for the purpose of receiving proper/necessary medical care and complying with the NCHSAA rules, State Board of Education rules, and any applicable laws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. **We further release the NCHSAA, its member schools, and the directors, officers, agents, attorneys, representatives, and employees of the NCHSAA and its member schools from any and all claims arising out of the use and disclosure of said necessary personally identifiable information.**

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) give the NCHSAA, its member schools, and member school representatives permission to release the student-athlete's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight, year in school, participation history, and other performance-based statistics) and other information as may be requested or presented. We agree that the student-athlete may be photographed or otherwise digitally or electronically captured during school-based competition, and that such product may be used in the course of normal NCHSAA business including commercial and internet-based video and still images. We acknowledge and agree that any of this material may be used without permission or compensation specifically related to the NCHSAA and its events,

without such use constituting a violation of rights under the Family Educational Rights and Privacy Act. We consent to the use of the student-athlete's name, image, likeness, and athletic-related information in reports of contests, promotional literature of the NCHSAA, 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 student-athlete's face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation.

**By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student-athlete. 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 student-athlete's member school. We understand that if we submit a revocation, the student-athlete will no longer be eligible for participation in interscholastic athletics; provided, however, that revoking authorization to use the student-athlete's name, image, likeness, and athletic-related information will not affect eligibility.**

Student's Signature Date of Birth Grade in School Date

**READ THE ABOVE FORM COMPLETELY AND CAREFULLY.**

**YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION AND ITS MEMBER SCHOOLS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN ATHLETIC PARTICIPATION THAT CANNOT BE AVOIDED OR ELIMINATED.**

**BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, ITS MEMBER SCHOOLS, AND ANY DIRECTOR, OFFICER, AGENT, ATTORNEY, REPRESENTATIVE, OR EMPLOYEE OF THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION OR ITS MEMBER SCHOOLS IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD (INCLUDING DEATH), OR FOR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE INHERENT IN ATHLETIC PARTICIPATION. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION HAS THE RIGHT TO REFUSE TO ALLOW YOUR CHILD TO PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

Signature of Parent or Legal Custodian Date

Dear Parents,

The following information is provided as prevention education and to encourage you to seek medical care should your child develop an infection.

**WHAT IS A STAPH INFECTION?**

The bacteria, Staphylococcus Aureus (usually referred to as Staph), is commonly carried on the skin or in the nose of healthy people. Some strains of these bacteria are resistant to a class of antibiotic which is frequently used to treat Staph infections and therefore they are called Methicillin Resistant Staph Aureus or MRSA.

Staph bacteria, including MRSA, can live on the skin or in the nose of healthy people without causing any symptoms of disease. However, injury to the skin, such as a scrape or cut can allow an opportunity for the bacteria to enter the skin and cause an infection. Skin infections, such as abscesses and boils, are the most common forms of this infection. The infected area usually starts out as a small bump resembling a pimple or spider bite which becomes redder and often develops a purulent drainaige.

Infections caused by Staph bacteria or MRSA are usually mild, limited to the surface of the skin, and can be treated successfully with proper hygiene and antibiotics. In rare cases, if left untreated or not recognized early, MRSA infections can be difficult to treat and can progress to life-threatening blood or bone infections because there are fewer effective antibiotics available for treatment.

**WHO GETS A STAPH INFECTION?**

Staph bacteria can be spread among peoople having close contact with an infected person. MRSA is almost always spread by direct physical contact and not through the air. However, MRSA may also spread through indirect contact by touching objects such as towels, sheets, wound dressings, clothing, workout areas, or sports equipment contaminated with Staph bacteria.

**WHAT SHOULD YOU DO IF YOU HAVE A SKIN SORE, ABSCESS OR BOIL?**

It is very important that you be seen by a healthcare provider. If you do not have a healthcare provided, you should go to the emergency room or an urgent care facility. In addition to seeking medical care, please inform your school nurse. It is important that the school nurse speak with you and your child.

**WHAT CAN YOU DO TO PROMOTE HEALING AND TO PREVENT THE SPREAD OF THE INFECTION?**

* Keep the infected area clean as directed by the healthcare provided and covered with a dry bandage.
* Make sure the infected person, family, and close contacts wash hands frequently with soap and water.
* Avoid sharing personal items such as towels, washcloths, razors, clothing or uniforms which may have had contact with the infected wound.

**WHAT CAN YOU DO TO PROMOTE HEALING AND PREVENT THE SPREAD OF THE INFECTION?**

* Wash bed linens and clothes that come into contact with the infected wound with hot water and detergent. Drying clothes in a hot dryer also helps kill bacteria.
*Be sure to take ALL antibiotics and medication prescribed by the healthcare provided.
* Keep return appointments until cleared by the healthcare provided.
* Do not delay seeing a healthcare provider because you don't have a doctor or your inability to pay. Let the school nurse know of your situation so that they may be of help with resources.

**WHAT IS THE SCHOOL DOING TO PREVENT THE SPREAD OF INFECTIONS?**

* Providing education to students, parents, and staff.
* Referring students with suspicious infections to healthcare providers.
* Performing appropriate cleaning of athletic facilities and equipment.
* Insuring infected skin is covered with a bandage and clothing.
* Asking students to satay home if they have a severe infection.

**ATHLETE'S RESPONSIBILITIES:**

* Wash hands frequently with soap and water.
* Shower thoroughly with soap immediately after workout or practice.
* Avoid sharing personal items (e.g. Razors, washcloths, towels, clothing or uniforms
*Report any suspicious skin sore or boil to your parent, coach, doctor and schol nurse.
* Uniforms or clothing work for games or practice and washcloths and towels must be washed using a laundry detergent and hot water after each use.
*Avoid body contact with others if draining pustules are present.
*Cover skin sores with an adhesive bandage and clothing.
* Carefully self-check including private body afeas all skin daily for rashes, pimples of boils that get worse instead of better.
* Athletes involved in close contact sports should receive a body check (not including private body areas) for symptoms of MRSA by the appropriate athletic personnell prior to any game, match or tournament

I UNDERSTAND THAT IF I HAVE SUSPICIOUS INFECTION OR IF I AM DIAGNOSED WITH STAPH OR MRSA I WILL NOT BE ALLOWED TO PARTICIPATE IN ATHLETICS UNTIL RELEASED BY A DOCTOR.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND AGREE THAT I WILL FOLLOW THE RESPONSIBILITIES OUTLINED IN THIS DOCUMENT AS A CONDITION OF PARTICIPATION IN ATHLETICS.

Athlete's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____