

DAVIDSON COUNTY SCHOOLS STUDENT ATHLETIC PARTICIPATION FORM

| STUDENT INFORMATION | | | |
|--|--|--|--|
| School Name _____ | | Date _____ | |
| Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> LAST FIRST MIDDLE </div> | | | |
| Address _____ <div style="text-align: center; font-size: x-small;">ADDRESS LINE 1</div> | | Phone # () _____ <div style="text-align: center; font-size: x-small;">AREA</div> | |
| _____ <div style="text-align: center; font-size: x-small;">ADDRESS LINE 2</div> | | Date of Birth _____ <div style="text-align: center; font-size: x-small;">MONTH/DAY/YEAR</div> | |
| _____ <div style="text-align: center; font-size: x-small;">CITY, STATE, ZIP CODE</div> | | Grade _____ Gender M F <div style="text-align: right; font-size: x-small;">(circle)</div> | |
| Has the student ever been convicted of a felony? (circle) YES NO | | | |
| Father's Name _____ Email _____ Home Phone () _____ <div style="text-align: center; font-size: x-small;">AREA</div> Cell Phone () _____ <div style="text-align: center; font-size: x-small;">AREA</div> | | Mother's Name _____ Email _____ Home Phone () _____ <div style="text-align: center; font-size: x-small;">AREA</div> Cell Phone () _____ <div style="text-align: center; font-size: x-small;">AREA</div> | |
| EMERGENCY CONTACT INFORMATION | | PHYSICIAN INFORMATION | |
| Contact Name _____ Daytime Phone () _____ <div style="text-align: center; font-size: x-small;">AREA</div> Home Phone () _____ <div style="text-align: center; font-size: x-small;">AREA</div> Cell Phone () _____ <div style="text-align: center; font-size: x-small;">AREA</div> | | Family Physician Name: _____ Phone # () _____ <div style="text-align: center; font-size: x-small;">AREA</div> Hospital Preferred: _____ | |
| INSURANCE | | | |
| <p>It is strongly recommended that all student athletes be enrolled in a comprehensive accident and health insurance program. This is a requirement for participation in the varsity football program; parents must either provide proof of existing coverage (for football participation) or elect to enroll in the football insurance program (information is available at the school).</p> <p>Students participating in any athletic activity other than varsity football may elect to participate in the voluntary insurance program (information available at the school). This is an excellent opportunity to "cover" your child's participation in athletic activities at a reasonable cost.</p> <p style="text-align: center;"><u>INSURANCE IS REQUIRED OF ALL FOOTBALL PLAYERS</u></p> <p>Does your child plan on playing football? (Circle) YES NO</p> <p>Insurance Company Name: _____</p> <p>Group # _____ Policy # _____</p> | | | |
| RISK OF INJURY | | | |
| <p>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 DCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury. However, we acknowledge and understand that neither the coach nor DCS 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.</p> <p>Therefore, we agree to release and hold Davidson County Board of Education, its coaches/employees free, harmless, and indemnified from and against any and all claims, suits, or causes of action arising out of any injury that the student athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.</p> | | | |
| _____ <div style="text-align: center; font-size: x-small;">STUDENT SIGNATURE</div> | | _____ <div style="text-align: center; font-size: x-small;">DATE</div> | |
| _____ <div style="text-align: center; font-size: x-small;">PARENT SIGNATURE</div> | | _____ <div style="text-align: center; font-size: x-small;">DATE</div> | |

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 athletic 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 that comes with being the parent of a student athlete.

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.

1st ejection: 2-game suspension in all sports *except* one (1) game for football.

2nd ejection: Suspended for remainder of sport season.

3rd ejection: Suspended for *ALL* athletic competition for 365 days from date of 3rd ejection.

AUTHORIZATION TO PARTICIPATE

1. I have answered and reviewed the questions above and give permission for my child to participate in sports.
2. 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/first responder.
3. We certify that the home address shown in this document file is my sole bona fide residence, and I will notify the school principals immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information contained in this form is accurate and correct.
4. We certify that the student athlete meets the NCHSAA/DCS eligibility requirements which include factors such as age, attendance, scholastic, medical examination, residency and has not been convicted of a crime classified as a felony or adjudicated delinquent for an offense that would be a felony if committed by an adult.
5. We, the undersigned student and parent/guardian, have read this document and understand all of these requirements

Student: _____
Signature

_____ Date

Parent/Guardian: _____
Signature

_____ Date

Parent/Guardian: _____
PLEASE PRINT NAME

2020-2021 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 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 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

School Year _____



INTERSCHOLASTIC ATHLETICS
RESIDENCY VERIFICATION FORM

This verification form must be signed before a student may participate in an athletic practice or game

STUDENT'S NAME (PRINT) _____

SCHOOL _____

I understand the eligibility requirements for me to take part in interscholastic athletics in Davidson County Schools.

By signing this honor code, I promise that:

- All information I am giving on this honor code is the truth.
- I live in the attendance area for my school, or I received an approved transfer to this school.
- The home address my parents gave to the registrar and the athletic director at my school is where I actually live today with my parents, legal guardian or custodian.
- I have written my correct and current home address below.
- At any time in the future if my address should change I will immediately notify the registrar, principal and or the athletic director of such change in address.

Further, I am aware that if I:

- give false information about athletic eligibility to my school, my entire team and I may be penalized by the North Carolina High School Athletic Association and by Davidson County Schools. I may lose the privilege of playing sports and my team may have to forfeit games.

STUDENT SIGNATURE _____

PARENT OR LEGAL GUARDIAN
NAME (PRINT) _____

PARENT OR LEGAL GUARDIAN
SIGNATURE _____

DATE _____

ADDRESS _____

To be retained at the school site for the entire school year.



Acknowledgment of Limitations Provided by Helmets:

“Contact in any sport may result in concussion/brain injury, which no helmet can prevent. Symptoms include: loss of consciousness or memory, dizziness, headache, nausea or confusion. If you have symptoms, immediately stop and report them to your coach, certified athletic trainer, first responder, and parents. Do not return to a game or contact until all symptoms are gone and you receive medical clearance from a licensed physician (must have a completed “Return to Play” form from NCHSAA website).

Ignoring this warning may lead to another and more serious or fatal brain injury.

NO HELMET SYSTEM CAN PROTECT YOU FROM SERIOUS BRAIN AND/OR NECK INJURIES INCLUDING PARALYSIS OR DEATH. THERE IS NO ASSURANCE THAT A HELMET CAN PROTECT YOUR CHILD FROM HEAD INJURY IN ANY SPORT, ESPECIALLY IN FOOTBALL.

Printed Name: _____ Signature: _____ Student Athlete

Printed Name: _____ Signature: _____ Parent

Date: _____

Novant Health: Potential Benefits and Risks in Sports

By signing below: I acknowledge that I have read and understand the **Sudden Cardiac Arrest, Heat Related Illness, Safe Weight Loss and Weight Gain for Young Athletes**, and **The Competitive Edge: Winning Nutrition** education and information sheets as well as the **Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet**.

Parent Name (print): _____

Parent Signature: _____

Date: __/__/_____

Athlete Name (print): _____

Athlete Signature: _____

Date: __/__/_____

A copy of **Sudden Cardiac Arrest, Heat Related Illness, Safe Weight Loss and Weight Gain for Young Athletes**, and **The Competitive Edge: Winning Nutrition**, and can be found at www.oakgrovegrizzlies.com

Gfeller–Waller NCHSAA Student–Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

| Thinking/Remembering | Physical | Emotional/Mood | Sleep |
|--|-------------------------------------|--|--------------------------|
| Difficulty thinking clearly | Headache | Irritability-things bother you more easily | Sleeping more than usual |
| Taking longer to figure things out | Fuzzy or blurry vision | Sadness | Sleeping less than usual |
| Difficulty concentrating | Feeling sick to your stomach/queasy | Being more moody | Trouble falling asleep |
| Difficulty remembering new information | Vomiting/throwing up | Feeling nervous or worried | Feeling tired |
| | Dizziness | Crying more | |
| | Balance problems | | |
| | Sensitivity to noise or light | | |

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport–Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print)_____

Parent/Legal Custodian Name(s): (please print)_____

Student-
Athlete
Initials

Parent/Legal
Custodian(s)
Initials

| | | |
|--|--|----------------|
| | A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available. | |
| | A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury. | |
| | I will tell my parents, my coach and/or a medical professional about my injuries and illnesses. | Not Applicable |
| | If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion. | Not Applicable |
| | I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms. | |
| | I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion. | |
| | Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit. | |
| | I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury. | |
| | After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away. | |
| | Sometimes, repeat concussions can cause serious and long-lasting problems. | |
| | I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet. | |
| | I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand. | |

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date