

2021-22 WCPSS High School Athletic Participation Form

INSTRUCTIONS

This form must be completed in its entirety prior to being eligible for athletic participation. Please note that there are 10 pages to this form and all of them must be completed. Incomplete forms will delay your athletic participation. Online submission of this document should be completed through [Dragonflymax.com](#). Click [here](#) to learn how to get started.

Use the following checklist to determine if the WCPSS High School Athletic Participation form is complete.

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| <ul style="list-style-type: none"> <input type="checkbox"/> All student and parent contact information. <input type="checkbox"/> Current sport planning to participate in. <input type="checkbox"/> Conviction section is complete. <input type="checkbox"/> Request for Permission – Sports not allowed to participate in are listed. Please note: WCPSS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, gymnastics, indoor track, lacrosse, soccer, softball, swimming, stunt, tennis, track, volleyball, and wrestling. Weight training may be a required component of conditioning for any sport. <input type="checkbox"/> Athlete's health history is complete. <input type="checkbox"/> Provide details for any "yes" answers in the Athlete's Screening Examination. <input type="checkbox"/> Athlete's Screening Examination must be signed and dated by the student athlete and the parent or legal custodian | <ul style="list-style-type: none"> <input type="checkbox"/> Physical Exam Section is completed and signed by a physician (MD, DO, PA, NP). Note: Doctor of Chiropractic Medicine is not satisfactory. <input type="checkbox"/> Physical Exam Section is dated by the attending physician and signed (MD, DO, PA, NP). <input type="checkbox"/> Physical Exam Section must include the medical office name, address, and phone number of the office where the physical exam was conducted. This may be stamped by the physician's office. <input type="checkbox"/> Participation form is signed and dated by student athlete. <input type="checkbox"/> Participation form signed and dated by a parent or legal custodian. <input type="checkbox"/> Concussion Information for Student/Athletes & Parent/Legal Custodians has been read and understood. <input type="checkbox"/> Student-Athlete & Parent/Legal Custodian Concussion Statement has been filled out, read, initialed and has signatures. <input type="checkbox"/> Make copies of the completed forms for your records. |
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ELIGIBILITY 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 not have exceeded eight consecutive semesters of attendance or have participated in more than four seasons in any sport (one season per year) since first entering grade nine.
- Must be under 19 years of age on or before August 31.
- Must live with a parent or legal custodian within the Wake County Public School System administrative unit. (Must notify the athletic director if not living with a parent or legal custodian.)
- Must be present 100% of the student day on the day of an athletic contest in order to participate in the event. This includes games and practices.
- Must meet promotion requirements at their school to be eligible.
- Must have passed a minimum of five courses during the previous semester in a traditional schedule or three in a block schedule or six for schools on an A/B form of scheduling.
 - Note: Seniors must meet this requirement in order to participate in athletics during the spring sports season of their senior year.
- Requirements for hybrid schedules should be verified with your Athletic Director.
- Must maintain at least a 1.5 overall GPA.
- Must have received a medical examination by a licensed physician within the past 395 days.
- If you miss five or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing.
- Athletes and parents must view the Concussion Education video prior to each season.
- 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 participate (try-out, practice, play) at a second school in WCPSS in the same sport season.
- 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 have an approved WCPSS Appeal for Athletic Participation if the student changed schools any time after initial entry in 9th grade. (this includes transfers, magnet school enrollment, returning to base school, and any other change of school without a bon-a-fide change of residence.)



2021-22 WCPSS High School Athletic Participation Form

Instructions: Print or type and return to school. All student and parent contact information must be complete. All insurance information must be complete. Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.

Athlete's Name: _____
(Last) (First) (Middle)

Student ID: _____ Date of Birth: _____ Gender: M F Race: _____ Sport: _____

Grade: _____ Class of: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Name of Parent 1: _____ Daytime Phone: _____ Cell _____

Name of Parent 2: _____ Daytime Phone: _____ Cell _____

*Legal Custodian: _____ Daytime Phone: _____ Cell _____

Alternate Emergency Contact: _____ Daytime Phone: _____ Cell _____

Family Physician: _____ Phone: _____ Orthopedist: _____ Phone: _____

Insurance Company Name: _____ Policy Number(s): _____

Medical Alerts: Are you allergic to any type of Medications, List: _____

Other allergic reactions, List: _____

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: _____ Phone Number: _____

INSURANCE

The Wake County Public School System (WCPSS) furnishes an Interscholastic Athletic Insurance Policy that provides **limited benefits** for all students in the system who participate in high school sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for students with other insurance coverage, but it pays only when other benefits have been exhausted. In cases in which a student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the WCPSS athletic insurance policy is the primary policy.

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

- Pick up a claim form at your school.
- See a physician within 30 days of the injury.
- Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 60 days of the injury and should include the Explanation of Benefits form from your primary insurance carrier. Please list below the name of your primary insurance carrier and policy number.

REQUEST FOR PERMISSION

We, the student's parent/legal custodian, give my consent for the above-named student to represent his/her school in interscholastic sports, **except for those sports indicated by listing here:** _____

Please note: WCPSS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, gymnastics, indoor track, lacrosse, soccer, softball, swimming, stunt, tennis, track, volleyball and wrestling. Weight training may be a required component of conditioning for any sport.

Name: _____
Class of _____

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

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: M/F _____

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? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	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)?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>



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?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
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

- 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

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

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



■ 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: _____

Address: _____ Phone: _____

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

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____





Athletic Participation Form

Instructions: Student Athlete and Parent/Legal Custodian must read and sign this form.

Hazing: According to WCPSS Board Policy 6420.2, hazing is prohibited. No group or individual shall require a student to wear abnormal dress, play abusive or ridiculous tricks on him/her, frighten, scold, beat, harass, or subject him/her to personal indignity. The Board of Education is required to expel any student convicted of hazing under NC Criminal Statute §14-35.

Code of Sportsmanship: It is recognized that public 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 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.

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, 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.

Football: Student athletes who are members of the school football team must read, review with parent/guardian, and sign an extra form entitled Safety List for Football Players. This form emphasizes specifics of tackling, blocking, running the ball, basic hitting (contact) position, fundamental technique, and fitting/use of equipment. This form will be available from your football coach and must be completed prior to practicing with pads.

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, flagrant contact.

- 1st ejection: 2 game suspension in all sports except 1 game for football (fighting is a four-game suspension in all sports except 2 games for football).
- 2nd ejection: Suspended for remainder of sport season.
- 3rd ejection: Suspended from ALL athletic competition for 365 days from date of 3rd ejection.

Transportation for Athletic Events: If student transportation is by a Wake County 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 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/legal custodian agree that it is beneficial for the student athlete to ride home with the parent/legal custodian. Student athletes are not to ride home from athletic events with any other person.

Medical Authorization: As the parent or legal custodian 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 or first responder.

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 WCPSS 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 WCPSS nor Heads Up Football LLC (if applicable) 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, including (if applicable) participation in Heads Up Football activities.

Residency Requirements: The NCHSAA residency requirements state, "the residence of any student shall be deemed to be that of his or her parents or sole surviving parent. In the event the parents are separated or divorced, the residence of the student shall be that of the parent to whom custody has been awarded by a court of competent jurisdiction. No non-parental guardianship will be recognized where a student has a living parent. Any student proposed for a contest is eligible at the school to which the local board of education assigns him or her within the unit of residence of a parent or legal custodian within this state." According to WCPSS Board Policy 6201 a "legal custodian" is a person or agency awarded legal custody of a child by a court of law. The athletic director of the school must be notified of any student not living with a parent or legal custodian. No person other than a parent or legal custodian may sign off on this document.

We, the undersigned student and parent/legal custodian, certify that the home address shown on this document is our sole, bona fide domicile as provided to the Wake County Public School System's Office Student Assignment. We also agree that we will notify the high school principal immediately of any change in domicile, since such a move may alter eligibility status.



**WAKE COUNTY
PUBLIC SCHOOL SYSTEM**

We have read the eligibility rules and this document and understand all of the requirements for athletic participation. We agree to comply with the requirements set forth in the eligibility rules and this document. All information contained in this document is accurate and correct.

If your child's medications, need for medical assistance, or medical conditions changes after completing this form, contact the Athletic Trainer or First Responder and provide updated health information.

Providing false information on this form may cause the student athlete to lose athletic eligibility.

Student Athlete: _____ (Signature)	_____ (Printed Name of Student Athlete)	Date _____
Parent: _____ (Signature)	_____ (Printed Name of Parent)	Date _____
Legal Custodian: _____ (Signature)	_____ (Printed Name of Legal Custodian)	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: _____