

# Chatham County Schools Middle 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 six (6) 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 Chatham County Schools (CCS) Middle 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: CCS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, 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 (pages 2 & 3)
- Provide details for any "yes" answers in the Athlete's Screening Examination (pages 2 & 3)
- Athlete's Screening Examination must be signed and dated by the student-athlete and the parent or legal custodian (page 3).
- Physical Exam Section is completed and signed by a physician (MD, DO, PA, NP (page 4) Note: Doctor of Chiropractic Medicine is not satisfactory. (page 4)
- Physical Exam Section is dated by the attending physician and signed (MD, DO, PA, NP) (page 4)
- Physical Exam Section (page 4) 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 5)
- Participation form signed and dated by a parent or legal custodian (page 5)
- 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 6)
- Pages 3, 5, and 6 must have student-athlete and parent/legal custodian signatures.
- Keep the instructions, eligibility rules, and concussion information sheet for your information, and make copies of pages 1-7 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 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 thirteen (13) total absences (85% attendance requirement) in the semester prior to athletic participation.
- Must** be in the 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade
- Must not** have exceeded six (6) consecutive semesters of attendance or have participated in more than three (3) seasons in any sport (one season per year) since first entering grade six (6).
- Must** be under 15 years of age on or before August 31, 2021.
- Must** live with a parent/legal custodian, be legally emancipated, or be covered by McKinney Vento and live within the Chatham County Schools administrative unit. (Must notify the athletic director if not living with a parent /legal custodian.)
- Must** be counted present by PowerSchool on the day of an athletic game or practice in order to participate or the absence must be considered an excused absence per administration.
- Must** meet promotion requirements at their school to be eligible.
- Must** have passed a minimum of three (3) out of four (4) core courses (Math, Language Arts, Science, and Social Studies) during the previous semester. Two (2) of the core courses passed must be Math and Language Arts.
- Must** have received a medical examination by a licensed physician within the past 395 days; if you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing.
- 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 not** accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
- May not** participate (try-out, practice, play) at a second school in CCS in the same sport season without a bona fide move.
- May not usually**, 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.
- Must not** play more than three (3) games/contests in one (1) sport per week.

Approved for use in 2021-2022 School Year

# Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Guardian 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.*

# Chatham County Schools Middle School Athletic Participation Form

Please Print or Type

Athlete's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) Class of: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Sport: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

\*Legal Custodian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Page/Cell: \_\_\_\_\_

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

Alternate Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Page/Cell: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Orthopedist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number/s: \_\_\_\_\_

**Medical Alerts:** Are you allergic to any type of Medications, List: \_\_\_\_\_

**Other allergic reactions,** List: \_\_\_\_\_

**Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.**

<p><b>Convictions:</b> Check the box that applies to, _____ (student name):</p> <p><input type="checkbox"/> <b>Is not convicted</b> of a felony in this or any other state <b>OR adjudicated</b> as a delinquent for an offense that would be a felony if committed by an adult in this or any other state</p> <p><input type="checkbox"/> <b>Is convicted</b> of a felony in this or any other state</p> <p><input type="checkbox"/> <b>Is adjudicated</b> as a delinquent for an offense that would be a felony if committed by an adult in this or any other state</p> <p><b>The following must be completed if the student is convicted of a felony or is adjudicated as a delinquent:</b></p> <p>Convicted or adjudicated of: _____</p> <p>City and State: _____ Date Convicted/Adjudicated: _____</p> <p>Description of Offense: _____</p> <p>Court Counselor: _____ Telephone Number: _____</p>
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**Insurance:** Chatham County Schools (CCS) furnishes an Interscholastic Athletic Insurance Policy that provides limited benefits for all students in the system who participate in middle 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 CCS athletic insurance policy is the primary policy. Note: the CCS policy may not pay the full remaining balances.

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

- 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.

**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:**

CCS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, lacrosse, soccer, softball, swimming, tennis, track, volleyball, and wrestling. Weight training may be a required component of conditioning for any sport.

Rev. June 2017

NAME:

Class of

**NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT**  
**PREPARTICIPATION EXAMINATION FORM /**  
**ASOCIACIÓN DE ATLETISMO DE LAS ESCUELAS DE SECUNDARIA SUPERIOR DE CAROLINA DEL NORTE**  
**FORMULARIO DE EXAMINACIÓN PARA LA PARTICIPACIÓN EN DEPORTES**

Student Athlete's Name / Nombre del estudiante atleta: \_\_\_\_\_

DOB / la fec. nac. : \_\_\_\_\_ Age / Edad: \_\_\_\_\_ Gender / Género: \_\_\_\_\_

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.**

Este es una evaluación para la participación en deportes. **No sustituye un examen detallado con el médico regular de su hijo(a), donde información de salud importante y preventiva puede ser cubierta.**

**Student-Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Instrucciones para el deportista:** Por favor, revise todas las preguntas junto con su padre/madre/tutor legal y contéstelas lo mejor posible de acuerdo a su conocimiento.

**Parent/Legal Custodian Directions:** Please make sure 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.

**Instrucciones para los padres de familia:** Por favor, asegúrese que todas las preguntas son contestadas lo mejor posible de acuerdo a lo que sabe. Si no entiende o no sabe la respuesta a una pregunta, por favor, pregúntele a su médico. El no divulgar información precisa puede perjudicar la salud de su hijo(a) mientras hace deporte.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

<b>Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed / En el espacio de abajo explique todas sus respuestas que contestó con "Sí" o "No sé"</b>	<b>Yes / Sí</b>	<b>No</b>	<b>Unsure / No sé</b>
<b>1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, migraine, etc.]? List: ¿El deportista tiene alguna enfermedad crónica [diabetes, asma (asma inducida por ejercicio), problemas con los riñones, etc.]? Enumere:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Is the student-athlete presently taking any medications or pills? ¿El deportista está tomando actualmente algún medicamento o pastillas?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)? ¿El deportista tiene alguna alergia (a medicina, las abejas u otros insectos que pican, látex)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Does the student-athlete have the sickle cell trait? ¿El deportista tiene la enfermedad de células falciformes?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion? ¿Alguna vez el deportista se ha lastimado la cabeza, ha sido noqueado, o ha tenido una contusión?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities? ¿Alguna vez el deportista se ha lastimado la cabeza (insolación) o calambres musculares severos con actividades?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion, or startle? ¿Alguna vez el deportista se ha desmayado o casi se ha desmayado MIENTRAS está haciendo ejercicio, o al emocionarse o espantarse?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Has the student-athlete ever fainted or passed out AFTER exercise? ¿Alguna vez el deportista ha desmayado o ha perdido el conocimiento DESPUÉS de hacer ejercicio?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)? ¿Alguna vez el deportista ha tenido fatiga (cansancio extremo) con el ejercicio (diferente de otros niños)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise? ¿Alguna vez el deportista ha tenido dificultad para respirar mientras está haciendo ejercicio, o le ha dado tos con el ejercicio?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Has the student-athlete ever been diagnosed with exercise-induced asthma? ¿Alguna vez un médico le ha dicho al deportista que tiene asma inducida por el ejercicio?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Has a doctor ever told the student athlete that they have high blood pressure? ¿Alguna vez un médico le ha dicho al deportista que tiene presión alta?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Has a doctor ever told the student-athlete that they have a heart infection? ¿Alguna vez un médico le ha dicho al deportista que tiene una infección del corazón?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Has the 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? ¿Alguna vez un médico ordenó un electrocardiograma u otra prueba para el corazón del deportista, o le han dicho al deportista que tiene un soplo en el corazón?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Has the student-athlete ever had discomfort, pain, or pressure in their chest during or after exercise or complained of their heart "racing" or "skipping beats"? ¿Alguna vez el deportista ha tenido molestias, dolor o presión en el pecho durante o después de hacer ejercicio o se ha quejado de sentir el corazón acelerado (palpitaciones) o latidos irregulares del corazón?</b>	<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? ¿Alguna vez el deportista ha tenido una convulsión o ha sido diagnosticado con un problema de convulsiones inexplicables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner, or pinched nerve? ¿Alguna vez el deportista ha tenido un nervio pinchado, quemado o lastimado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision? ¿Alguna vez el deportista ha tenido problemas con sus ojos o de visión?	<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? ¿Alguna vez el deportista ha tenido un esguince, dislocado, fracturado, roto o ha tenido inflamación repetida u otra herida en cualquier hueso o articulación? <input type="checkbox"/> Head/Cabeza <input type="checkbox"/> Shoulder/Hombro <input type="checkbox"/> Thigh/Muslo <input type="checkbox"/> Neck/Cuello <input type="checkbox"/> Elbow/codo <input type="checkbox"/> Knee/Rodilla <input type="checkbox"/> Forearm/Antebrazo <input type="checkbox"/> Shin/calf/Pantorrilla <input type="checkbox"/> Back/Espalda <input type="checkbox"/> Wrist/Muñeca <input type="checkbox"/> Ankle/Tobillo <input type="checkbox"/> Hand/Mano <input type="checkbox"/> Chest/Pecho <input type="checkbox"/> Foot/Pie <input type="checkbox"/> Hip/Cadera <input type="checkbox"/> Other/Otro: _____	<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? ¿Alguna vez el deportista ha tenido un problema alimenticio o usted tiene alguna preocupación acerca de sus hábitos alimenticios o su peso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery? ¿Alguna vez el deportista ha sido hospitalizado o ha tenido una cirugía?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation? ¿El deportista ha tenido un problema de salud o se ha lastimado desde su última evaluación física?	<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). (Coloque una marca al lado de cada enunciado que corresponda al deportista, provea más detalles en el espacio provisto a continuación). a. Has the student-athlete had little interest or pleasure in doing things? ¿El deportista ha tenido poco interés o placer en hacer las cosas? b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? ¿El deportista se ha sentido triste, deprimido o desesperado durante más de 2 semanas seguidas? c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? ¿El deportista se ha sentido mal acerca de sí mismo(a), que es un fracasado(a) o está defraudando a su familia? d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others? ¿El deportista ha tenido pensamientos donde estaría mejor muerto o ha pensado hacerse daño a sí mismo(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY/HISTORIA FAMILIAR</b>	<b>Yes / Sí</b>	<b>No</b>	<b>Unsure / No sé</b>
24. Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)? ¿Algún miembro de la familia ha fallecido repentinamente o inesperadamente antes de los 50 años (incluyendo el síndrome de muerte infantil repentina (SIDS, por sus siglas en inglés), accidente de coche, ahogo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting, or seizures? ¿Algún miembro de la familia ha tenido ataques, desmayos o convulsiones repentinos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother, or brother with sickle cell disease? ¿El padre, madre o algún hermano(a) del deportista tienen la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain “yes” or “unsure” answers here / Escriba acerca de las respuestas a las cuales contestó "Sí" o “No sé”:

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*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.*

*Al firmar en la parte de abajo usted está indicando que está de acuerdo con que ha revisado y contestado todas las preguntas anteriores/ Cada pregunta es respondida y es correcta según mi conocimiento. Además, como padre de familia o tutor legal, doy mi consentimiento para esta evaluación y doy permiso para que mi hijo(a) participe en deportes.*

Signature of parent/legal custodian / Firma del padre/tutor legal: \_\_\_\_\_

Date / Fecha: \_\_\_\_\_ Phone / Telefónico #: \_\_\_\_\_

Signature of athlete / Firma del deportista: \_\_\_\_\_ Date / Fecha: \_\_\_\_\_

Student-Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP ( % ile) / ( % ile) Pulse: \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Sports(s): \_\_\_\_\_

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

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
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
- D. Not cleared for:       Collision                       Contact  
 Non-contact                      \_\_\_\_\_ Strenuous    \_\_\_\_\_ Moderately strenuous    \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_ (Please print)

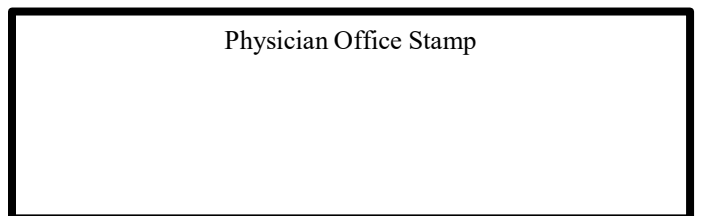
Signature of Physician/Extender: \_\_\_\_\_ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_



(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic 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.) **This form is approved by the NCHSAA Sports Medicine Advisory Committee and the NCHSAA Board of Directors.**

**Hazing:** According to CCS Board Policy 4303-C-II21, 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.

**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.

1<sup>st</sup> 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).

2<sup>nd</sup> ejection: Suspended for remainder of sport season.

3<sup>rd</sup> ejection: Suspended from ALL athletic competition for 365 days from date of 3<sup>rd</sup> ejection.

**Transportation for Athletic Events:** All athletes must travel to and from athletic contests in transportation provided by the athletic department unless previous arrangements are made by the parents for exceptional situations or permitted by the coach. If permitted by the coach, written permission on approved CCS documentation must be given by the parent or guardian for the student/athlete to ride with an adult other than the parent/guardian.

**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 CCS 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 CCS 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." 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 Chatham County Schools. We also agree that we will notify the middle 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-Athlete:** \_\_\_\_\_ Date \_\_\_\_\_  
(Signature) (Printed Name of Student-Athlete)

**Parent** \_\_\_\_\_ Date \_\_\_\_\_  
(Signature) (Printed Name of Parent)

**Legal Custodian** \_\_\_\_\_ Date \_\_\_\_\_  
(Signature) (Printed Name of Legal Custodian)

**\*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 middle school athletics is denied.**

School Principal Signature: \_\_\_\_\_

# 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