

WILKES COUNTY SCHOOLS HIGH SCHOOL ATHLETIC PARTICIPATION FORM

Please Print

Name: _____ Home Phone: _____ High School: _____

Gender: M F Date of Birth: _____ Race: _____ Age: _____

Father's Name: _____

Daytime Phone: _____ Cell Phone: _____ Other: _____

Mother's Name: _____

Daytime Phone: _____ Cell Phone: _____ Other: _____

Email: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Alternate Emergency Contact Person: _____ Day Ph _____ Cell Ph _____

We certify that the home address shown in this document file is my sole bona fide residence, and I will notify the school principal 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.

Parent/Legal Guardian Signature: _____ **Athlete Signature:** _____

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: _____

This is my _____ consecutive semester in High School, and I entered the ninth grade in the fall of (yr.) _____. Last semester I attended _____ School and passed _____ (number) courses. I have also not been convicted of a felony or an act that would have been a felony if I were not classified a juvenile.

Request for Permission:

We, the undersigned student and the student's parent/guardian, 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"/> Tennis | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross Country | | | |

Insurance:

Wilkes County School (WCS) furnishes an Interscholastic Athletic Insurance Policy which provides limited benefits for all students in the system who participate in high 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. It is a secondary insurance!** In cases in which a student has no other coverage with either a commercial insurance agency, Medicare or Medicaid, the WCS 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 WCS.

- Use the claim form you received in your parent meeting or download a form at <http://www.americanadvantageinsurance.com/files/Brochures/K%20&%20K%20Claim%20form.pdf> .
- 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.

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 WCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor WCS 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.

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.

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 15th day of the present semester, and must be in regular attendance at that school. **Must** also have met local promotion standards.
- **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 more than four (4) seasons in any sport since first entering grade nine (9).
- **Must** be less than 19 years of age on or before August 31st, 2018.
- **Must** live with your parents or legal custodian within the high school district that you attend. School of Choice policy 4150 of Wilkes County Schools addresses exceptions and penalties for this rule.
- **Must** be present at school half of the day in order to participate in an athletic event for that day. This includes games and practices.
- **Must** have passed a minimum of three courses during the previous semester 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, or anything that exceeds a value of \$20 per season as a result of athletic participation. This includes being on a free list or loan list for equipment, etc. **No amount of money can be accepted at any time!**
- **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** receive team instructions from your school's coaching staff during the school year outside your sports season. Instruction is limited to the coach and one or multiple participants in small group settings (skill development sessions).
- **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.

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.

Student-Athlete Signature: _____

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/Legal Guardian Signature: _____

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.

Coaches Signature: _____ **Date:** _____

Policy for Quitting a High School Team

If an athlete quits a team after a tryout period, that athlete may not participate in skill development practice sessions or tryout for another sport until the team that he/she quit is finished with their season. A **tryout** period is defined as *before* final team selection. A team's **season** is defined as the first practice after final team selection until **all** games are complete. This includes conference tournaments and state playoff games. If an athlete quits a team it is the responsibility of the coach to notify the athletic director immediately. ***There are no exceptions to this rule! A coach may not release a student-athlete if he/she quits their team!*** In sports where there is not a designated tryout period (football, wrestling, track, cross country, etc.), a student-athlete will have two weeks to decide whether or not to participate. After two weeks an athlete is considered an official team member.

Student-Athlete Initials: _____

Parent/Legal Guardian Initials: _____

Wilkes County Schools Hazing Policy

The Wilkes County schools will not tolerate hazing of any kind. Athletes found guilty of hazing will be immediately removed from athletic participation. This suspension will not be less than one school term (18 weeks). This punishment will be in addition to any school discipline given by the principal.

Student-Athlete Initials: _____

Parent/Legal Guardian Initials: _____

NCHSAA Sportsmanship/Ejection Policy:

The policy applies to all persons involved in an athletic contest, including student-athletes, coaches, managers and game administrators. The following examples include behavior or conduct which will result in an ejection from a contest:

- 1) **Fighting**, which includes, but is not limited to, combative acts such as:
 - A) An attempt to strike an opponent with a fist, hands, arms, legs, or feet
 - B) An attempt to punch or kick an opponent, regardless of whether or not contact is made
 - C) An attempt to instigate a fight by committing an unsportsmanlike act toward an opponent that causes an opponent to retaliate
 - D) Leaving the bench area to participate in a fight (contact or no contact)
- 2) **Biting observed by an official**
- 3) **Taunting, baiting, or spitting toward an opponent**
- 4) **Profanity, directed toward an official or opponent**
- 5) **Obscene gestures, including gesturing in a manner as to intimidate**
- 6) **Disrespectfully addressing (physically contacting an official is subject to automatic expulsion and can result in ineligibility for remainder of career) an official**

Penalty for an ejection for the above reasons:

Football-ejection from the contest and miss the next contest at that level and contests in the interim (**EXCEPTION:** fighting equals two missed contests)

All other sports-ejection from that contest; miss the next two contests at that level and all contests in the interim (**EXCEPTION:** fighting equals 4 missed contests)

Players receiving two ejections for unacceptable behavior as defined above will be suspended from all sports for the remainder of that sport season. Receiving a third ejection in a school year will result in suspension from athletics for calendar year (365 days from the date of the third ejection).

Student-Athlete Initials: _____

Parent/Legal Guardian Initials: _____

Transportation for Athletic Events:

If student transportation is by a Wilkes County Schools System-owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident.

Student athletes will travel to/from athletic events with their teams and coaches. Any athlete failing to comply will not be allowed to dress and participate at that game/match. If the violation occurs on the trip home, then the athlete will not dress nor participate in the next game. A second offense will result in removal from the team.

Request for Exception to the Transportation Policy: I request that my son/daughter be given an exception to the transportation policy. I understand and agree that with this request I accept total responsibility for my child's safe return home from his/her game for the entire season. I understand and agree that I am responsible for any and all arrangements related to my child's ride home. I understand and agree that my child may not ride home with another person **other than their parent(s) or adult(s) designated by the parent(s)**! If a parent wishes to designate an adult or adults to take their child home they may list those adult(s) on a form prior to the season starting. Each form will be verified by the coach and athletic director. If he/she does not follow this policy he/she will sit out a game on the first offense and will be removed from the team on the second offense. I hereby release the Wilkes County Board of Education, its individual members, its employees and its agents from any loss, damage, injury, claim, liability or responsibility whatsoever arising out of, during, or in any way connected with the transportation of my child from an athletic event where school transportation is not utilized.

Parent/Legal Guardian Initials _____

Athlete Initials: _____

We, the undersigned student and parent/guardian, have read this document and understand all of these requirements for athletic participation at our high school, and agree to comply with the requirements set forth in this document.

Student: _____
Signature

Date: _____

Parent/Guardian: _____
(Please Print)

Date: _____

Parent/Guardian: _____
Signature

Date: _____

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



Superintendent
D. Mark Byrd, Ed. S.

Associate Superintendent
Anna R. Lankford, MA

Athletic Department Emergency Information and Parental Consent

Student Name: _____ Birthdate _____ Age _____

Parent's Name: _____ Home Phone: _____

Address: _____ City _____ Grade _____

Day Phone Number of Parents: Father _____ Mother _____

In an emergency, if the parents cannot be reached, notify:

_____ Phone _____

Family Doctor: _____ Phone _____

Known Allergies: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examination and immunizations for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or a significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. Permission is also granted to the Certified Athletic Trainer to provide the needed emergency treatment prior to the student's admission to the medical facilities.

Parent Signature: _____ Date _____



Superintendent
D. Mark Byrd, Ed. S.

Associate Superintendent
Anna R. Lankford, MA

WCS Department of Athletics Transportation Release Form

Student Name: _____ Parent Name _____

Request for Exception to the Transportation Policy: I request that my son/daughter be given an exception to the transportation policy. I understand and agree that with this request I accept total responsibility for my child's safe return home from his/her games that the student does not ride school transportation for the entire season. I understand and agree that I am responsible for any and all arrangements related to my child's ride home. I understand and agree that my child may not ride home with another person **other than their parent(s) or adult(s) designated by the parent(s)!** If a parent wishes to designate an adult or adults to take their child home they may list those adult(s) on this form prior to the season starting. Each form will be verified by the coach and athletic director at the beginning of the season. The adult(s) designated to take your student-athlete home must sign them out on the documentation sheet on the back of this letter before they leave the off campus facility that they are visiting. If he/she does not follow this policy he/she will sit out a game on the first offense and will be removed from the team on the second offense. I hereby release the Wilkes County Board of Education, its individual members, its employees and its agents from any loss, damage, injury, claim, liability or responsibility whatsoever arising out of, during, or in any way connected with the transportation of my child from an athletic event where school transportation is not utilized.

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

List below the adult designee(s) for each sport season:

Fall:

Spring:

Winter:

1) _____

1) _____

1) _____

2) _____

2) _____

2) _____

3) _____

3) _____

3) _____

4) _____

4) _____

4) _____

5) _____

5) _____

5) _____

