

# 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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>			
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: \_\_\_\_\_ ( \_\_\_ S % ile) / \_\_\_\_\_ ( \_\_\_ % ile) Pulse: \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Sports(s): \_\_\_\_\_

**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			
GENTILIA (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)

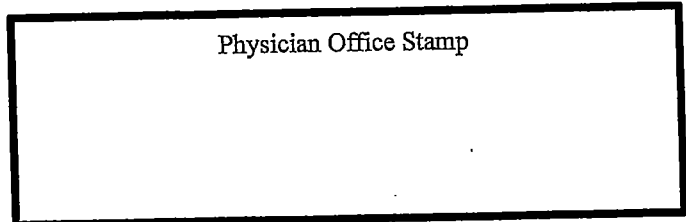
Signature of Physician/Extender: \_\_\_\_\_ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_



(\*\*\* 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 NCHSAA Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

## NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

<b>Name</b>		
<b>Sport</b>		
<b>For the questions below, please circle yes or no</b>		
<b>YES</b>	<b>NO</b>	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, <b>OR</b> have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
<b>Today or in the past 2 weeks have you had any of the following symptoms:</b>		
<b>YES</b>	<b>NO</b>	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
<b>YES</b>	<b>NO</b>	Shaking chills?
<b>YES</b>	<b>NO</b>	A new or worsening cough, shortness of breath or difficulty breathing?
<b>YES</b>	<b>NO</b>	Racing heart, heart skipping beats or fluttering of the heart?
<b>YES</b>	<b>NO</b>	Unusual dizziness, particularly with exercise?
<b>YES</b>	<b>NO</b>	Fatigue or difficulty with exercise?
<b>YES</b>	<b>NO</b>	A sore throat different than associated with seasonal allergies?
<b>YES</b>	<b>NO</b>	New loss of taste or smell?
<b>YES</b>	<b>NO</b>	Nausea, vomiting or diarrhea?
<b>YES</b>	<b>NO</b>	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
<b>YES</b>	<b>NO</b>	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

**By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent/legal custodian: \_\_\_\_\_

Date: \_\_\_\_\_

# 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 Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Medical Conditions:

# 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: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Convictions: Check the box that applies to, \_\_\_\_\_ (student name):

- Is not convicted of a felony in this or any other state OR adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.
- Is convicted of a felony in this or any other state.
- Is adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

The following must be completed if the student is convicted of a felony or is adjudicated as a delinquent:

Convicted or adjudicated of: \_\_\_\_\_  
City and State \_\_\_\_\_ Date Convicted/Adjudicated: \_\_\_\_\_  
Description of Offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court Counselor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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)

- Basketball  Soccer  Cross Country  Cheerleading  Baseball  Softball  Volleyball

\*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

**Protest Your Eligibility; Know the Rules:** To represent your school in athletics, YOU:

- \* Must be properly enrolled student at the time you participate, must be enrolled no later than the 15<sup>th</sup> 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 sport since first entering grade nine (9).
- \* Must be under 19 years of age on or before August 31<sup>st</sup>.
- \* 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 allstar 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 imitations.
- \* 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 School's 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/Ejection 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 official.

- \* 1<sup>st</sup> ejection: 2 game suspension in all sports *except* 1 game for football.
- \* 2<sup>nd</sup> ejection: Suspended for remainder of sport season.
- \* 3<sup>rd</sup> ejection: Suspended from ALL athletic competition for 365 days from date of 3<sup>rd</sup> ejection.

**NCHSAA Regulations Student Athlete Pledge** — As a student athlete, 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 conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

**Parents 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, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school, our 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.

**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. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent 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 an 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 that 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): \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

**2019-2020 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 acknowledge that I have read and understand, the North Carolina High School Athletic Association's (NCHSAA) 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



# Piedmont Community Charter School Athletic Policy

- A student must follow the PCCS Student 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.
- A student that is assigned or is serving OSS will not be allowed to 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.
- Students who continue to get ISS/OSS may face removal from the team. This decision will be made by Coach, Athletic Director, and /or principal, and /or assistant principal.
- Students must follow the team guidelines set for each sport by their coach.
- A student that does not meet the eligibility standards at semester must be removed from the team.

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 Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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 drainage.

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 people 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 provider, 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 provider and covered with a dry bandage.
- \* Make sure the infected person, family, and close contacts must 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 TO 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 provider.
- \* Keep return appointments until cleared by the healthcare provider.
- \* 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 she 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.
- \*Insuring that students not participate in an athletic event if they have a draining wound.
- \* Asking students to stay home if they have a severe infection.
- \*Encouraging good hygiene practices including hand washing.

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 school nurse.
- \*Uniforms or clothing worn 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 areas, all skin daily for rashes, pimples or 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 personnel prior to any game, match or tournament.

I UNDERSTAND THAT IF I HAVE A 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)

### 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: \_\_\_\_\_

# 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 I have a head or body injury that 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

**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.

*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.*