

ONSLow COUNTY SCHOOLS ATHLETIC PARTICIPATION PARENTAL PERMISSION FORM

Student-Athlete:			Name of Parent/Guardian:	
Street Address:			School:	Grade:
City:	State:	ZIP:	Date of Birth:	Home Phone: Work Phone:

Request for Permission to Participate: We, the undersigned student and student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:

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

1. The Onslow County Board of Education requires that all students participating in middle or high school athletics have adequate health and hospitalization insurance coverage. Student Accident Insurance is offered for those students who do not have adequate health and hospitalization insurance or for those parents who elect to purchase additional insurance coverage. Student Accident Insurance can be purchased through the school and is **mandatory** unless adequate proof of existing health and hospitalization insurance is presented **and** the parent/guardian waives Student Accident Insurance.

2. There are limitations in the Student Accident Insurance coverage. It will not always pay all of the charges incurred for each accident. Read the description of the current Student Accident Insurance coverage carefully and be sure you understand it. **PLEASE NOTE** that Student Accident Insurance does **NOT** cover Varsity Football; however, insurance coverage for Varsity Football is available through the school. Please see your school's Athletic Director for more details.

3. Neither the Onslow County Board of Education nor any of its employees will be responsible for claims resulting from injury to your child while he/she is participating in any school athletic program. This means that you will be responsible for any and all necessary medical treatment not covered by the Student Accident Insurance or by your own health and hospitalization insurance.

Check the appropriate blank below:

- ___ 1. I have adequate personal health and hospitalization insurance covering my child and I release the Onslow County Board of Education and its employees from any responsibility as a result of any accident involving my child. I further agree to execute this Insurance Waiver. _____ is currently covered by comprehensive health and hospitalization insurance with _____ (Insurance Company). **POLICY #** _____ **GROUP#** _____
This the day of _____, 20__.
- ___ 2. My child is presently enrolled in the Student Accident Insurance program. I understand that I am responsible for the payment of any and all medical treatment and procedures not covered by this policy.

General Requirements: We have read and discussed the general requirements for athletic eligibility. We, the undersigned student and parent/guardian, understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal.

I know that athletic participation is a privilege which can be taken away if state, school or team rules are violated. I am aware of the risks involved in athletic participation. I understand that serious injury, paralysis, and even death, is possible as a result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with complete understanding of the risks involved.

Student Signature: _____ **Date:** _____

I/We, the parents/guardians, give consent for my son/daughter to participate in the identified school sports. I/We know of and acknowledge the risks involved in athletic participation. I/We also acknowledge that travel to and from athletic events also includes the risk of serious injury. With the full understanding that serious injury, paralysis, and even death, is possible in such participation, I/we release and hold harmless my school and its employees, the participating schools involved and their employees, and the NCHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation of my son/daughter.

Parent/Guardian Signature: _____ **Date:** _____

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"/>
FAMILY HISTORY			
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
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates			
HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

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.)

FELONY POLICY

Any student who is: **(A)** convicted of a crime classified as a felony under North Carolina or federal law, **OR**
(B) adjudicated delinquent for an offense that would be a felony if committed by an adult
IS NOT ELIGIBLE TO PARTICIPATE IN ANY NCHSAA SPORTS PROGRAMS

DRUG POLICY

No student shall possess, use, sell, or transmit any drug, alcoholic beverage or any other controlled substance. Furthermore, students may not use or possess tobacco products on the campus of any Onslow County school or in any Onslow County Schools vehicle. The first violation of this policy by a student in grades 6-12 can result in the suspension of the student from the school system for five (5) days. Further measures may be taken by the local school. Also, the use of anabolic steroids and other performance enhancing drugs is neither condoned nor allowed. Violation of any aspect of this Drug Policy can result in permanent suspension from any athletic team.

NCHSAA EJECTION POLICY

We acknowledge that we, both student-athlete and parent/guardian whose signatures appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behaviors will result in an ejection from an athletic contest: fighting (including striking or attempting to strike, kick, punch, or bite an opponent), taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, and disrespectfully addressing or contacting an official. Penalty for an ejection for any of the above reasons:

- **1st EJECTION:** 2 game suspension in all sports except 1 game suspension in Football
- **2nd EJECTION:** suspension from participation in any contests for the remainder of that sports season
- **3rd EJECTION:** suspension from **ALL** athletic competition for 365 days from date of 3rd ejection

The NCHSAA requires all student-athletes and their parent to sign a Sportsmanship Pledge

STUDENT-ATHLETE PLEDGE

As a student-athlete, I am a role model. Using inappropriate language, taunting, the use of unwarranted physical contact or baiting directed at opposing players, coaches, fans, or game officials are actions that are contrary to the spirit of fair play and good sportsmanship that my school, conference and the NCHSAA expects of its members. Therefore, I accept my responsibility to model good sportsmanship that comes with being a student-athlete.

PARENT PLEDGE

As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the game officials, opposing players, coaches, spectators, and support groups. I will participate in cheers that support and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and good sportsmanship that our school, conference, and the NCHSAA expect of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student-athlete.

I certify that as the parent/guardian the home address as shown on this document is my sole bona fide residence and that I will notify the school principal immediately of any change in residence, since such a move may alter and affect the eligibility status of my student-athlete. I further certify that all other information contained in this form is accurate, current and truthful.

I, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school. I attest that all information contained in this form is accurate and current.

Student signature _____ **Date** _____

Parent/Guardian signature _____ **Date** _____

Home Address _____ **Work Phone** _____

_____ **Home Phone** _____