

Cleveland County High School Athletic Participation Form

16-17 SY

NAME:

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

Student ID # _____ School Attended Last Year _____

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: _____

Request for Permission: We, the undersigned student and the student's parent/legal custodian, apply for permission to participate in interscholastic athletics in the following sports: (Please check all sports that apply)

- | | | | |
|----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Tennis | | |

Insurance: The Cleveland County School System furnishes an Interscholastic Athletic Insurance Policy that provides limited benefits for all students in the system who participate in high school and middle school sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for students with other insurance coverage, but it pays after the primary insurance policy has paid. 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.

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 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 90 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.

Class of _____

Name of Insurance Company

Policy Number