

2019-2020 PITT COUNTY SCHOOLS Athletic Participation Form

Name: _____ Gender: M F DOB: ___/___/___ Age: _____

Father's name: _____ Daytime phone/Cell phone: _____

Mother's name: _____ Daytime phone/Cell phone: _____

Athlete's address: _____ City: _____ Zip: _____ Phone: _____

Alternate emergency contact: _____ Relationship: _____ Phone: _____

Please indicate MEDICAL ALERTS such as allergic reactions, contact lenses, etc: _____

Name

Request for Permission: I, 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 indicated by listing here: _____

Note: Pitt County Athletics include: Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Lacrosse, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Wrestling, Wrestling Matt Maid, Athletic Training Student, and Student Team Manager.

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 Pitt County Schools (PCS) 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 PCS 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.

Education: We acknowledge that we have reviewed informational materials about the risk of injury in sports, common sport related conditions and injuries, and PCS Preventative Practices that are available at PittCountyAthletics.com

Release: In consideration of PCS allowing the student athlete to participate in athletics, we agree to release and hold PCS, its athletic coaches, contracted personnel, Athletic Trainers, and supervising physicians, harmless and indemnified from and against any and all claims, suits or cases of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.

Insurance: The Pitt County School System furnishes an Interscholastic Athletic Policy which provides limited benefits for all students in the system who participate in a 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 the case in which a student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the PCS athletic insurance policy is the primary policy.

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

- Pick up an *Accident 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 90 days of the date of the injury and should include the *Explanation of Benefits Form* from your primary insurance carrier. Please list below the name of your primary carrier and the policy number.

Name of Insurance Company

Policy Number

CERTIFICATION AND MEDICAL AUTHORIZATION: We certify that all of the information provided by us on this form is correct. We agree to abide by state and local rules. We give our consent for the student to receive a medical screening examination prior to participation in athletics that may include a computer-based activity to assess neurocognitive ability. If the student athlete is injured, we grant PCS, contracted personnel, athletic trainers, and supervising physicians' permission and authority to provide necessary medical care to my child. Treatment may include, but is not limited to, first aid, CPR, medical/surgical treatment recommended by a physician, attempts at joint relocation and invasive diagnostic procedures such as rectal thermometry.

Release of Medical Information:

I also give my permission for members of the Athletic Health Care Team and the treating physician to release and/or receive health related information needed to care for my child throughout the school year when necessary. The Athletic Health Care Team is listed at PittCountyAthletics.com

We, the undersigned student and parent, have read this document and understand and agree to the expectations for athletic participation at Pitt County Schools.

Student:	Date:
Parent/Custodian:	Date:

Athletic Pledge

Student Athlete Pledge
As a student athlete, I am a role model. Using inappropriate language, taunting, baiting, or using unwarranted physical contact directed at opposing players, coaches, or fans is contrary to the spirit of fair play and the good sportsmanship that my school, my conference, and the North Carolina State Board of Education expect of their members. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

Parent Pledge
As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators and support groups. I will participate in cheers that support and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and good sportsmanship that our school, our conference and the North Carolina State Board of Education expect of their members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student athlete.

Affirmation of Domicile and Custody
Only students who meet domicile and custody requirements are eligible to take part in interscholastic competition. Pitt County Schools requires that the following criteria be met:

Domicile – Student athletes must attend the school to which they are assigned by the Board of Education. All students, unless granted a transfer according to Board of Education Policy 10.104 or Policy 10.111, must attend their home school, which is the school in the attendance area where they are domiciled.
According to State Law, although a person may have more than one residence, he/she can have only one domicile. Under Pitt County Board of Education Policy 10.103, the domicile of an un-emancipated minor student is deemed to be that of his/her parent or court-ordered custodian. According to Pitt County Board of Education Policy 10.103, domicile is the location where the parent/custodian lives on a permanent or indefinite basis. One can establish a new domicile only by abandoning the current residence of domicile, with no intent to return to it. The entire family must make the change, taking household goods and furniture.
Custody – Student athletes must be domiciled in Pitt County with a parent, court-appointed custodian or court-appointed guardian or with a caretaker authorized to enroll the student under N.C.G.S. 115C-366 (a3) due to documented parental abandonment, abuse or neglect.

Penalties – If a student dresses for or participates in interscholastic competition in violation of the above requirements, the games in which the student took part will be forfeited. Further, the school could be required to forfeit post-season awards; be banned from taking part in contests for a year; and/or be assessed a penalty upon readmission.

If there is documented proof that a student and/or his/her parent or legal custodian have falsified the student's athletic eligibility, the student shall be dropped from the team for the remainder of the season and become ineligible to participate for 365 days.

Parent/Legal Custodian Statement – I have read and understand the above domicile and custody requirements for interscholastic competition in Pitt County Schools. I hereby certify that my son/daughter meets these criteria. I further note that it is my responsibility to complete another Domicile and Custody Form if my domicile changes during the academic year. I understand that if I sign this document falsely, I subject my child to the risk of being dropped from the team, and subject the school and the district to the risk of forfeiting games, championships and post-season revenues.

Parent/Custodian:	Date:
Student:	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 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 **Gillette-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

Athletic Drug Screening and Testing Consent Form

The Pitt County Board of Education approved a program to drug screen the student athletes of Pitt County Schools. The policy requires that all student athletes consent to and participate in random drug testing; thereafter student athletes may be randomly screened and tested as a condition of participation in interscholastic athletic programs and activities. The student and his/her parent/guardian shall sign a written consent to drug screening and testing before the student participates on an interscholastic team or squad. Please realize that failing to sign this consent form and or submit to the testing means that the student athlete will not be able to try out or participate in any athletic program sponsored by Pitt County Schools.

Consent Form

I, _____, a student of _____ do hereby consent to participate in the School Board approved drug screening and testing program. I authorize the school to administer drug screening and testing and release the results of the test to my parent/guardian, athletic director, and principal.

I, the parent/guardian, _____ of the aforementioned student authorize Pitt County Schools to conduct a drug screening of a sample provided by the student to test for drug use. Consent is also given for release of information concerning the results of such tests to the parent/guardian, athletic director, and principal.

We realize that drug screening/testing in practice is not 100% accurate. Given the lack of total accuracy and the fact that some drugs may remain in an individual's system for a very short period of time we acknowledge that such testing does not guarantee that a student athlete is drug-free.

Student Signature _____ Date _____
 Parent 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.
	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.
	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 _____

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.

1. Does the student-athlete have any chronic medical illnesses (diabetes, asthma (exercise asthma), kidney problems, etc.)? List:	Yes	No	Unsure
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 a doctor 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? Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Chest <input type="checkbox"/> Hip Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> 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"/>
FAMILY HISTORY			
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 _____ %ile / _____ %ile Pulse: _____
 Vision: R 20/ _____ L 20/ _____ Corrected: Y N

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

	NORMAL	ABNORMAL
PULSES	<input type="checkbox"/>	<input type="checkbox"/>
HEART	<input type="checkbox"/>	<input type="checkbox"/>
LUNGS	<input type="checkbox"/>	<input type="checkbox"/>
SKIN	<input type="checkbox"/>	<input type="checkbox"/>
NECK/BACK	<input type="checkbox"/>	<input type="checkbox"/>
SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>
KNEE	<input type="checkbox"/>	<input type="checkbox"/>
ANKLE/FOOT	<input type="checkbox"/>	<input type="checkbox"/>
Other Orthopedic Problems	<input type="checkbox"/>	<input type="checkbox"/>

Optional Examination Elements - Should be done if history indicates

HEENT	<input type="checkbox"/>
ABDOMINAL	<input type="checkbox"/>
GENITALIA (MALES)	<input type="checkbox"/>
HERNIA (MALES)	<input type="checkbox"/>

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 Stravous Moderately stravous Non-stravous

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: _____

Physician Office Stamp

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infection, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, ongoing 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.)