Wake County Public School System

Middle School Athletic Participation Form **Student ID # _____**

Name: _____ Home Phone #: _____

Address: _____ County _____

City: _____State: _____Zip Code: _____

Gender: ☐M ☐F Date of Birth:_____19_____ Age: _____ Grade: _____

Father's Name: _____Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Mother's Name: _____Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Legal Custodian: _____ Pager #: _____ Cellular #: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Alternate Emergency Contact Person:_____

Relationship: _____Daytime Phone: _____

Insurance: The Wake County Public School System (WCPSS) does not carry accident or medical insurance to cover students' accidental injuries or illnesses. A student accident insurance policy is available on an individual basis and covers accidental injuries that occur during school-sponsored activities. Application and purchase information can be obtained from your child's school. In addition, parents' insurance may also provide coverage for injuries to their child(ren). WCPSS Board policy (6720) addresses the insurance requirements for participating in specified activities.

6720.1 Every student participant in a student activity, which requires accident insurance, shall:
A: Furnish proof of membership in the student accident insurance program, or
B: Furnish proof that compatible coverage is carried in another insurance policy.

6720.2 Student activities requiring student activity insurance coverage are: A) Interscholastic athletic programs, B) Intramural athletic programs, C) Marching bands, D) School patrols, E) Cheerleaders, F) Groups making overnight trips or excursions.

Your child has indicated an interest in participating in a student activity, which requires accident insurance coverage. Please check **A** or **B** below to indicate the method by which the required coverage will be provided. A policy number is **required** for choice **A**.

____A. My child is adequately covered by accident and/or health and/or hospital insurance policy that is in effect during the present school year. This coverage is through:

_____ _____
Name of Insurance Company Policy Number

____B. My child is enrolled in the WCPSS student accident insurance program. I understand that my child is covered upon receipt of the completed application and appropriate premium by WCPSS.

_____ _____
Verification of School Administration Date

Assumption of Risk: It is understood and acknowledged that there is a risk of injury involved in athletic participation. The student athlete will be under the supervision and direction of a WCPSS athletic coach. Following the rules of the game and the instructions of the coach can reduce the risk of injury to the student and to other athletes. However, it is understood 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.

Name _____

Grade _____

Track _____

Name _____ Date of Birth _____

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and circle the correct responses before seeing a physician for the athlete's physical examination.

1.	Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES ☐	NO ☐	DON'T KNOW ☐
2.	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	YES ☐	NO ☐	DON'T KNOW ☐
3.	Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?	YES ☐	NO ☐	DON'T KNOW ☐
4.	Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	YES ☐	NO ☐	DON'T KNOW ☐
5.	Does the athlete have a history of a concussion (being knocked out)?	YES ☐	NO ☐	DON'T KNOW ☐
6.	Has the athlete ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	YES ☐	NO ☐	DON'T KNOW ☐
7.	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	YES ☐	NO ☐	DON'T KNOW ☐
8.	Does the athlete take any medication(s)?	YES ☐	NO ☐	DON'T KNOW ☐
9.	Is the athlete allergic to any medications or bee stings?	YES ☐	NO ☐	DON'T KNOW ☐
10.	Does the athlete have only one of any paired organ? (eyes, kidneys, testicles, ovaries, etc.)	YES ☐	NO ☐	DON'T KNOW ☐
11.	Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition?	YES ☐	NO ☐	DON'T KNOW ☐
12.	Has the athlete had surgery or been hospitalized in the past year?	YES ☐	NO ☐	DON'T KNOW ☐
13.	Has the athlete missed more than five consecutive days of participation in usual activities because of an illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	YES ☐	NO ☐	DON'T KNOW ☐
14.	Are you, the athlete, worried about any problem or condition at this time?	YES ☐	NO ☐	DON'T KNOW ☐
15.	Does the athlete have diabetes?	YES ☐	NO ☐	DON'T KNOW ☐
16.	Is there a family history of diabetes?	YES ☐	NO ☐	DON'T KNOW ☐

***Please give details on any "YES" answer from the above health history.**

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Percent body fat (optional) _____ Pulse _____ Blood Pressure _____

Vision: R _____/_____ uncorrected R_____/_____corrected L_____/_____ uncorrected L_____/_____corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Musculoskeletal: ROM, strength, etc.			
• Neck			
• Spine (Scoliosis)			
• Shoulders			
• Arms/hands			
• Hips			
• Thighs			
• Knees			
• Ankles			
• Feet			
11. Neuromuscular			
12. Diabetes – **check appropriate answers**	YES ☐	NO ☐	
IF YES, INSULIN-DEPENDENT	YES ☐	NO ☐ NON-INSULIN DEPENDENT YES ☐ NO ☐	

Comments re: Abnormal Findings:

Please Print/Stamp

Physician's Name	
Street Address	
City, State, Zip Code	
Telephone	

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner in the United States. (Doctor of Chiropractic Medicine is not satisfactory).

Physician's Signature: _____ Date: _____

PARTICIPATION RESTRICTIONS:

Name _____ Date of Birth _____

Eligibility: In order to be eligible for any athletic activity, the athlete:

- Must meet all eligibility requirements prior to the first tryout/practice date.
- Must complete a WCPSS Middle School Athletic Participation Form and turn in to the school's Athletic Director. The physical portion of the form is valid only for 365 days from the date of the examination.
- Must purchase regular school accident insurance or provide proof of insurance coverage by filling out the insurance information waiver on the Middle School Athletic Participation Form.
- Must meet promotion requirements for the previous school year in order to be eligible for the fall semester. The State Board of Education defines promotion as "progressing to the next grade." Students retained either by the school or the parents will be ineligible. Students must advance from one grade to another.
- Must earn passing grades (D or better) during each semester in one less course than the required core courses to be eligible for participation during the succeeding semester. Passing grades must be attained in language arts and mathematics. In addition to the core course requirements, at least fifty percent of all remaining courses must be passed.
- Must not have more than 14 total absences (85% attendance requirement) in the semester prior to athletic participation.
- Must not turn 15 on or before October 16th of that school year.
- Upon first entering grade seven (7) is academically eligible for competition on middle school teams. All academic and attendance requirements must be met the first semester (fall) in order for this student to be eligible for athletic participation the second semester (spring). No student may be eligible to participate at the Middle School level for a period lasting longer than 4 consecutive semesters beginning with the students first entry into 7th grade.
- 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, if you miss five (5) or more days of practice due to illness or injury, receive a medical release from a licensed physician before practicing or playing.
- Must not practice **OR** play if ineligible.
- Must practice a total of six (6) days before playing in a game in all sports except football, where a player must practice nine days.
- Must not, as an individual or a team, practice or play during the school day.
- Must not play, practice, or assemble as a team with your coach on teacher work days, Saturday (includes year round schools), Sunday, holidays or vacation days.
- Must be present 100% of the student day on the day of an athletic contest in order to participate in the event.
- Must not participate (practice or play) in any athletic event if assigned to In-school suspension (ISS) or Out-of School Suspension (OSS) during that assigned time.

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.

Transportation: Schools provide transportation to and from athletic events. Athletic events include practices and/or games of the sports offered by the WCPSS. If student transportation is by a WCPSS 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. 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. Student athletes who elect to ignore this policy may jeopardize their position on that team.

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. Players are under the coach's control from the time they arrive at the athletic facility until they leave. It is expected that all athletes, coaches, managers, and spectators adhere to the guidelines contained within the sportsmanship brochure entitled, "A guide to promoting sportsmanship in your middle school," which is provided by WCPSS. Noncompliance with these expectations may result in consequential actions being taken by the school.

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, 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. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Name _____ Date of Birth _____

Football: Student athletes who are members of the school football team must read, review with parent(s) / legal custodian(s), 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.

Sports Medicine: Permission is granted to the school athletic trainer or sport safety technician to provide any necessary minor or emergency treatment(s) to the student athlete prior to his/her admission to any medical facility. Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment for the above-named student athlete. I understand that every effort will be made by the attending physician to contact me prior to treatment. Permission is granted to the athletic trainer, sport safety technician, or assigned WCPSS representative, to examine records concerning examination or treatment received by the student athlete. These records may be examined for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in, any athletic program in WCPSS. I agree to furnish the WCPSS sports medicine staff member with any reports or copies of medical records that are requested. I understand that these medical records will be kept confidential.

Parent/Legal Custodian Permission to Participate: The student's parent(s) or legal custodian(s) grant permission for their middle school student to participate in interscholastic athletics in the following sports:
(Please check all sports that apply)

☐ Football	☐ Volleyball	☐ Cheerleading	☐ Soccer	☐ _____
☐ Basketball	☐ Softball	☐ Track	☐ Intramurals	☐ _____

*Weight lifting may be a required component of conditioning for any sport.

Parental Permission: I have read and reviewed the general requirements for middle school athletic eligibility, and have discussed these requirements with my student athlete. I understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal. I certify as a parent or legal custodian that the home address on this form is my sole bona fide domicile, and I will notify the middle school principal immediately of any change in domicile since such a move may alter the eligibility status of my student athlete. 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.

All information on this form is accurate and current. Providing false information on this form may cause the student athlete to lose athletic eligibility. In accordance with the rules of WCPSS, I have read, reviewed, completed (where necessary), and agree to comply with the requirements set forth in this document. This document (pages 1,3,4) is valid only for the current school year. The physical portion (page 2) of the form is valid for 365 days from the date of the examination.

_____ _____
Father (Signature) Date Mother (Signature) Date

_____
Legal Custodian (Signature) Date

Student Athlete: I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) / legal custodian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

_____
Student Athlete (Signature) Date

For official use only:

School Year_____ Date received_____ Checked for Completeness_____

Semester 1		**Semester 2**		
Total Absences	_____	Total Absences	_____	DoB_____
Promoted	_____			
Language Arts	_____	Language Arts	_____	
Mathematics	_____	Mathematics	_____	
Social Studies	_____	Social Studies	_____	
Science	_____	Science	_____	
Half of Remaining Courses	_____	Half of Remaining Courses	_____	