

# Transylvania County Schools Athletic Participation Form

Student Athlete Name (Print): \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M F (circle one)

Father's Name: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_ Daytime/Cell Phone: \_\_\_\_\_

## JHA-R STUDENT-ATHLETIC INSURANCE:

The Transylvania County Board of Education encourages all student athletes to be covered by private medical insurance provided by the student's parents/guardians. A student athlete is one who participates in interscholastic competitions as defined by the North Carolina Athletic Association. While private medical insurance is not a requirement for participation, **such coverage is strongly recommended.**

The Board of Education shall **not** be responsible for any costs associated with accidental injury to a student athlete received while participating in an athletic event and/or practice session.

When funds are available, the high schools and middle schools will provide supplemental insurance for student athletes. The decision whether to provide this supplemental insurance will be made **each year** before June 30 of the previous school year. When provided, this insurance is a secondary medical insurance policy and will only provide minimal coverage. Parents/guardians are strongly urged to determine if their medical insurance will provide sufficient coverage in the event athletic insurance is not provided by the school.

This policy and the athletic insurance program information (if offered) shall be provided to all potential student athletes and their parents/guardians prior to the beginning of each sports season. Before a student athlete may participate in any school athletic program, such student's parent/guardian shall verify in writing that such information has been received and reviewed by them.

Transylvania County School's Athletic Director will implement appropriate procedures for securing and recording this athletic insurance verification information prior to the beginning of each school year.

Approved: January 30, 1995 Revised: October 7, 2002

## 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. Players are under the coach's control from the time they arrive at the athletic field until they leave 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.

## QUITTING

- Student-athletes are strongly discouraged from quitting an athletic team. Athletics can be a valuable experience that helps prepare student-athletes for their future. Life will be full of challenges and obstacles and it is our hope that athletic experiences will help prepare student-athletes for such difficulties. Quitting is not a trait we wish to endorse. A student-athlete who **quits** or is **removed** from a sport will **not be allowed to participate in the following season until the current sports season is completed and they can not participate in another sport during the season they quit. The Athletic Director will make the final decision.**

**NCHSAA Regulations Student Athlete Pledge:** As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship that my school, my conference and the NCHSAA expects of its members. 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 opposing players, coaches, spectators and support groups. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship of our school, conference and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship as the parent of a student athlete.

## PARENTAL PERMISSION (To be completed by the parent or guardian):

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director, or coach. I certify that the home address as parents shown below 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. I further acknowledge I must not falsify any official eligibility information such as residency/address. Penalty for such acts will result in loss of eligibility for 365 days. All other information contained on this form is accurate and current.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis, or even death. It is impossible to eliminate this risk.

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of my student-athlete named below for the following activities **circled below**:

Baseball	Basketball	Cheerleading	Cross Country	Football	Golf	Indoor Track
Outdoor Track	Soccer	Softball	Swimming	Tennis	Volleyball	Wrestling

**Medical Authorization:** As the parent or legal guardian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and head athletic trainer.

**CONSENT TO RANDOM DRUG TESTING AND AUTHORIZATION FOR RELEASE OF INFORMATION:**

I consent for son/daughter to be tested for illegal drug/controlled substances in accordance with the provisions of the Transylvania County Board of Education Drug Testing Policy (JHB) for students. (In the event a student is 18 years of age or older, he/she may sign the consent form. Hopefully, parents would be involved in this decision.) I further authorize the confidential release of all information and records, including test results, related to the screening or testing for illegal drug/ controlled substances to administrative school officials and the selected drug-counseling program used by Transylvania County Schools in accordance with the provisions Transylvania County Board of Education Drug Testing Policy (JHB and JHB-R). To the extent set forth in the policy document, I waive any privilege I may have in connection with such information. The Transylvania County Board of Education and its officers, administrators, employees and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this form. I understand that samples appropriate for drug testing will be collected and subsequently tested by a certified laboratory designated by the Transylvania County School System. Completion of this form is necessary to establish eligibility for participating in competitive extra-curricular activities and /or receive high school parking privileges in Transylvania County Schools at the middle and high school levels. JHB-E APPROVED BY BOARD, AND EFFECTIVE 7/22/04, REVISED 8/21/06, REVISED 5/21/07

**We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.**  
*If true, please check box.*

**STUDENT-ATHLETE & PARENT CONCUSSION STATEMENT:**

After reading the Concussion Information Sheet, I am aware of concussion symptoms and the following information:

- ⤴ A concussion is a brain injury which the athlete is responsible for reporting to his/her coach(es), parents, or a medical professional if one is available.
- ⤴ A concussion can affect the athlete's ability to perform everyday activities such as the ability to think, balance, and classroom performance.
- ⤴ A concussion cannot be "seen". Some symptoms might be present right away. Other symptoms can show up hours or days after the injury.
- ⤴ Athletes need to tell parents, coaches, and/or a medical professional about injuries and illnesses.
- ⤴ If an athlete thinks a teammate has a concussion, the athlete is responsible for telling the coach(es), parents, or a medical professional about the teammate's concussion.
- ⤴ Athlete will not return to play in a game or practice if a hit to his/her head or body causes any concussion-related symptoms.
- ⤴ Athlete 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. Resolutions from this injury is a process and may require more than one medical evaluation.
- ⤴ ER/Urgent Care physicians will not provide clearance if seen right away after the injury.
- ⤴ After a concussion, the brain needs time to heal. The athlete is much more likely to have another concussion or more serious brain injury if he/she returns to play or practice before concussion symptoms go away.
- ⤴ Sometimes, repeat concussions can cause serious and long-lasting problems.

We, the undersigned student-athlete and parent/guardian, have read this document and understand all the requirements for athletic participation in Transylvania County Schools, and agree to comply with the requirements set forth in this document.

Student-Athlete (print): \_\_\_\_\_ Date: \_\_\_\_\_

Student-Athlete (signature): \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

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

***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. If you do not understand or don't know the answer to a question please ask your doctor. 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 or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<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. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. 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"/>
15. 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"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. 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"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had a medical problem or injury since their last evaluation?	<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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.***

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

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

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

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

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

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

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. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
  - D. 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:
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(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 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 uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.  
This form is current as of April 2015.

# CONCUSSION

## INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

**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.*