

# ATHLETIC PARTICIPATION FORM 2017-2018



Please Print

Athlete Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_ Student ID# \_\_\_\_\_

Resides with (include all members of household): \_\_\_\_\_

**If student resides with other than parents, attach legal documentation of custody/guardianship or Affidavit provided to Student Assignment.**

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

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

(If applicable) Custodian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

If parents are separated or divorced has the GCS Parental Agreement been completed? Yes - No (please circle)

Is the student on special assignment? Circle one: Yes No. If yes, why? : \_\_\_\_\_

**Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility.**

Alternate Emergency Contact Person: \_\_\_\_\_ Day Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Please indicate Medical Alerts such as allergic reactions, contacts, etc., and attach documentation:

### **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 according to HIPPA and FERPA regulation.

### **Insurance:**

Guilford County Schools (GCS) furnishes an 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 excess coverage for a student 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 GCS 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 GCS.

- 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.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

Parent Initial: \_\_\_\_\_

**Risk of Injury**

By agreeing to participate in athletics parents, custodians and students acknowledge and understand that there is a risk of injury involved in athletic participation. They understand that the student athlete will be under the supervision and direction of a GCS athletic coach. They agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury to the student and other athletes. However, they acknowledge and understand that neither the coach nor GCS 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. By signing this form all parents and students freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

**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: \_\_\_\_\_

This is my \_\_\_ consecutive semester at \_\_\_\_\_ High School, and I entered the ninth grade in the fall of (yr.) \_\_\_\_\_. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ (number) courses.

**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.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf              | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Indoor Track      | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Lacrosse          | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer            | <input type="checkbox"/> Wrestling     |
| <input type="checkbox"/> Field Hockey  | <input type="checkbox"/> Softball          | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Football      | <input type="checkbox"/> Swimming & Diving |  |

Weightlifting may be a required component of conditioning for any sport.

**Summer Camp Participation and Other Additional Costs**

Student Athletes may choose to participate in summer camps or other activities that are at an additional cost to the family. Please be aware that costs incurred for summer participation are strictly voluntary and are in no way a requirement to be a part of a team. The same is true of team shoes, warm-ups and etc. The student's family may choose to purchase these items, but none of these purchases are a requirement. The school assumes no liability for the purchases of equipment or instruction that any family may choose to purchase for a student athlete.

**Transportation for Athletic Events:**

If student transportation is by a Guilford 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/guardian agree that it is beneficial for the student athlete to ride home with the parent/guardian and written documentation must be provided by the parent/guardian. Student athletes are not to ride home from athletic events with any other person.

Parent Initial: \_\_\_\_\_

## 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 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 not** have 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 less than 19 years of age on or before **August 31** of the current school year.
- **Must** be domiciled in the school attendance zone or otherwise assigned to the school by the GCS administration.
- **Must** be present at school on the day of an athletic contest in order to participate in the event. This includes games and practices.
- **Must** have passed a minimum number of courses during the previous semester (3 in a block schedule, 5 in a traditional schedule), must be on academic track to graduate, and must meet the minimum GPA requirements established in Board of Education policy JI and procedures JI-P.
- **Must** have received a medical examination by a licensed physician within the past 395 days. If you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing.
- **Must** sign the Gfeller-Waller Concussion Awareness form annually **prior to** participation in tryouts, practices, or contests.
- **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.
- **Off-Season athletic instruction** is limited to the coach and one or multiple participants in skill development sessions.
- **May not**, as an individual or a team, practice or play during the school day.
- **May not** play, practice or otherwise assemble as a team 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). Although not typical, NCHSAA regulations may allow variance from the weekly limitations in certain situations. (There are also season limitations.)

### 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 Sportsmanship/Ejection Policy:

We acknowledge that we, both the student and parent whose names appear at the end of this document, 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* one (1) game for football. **(Penalty doubled for fighting)**  
Must also complete the NFHS Sportsmanship Program
- 2<sup>nd</sup> ejection: Suspended from all sports for remainder of sport season.
- 3<sup>rd</sup> ejection: Suspended for **ALL** athletic competition for 365 days from date of 3<sup>rd</sup> ejection.

In some circumstances teams may be barred from participating in post-season competition for sportsmanship violations.

### 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.

Parent Initial: \_\_\_\_\_

**2017-2018 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 STUDENT'S AND PARENT'S/LEGAL CUSTODIAN'S SIGNATURE.**

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

**STUDENT CODE OF RESPONSIBILITY**

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

- I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.
- I will be **fully responsible** for my own actions and the consequences of my actions.
- I will **respect the property** of others.
- I will **respect and obey the rules** of my school and laws of my community, state and country.
- I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.
- I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration

**PARENTS, LEGAL CUSTODIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.** The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and their 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**, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I 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 the herein named student's participation. 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 will no longer be eligible for participation in interscholastic athletics.**

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