Wake County High School Athletic Participation Form

Instructions, Eligibility Rules and Concussion Information

Instructions: **This form must be completed in its entirety prior to being eligible for athletic participation. Please note that there are five (5) pages to this form and all of them must be completed. Incomplete forms will delay your athletic participation.**

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

- **All student and parent contact information (page 1)**
- **Current sport planning to participate in (page 1)**
- **Conviction section is complete (page 1)**
- **Request for Permission – Sports not allowed to participate in are listed (page 1). Please note:** WCPSS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, gymnastics, indoor track, lacrosse, soccer, softball, swimming, tennis, track, volleyball and wrestling. Weight training may be a required component of conditioning for any sport.
- **Athlete's health history is complete (page 2)**
- **Provide details for any "yes" answers in the Athlete's Screening Examination (page 2)**
- **Athlete's Screening Examination must be signed and dated by the student athlete and the parent or legal custodian (page 2).**
- **Physical Exam Section is completed and signed by a physician (MD, DO, PA, NP (page 3) Note: Doctor of Chiropractic Medicine is not satisfactory.**
- **Physical Exam Section is dated by the attending physician and signed (MD, DO, PA, NP) (page 3)**
- **Physical Exam Section (page 3) 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.**
- **Participation form is signed and dated by student athlete (page 4)**
- **Participation form signed and dated by a parent or legal custodian (page 4)**
- **Concussion Information for Student/Athletes & Parent/Legal Custodians has been read and understood**
- **Student-Athlete & Parent/Legal Custodian Concussion Statement has been filled out, read, initialed and has signatures (page 5)**
- **Pages 2, 4 and 5 must have signatures.**
- **Keep the instructions, eligibility rules and concussion information sheet for your information, and make copies of pages 1 - 5 for your records**

Eligibility Rules; Know the 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 (8) consecutive semesters of attendance or have participated in more than four (4) seasons in any sport (one season per year) since first entering grade nine (9).
- **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 for Fall semester.
- **Must** have passed a minimum of five (5) courses during the previous semester in a traditional schedule or three (3) in a block schedule or six (6) 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.
- **Must** maintain at least a 1.5 overall GPA.
- **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.
- **And your parent/legal custodian must** read the Concussion Information Sheet and both the Student-Athlete and Parent/Legal Custodian must initial and sign the Student-Athlete Concussion Statement. This must be done on an annual basis (once every 365 days).
- **Must no**t 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** receive team instructions from your school's coaching staff during the school year outside your sports season. Instruction is limited to the coach and one or multiple participants in small group settings.
- **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.

CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

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.

Wake County High School Athletic Participation Form

Name: _____ Home Phone: _____ Grade 9○10○11○12○

Student ID # _____ School Attended Last Year _____ Current Sport _____

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

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

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

*Legal Custodian: _____ Daytime Phone, Pager, Cell Phone: _____

***Please note the residency requirements and definition of legal custodian on page 4 of this document.**

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: _____

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.

_____ _____

Name of Insurance Company 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, tennis, track, volleyball and wrestling. Weight training may be a required component of conditioning for any sport.

NAME:_____

Class of _____

Student's Name: _____Age: _____ Sex:_____

This is a screening examination for participation in sports. <u>This does not substitute for a comprehensive examination</u> with your child's regular physician where important preventive health information can be covered.

<u>Athlete's Directions:</u> Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

<u>Parent's Directions:</u> Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

<u>Physician's Directions:</u> We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses (diabetes, asthma, exercise asthma, kidney problems, etc.)? List:	☐	☐	☐
2. Is the athlete presently taking any medications or pills?	☐	☐	☐
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	☐	☐	☐
4. Does the athlete have the sickle cell trait?	☐	☐	☐
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	☐	☐	☐
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	☐	☐	☐
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	☐	☐	☐
8. Has the athlete ever fainted or passed out AFTER exercise?	☐	☐	☐
9. Has the athlete had extreme fatigue (been really tired) associated with exercise (different from other children)?	☐	☐	☐
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	☐	☐	☐
11. Has the athlete ever been diagnosed with exercise-induced asthma?	☐	☐	☐
12. Has a doctor ever told the athlete that they have high blood pressure?	☐	☐	☐
13. Has a doctor ever told the athlete that they have a heart infection?	☐	☐	☐
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	☐	☐	☐
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	☐	☐	☐
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	☐	☐	☐
17. Has the athlete ever had a stinger, burner or pinched nerve?	☐	☐	☐
18. Has the athlete ever had any problems with their eyes or vision?	☐	☐	☐
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints?	☐	☐	☐
☐Head ☐Shoulder ☐Thigh ☐Neck ☐Elbow ☐Knee ☐Chest ☐Hip ☐Forearm ☐Shin/calf ☐Back ☐Wrist ☐Ankle ☐Hand ☐Foot			
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	☐	☐	☐
21. Has the athlete ever been hospitalized or had surgery?	☐	☐	☐
22. Has the athlete had a medical problem or injury since their last evaluation?	☐	☐	☐
FAMILY HISTORY	☐	☐	☐
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	☐	☐	☐
24. Has any family member had unexplained heart attacks, fainting or seizures?	☐	☐	☐
25. Does the athlete have a father, mother or brother with sickle cell disease?	☐	☐	☐

Elaborate on any positive (yes) or Don't Know answers: _____

_____

_____

_____

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 interscholastic sports, **<u>except for the interscholastic sports listed on page 1 of this document in reference to Request for Permission.</u>**

Signature of parent/legal custodian: _____Date: _____

Signature of Athlete: _____Date: _____ Phone #: _____

Physical Examination *(Must be Completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant)* *Note: Doctor of Chiropractic Medicine is not satisfactory.*

Athlete's Name_____ **Age**_____ **Date of Birth** _____

Height_____ **Weight**_____ **BP (____% ile) / _____(____% ile) Pulse**_____

Vision R 20/ _____ **L 20/**_____ **Corrected: Y☐ N☐**

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			
GENTALIA (MALES)			
HERNIA (MALES)			

Clearance:**

☐ **A. Cleared to participate in sports**

☐ **B. Cleared after completing evaluation/rehabilitation for :**_____

☐ **C. Not cleared for:** ☐ **Collision** ☐ **Contact**

☐ **Non-contact** _____**Strenuous** _____**Moderately strenuous** _____**Non-strenuous**

Due to:_____

_____

Additional Recommendations/Rehab Instructions:_____

_____

_____

Name of Physician/Extender:_____

Signature of Physician/Extender_____ **MD☐ DO☐ PA☐ NP☐**
(Signature and circle of designated degree required)

Date of exam:_____

Address: _____

_____

Phone_____

Physician Office Stamp:

(** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or 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 convulsions or concussions, absence of or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors. This form is reviewed annually and was last updated April 2012.

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 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.

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 Office of Growth Management. 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.

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.

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

Student (Signature): _____ Date _____

Parent (Print): _____ Date _____

Parent (Signature): _____ Date _____

***Legal Custodian (Print): _____ Date _____**

***Legal Custodian (Signature): _____ Date _____**

***Please note the residency requirements and definition of legal custodian on page 4 of this document.**

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 _____

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name:_____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s):_____

□ We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.*
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/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 this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/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 on the Concussion Information Sheet.	

_____ _____
Signature of Student-Athlete Date

_____ _____
Signature of Parent/Legal Custodian Date