



Jimmy C. Draughn High School

709 Lovelady Road NE
Valdese, NC 28690

828 - 879 - 4200 Phone

828 - 879 - 4201 Fax

Principal, Patrick Draughn

ATHLETIC PARTICIPATION FORM

This form is to be filled out completely and filed in the office of the athletic director before the student can participate in the school athletic program.

STUDENT _____
SCHOOL _____ GRADE _____ DATE _____
ADDRESS OF STUDENT _____
CITY _____ STATE _____ ZIP CODE _____
PARENTS NAME _____ TELEPHONE NO _____

PLEASE CIRCLE THE SPORT OR SPORTS YOU WISH TO COMPETE IN DURING THIS SCHOOL YEAR.

- | | | | | |
|------------|-----------|--------------|--------|---------------|
| FOOTBALL | SOCCER | VOLLEYBALL | TENNIS | CROSS-COUNTRY |
| BASKETBALL | WRESTLING | SWIMMING | TRACK | BASEBALL |
| SOFTBALL | GOLF | CHEERLEADING | | |

I certify that the home address as parents shown above is my sole bona fide residence and I will notify the athletic director immediately of any change in my residence.

SIGNATURE OF STUDENT _____

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INSURANCE WAIVER

_____ of DRAUGHN HIGH SCHOOL is adequately covered by accident insurance with the _____ insurance company. Neither the coaches, the school or the Burke County Board of Education will be responsible for any claim due to any injury received by the above named athlete, participating in the above circled sports during the 20__-20__ school year.

PARENTS SIGNATURE _____

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PARENT PERMISSION

As parent or legal guardian of _____, I hereby give my consent for his/her practice and play in the athletic events circled above. I also give permission for the treatment deemed necessary for a condition arising during participation, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

PARENTS SIGNATURE _____

Student Athlete Pledge

As a student athlete, I know 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.

Student Athlete

Date

Student Athlete's 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.

Parent(s)

Date

Coaches' Pledge

As a coach, I acknowledge that I am a role model. I know that the principles of good sportsmanship are integrity, fairness, and respect. While teaching the skills of the game, I must also teach student athletes how to win and lose graciously, and that sport is meant to be educational and fun. I know the behavior expectations of me by this school, conference, and the NCHSAA, and hereby accept my responsibility to be a model of ethical behavior, integrity, and good citizenship.

Coach

Date