

# Cleveland County High School Athletic Participation Form

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.**

<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>_____</p> <p>Court Counselor: _____ Telephone Number: _____</p>
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**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.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

NAME: \_\_\_\_\_

Class of \_\_\_\_\_

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

**Patient's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

*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.*

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

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip			
<input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot			
19. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the athlete have any chronic medical illnesses (diabetes, asthma, kidney problems, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers:

\_\_\_\_\_  
 \_\_\_\_\_

*I have reviewed and answered each question above, and assure that all are accurate responses. Furthermore, I give permission for my child to participate in sports.*

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

**These are required elements for all examinations**

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
<b>PULSES</b>			
<b>HEART</b>			
<b>LUNGS</b>			
<b>SKIN</b>			
<b>NECK/BACK</b>			
<b>SHOULDER</b>			
<b>KNEE</b>			
<b>ANKLE/FOOT</b>			
<b>Other Orthopedic Problems</b>			

**Optional Examination Elements – Should be done if history indicates**

<b>HEENT</b>
<b>ABDOMINAL</b>
<b>GENITALIA (MALES)</b>
<b>HERNIA (MALES)</b>

**Clearance\*\*:**

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_
- C. Not cleared for:     Collision                       Contact
- Non-contact                      \_\_\_\_\_ Strenuous    \_\_\_\_\_ Moderately strenuous    \_\_\_\_\_ Non-strenuous

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

**Additional Recommendations/Rehab Instructions:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP  
 (Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_

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

Phone \_\_\_\_\_

**Physician Office Stamp:**

(\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or 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 convulsions or concussions, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee December 2009, and the NCHSAA Board of Directors reviewed annually.

## **Protect Your Eligibility; Know the Rules: To represent your school in athletics, YOU:**

- **Must** be a properly enrolled student at the time you participate, must be enrolled no later than the 15<sup>th</sup> day of the present semester, 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 exceeded eight (8) consecutive semesters of attendance or have participated in more than four (4) seasons in any sport (one season per year) since first entering grade nine (9).
- **Must** be under 19 years of age on or before August 31.
- **Must** be present 50% of the student day on the day of an athletic contest in order to participate in the event. This includes games and practices.
- Students serving an out-of-school suspension or assigned to in-school suspension or participating in an alternative program (Turning Point Academy) **shall not** participate in interscholastic activities or practices during the assigned time and may regain eligibility after completion of the suspension (Policy # 4500).
- **Must** meet promotion requirements at their school to be eligible for Fall semester.
- **Must** have passed a minimum of five (5) courses during the previous semester in a traditional schedule or three (3) in a block schedule.
- **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.
- **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.
- **Must not** have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college. This does not affect a regularly enrolled high school student who is taking a college course(s) for advanced credit.
- **Must not** participate in unsanctioned all-star or bowl games.
- **May not** participate at a second school in CCS in the same sport.
- **May not**, 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.

**Hazing:** According to CCS Board Policy, 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.

**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.

- 1<sup>st</sup> ejection: 2 game suspension in all sports *except* 1 game 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.

**Exception:** Fighting will carry a 2 game suspension for football and 4 game suspension for other sports.

**Transportation for Athletic Events**—All athletes must be transported to athletic events on CCS activity buses. The coach or school can allow athletes to ride home from an athletic event with the parent/legal custodian. Student athletes are not to ride home from athletic events with any other person other than their parents/legal custodian.

**Sports Medicine and Consent to Treat:** 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 CCS 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 CCS. I agree to furnish the CCS 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.

**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.” According to CCS Board Policy 4050 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 the Cleveland County School System. We also agree that we will notify the high school principal immediately of any change in domicile, since such a move may alter eligibility status. We have read this document and understand all of these requirements for athletic participation and agree to comply with the requirements set forth in this document. All information contained in this form is accurate and correct.

**NOTICE to Parents and/or Custodians:** If I cannot be reached, in the event of an emergency, my signature below also grants The Cleveland County Schools permission to treat or seek treatment for my student if an injury and/or illness occurs during a CCS athletics event or practice.

*Providing false information on this form may cause the student athlete to lose athletic eligibility for 365 days.*

Student (Signature): \_\_\_\_\_ Date \_\_\_\_\_  
Parent (Print): \_\_\_\_\_ Date \_\_\_\_\_  
Parent (Signature): \_\_\_\_\_ Date \_\_\_\_\_  
\*Legal Custodian (Print): \_\_\_\_\_ Date \_\_\_\_\_  
\*Legal Custodian (Signature): \_\_\_\_\_ Date \_\_\_\_\_  
School Principal Signature: \_\_\_\_\_ Date \_\_\_\_\_

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