



# Wake 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.**

**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)

- Basketball
- Football
- Soccer
- Track
- Lacrosse
- Baseball
- Golf
- Softball
- Volleyball
- \_\_\_\_\_
- Cheerleading
- Gymnastics
- Swimming
- Wrestling
- \_\_\_\_\_
- Cross Country
- Indoor Track
- Tennis

\*Weight lifting may be required component of conditioning for any sport.

**Insurance:** The Wake County Public School System (WCPSS) furnishes an Interscholastic Athletic Insurance Policy that 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. In cases in which a student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the WCPSS 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 WCPSS:

- 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 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.

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

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

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

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

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

Date of Birth: \_\_\_\_\_

**Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and circle the correct responses before seeing a physician for the athlete's physical examination.**

1.	Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES	NO	DON'T KNOW
2.	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	YES	NO	DON'T KNOW
3.	Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?	YES	NO	DON'T KNOW
4.	Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	YES	NO	DON'T KNOW
5.	Does the athlete have a history of a concussion (being knocked out)?	YES	NO	DON'T KNOW
6.	Has the athlete ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	YES	NO	DON'T KNOW
7.	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	YES	NO	DON'T KNOW
8.	Does the athlete take any medication(s)?	YES	NO	DON'T KNOW
9.	Is the athlete allergic to any medications or bee stings?	YES	NO	DON'T KNOW
10.	Does the athlete have only one of any paired organ? (eyes, kidneys, testicles, ovaries, etc.)	YES	NO	DON'T KNOW
11.	Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition?	YES	NO	DON'T KNOW
12.	Has the athlete had surgery or been hospitalized in the past year?	YES	NO	DON'T KNOW
13.	Has the athlete missed more than five consecutive days of participation in usual activities because of an illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	YES	NO	DON'T KNOW
14.	Are you, the athlete, worried about any problem or condition at this time?	YES	NO	DON'T KNOW
15.	Does the athlete have diabetes?	YES	NO	DON'T KNOW
16.	Is there a family history of diabetes?	YES	NO	DON'T KNOW

\*Please give details on any "YES" answer from the above health history.

**PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Percent body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Vision: R \_\_\_\_\_/\_\_\_\_\_ uncorrected R \_\_\_\_\_/\_\_\_\_\_ corrected L \_\_\_\_\_/\_\_\_\_\_ uncorrected L \_\_\_\_\_/\_\_\_\_\_ corrected

	Normal	Abnormal Findings		Initials
1. Eyes				
2. Ears, Nose, Throat				
3. Mouth & Teeth				
4. Neck				
5. Cardiovascular				
6. Chest & Lungs				
7. Abdomen				
8. Skin				
9. Genitalia-Hernia (male)				
10. Musculoskeletal: ROM, strength, etc.				
• Neck				
• Spine (Scoliosis)				
• Shoulders				
• Arms/hands				
• Hips				
• Thighs				
• Knees				
• Ankles				
• Feet				
11. Neuromuscular				
12. Diabetes – <b>check appropriate answers</b>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>	
<b>IF YES, INSULIN-DEPENDENT</b>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>	
		NON-INSULIN DEPENDENT		YES <input type="checkbox"/> NO <input type="checkbox"/>

Comments re: Abnormal Findings:

**Please Print/Stamp**

Physician's Name	
Street Address	
City, State, Zip Code	
Telephone	

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner in the United States. (Doctor of Chiropractic Medicine is not satisfactory).

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPATION RESTRICTIONS:**

### **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 more than 13.5 total absences (85% attendance requirement) in the semester prior to athletic participation.
- **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 less than 19 years of age on or before October 16.
- **Must** live with a parent or legal custodian within the Wake County Public School System administrative unit. (Must notify the athletic director if not living with a parent or legal custodian.)
- **Must** be present 100% of the student day on the day of an athletic contest in order to participate in the event. This includes games and practices.
- **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, or six (6) for schools on an A/B form of scheduling. The student must maintain at least a 1.5 overall GPA.
- **Must** have received a medical examination by a licensed physician within the past 365 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 WCPSS in the same sport season.
- **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.
- **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.
- **Must not** play more than three (3) games in one sport per week (exceptions: Baseball, Softball, Cheerleading and Volleyball); and not more than one (1) contest per day in the same sport (exceptions: Baseball, Softball, Cheerleading or Volleyball).

**Hazing:** According to WCPSS Board Policy 6420.2, 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.

*The Board of Education is required to expel any student convicted of hazing under NC Criminal Statute §14-35.*

**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.

**Football**—Student athletes who are members of the school football team must read, review with parent/guardian, and sign an extra form entitled Safety List for Football Players. This form emphasizes specifics of tackling, blocking, running the ball, basic hitting (contact) position, fundamental technique, and fitting/use of equipment. This form will be available from your football coach and must be completed prior to practicing with pads.

**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.

**Transportation for Athletic Events**—If student transportation is by a Wake County 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. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the North Carolina state required insurance coverage. All student athletes who travel with a team to an away athletic event must return to the school with the team. The only exception to this policy is when both the coach and parent/legal custodian agree that it is beneficial for the student athlete to ride home with the parent/legal custodian. Student athletes are not to ride home from athletic events with any other person.

**Medical Authorization**—As the parent or legal custodian 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 athletic trainer or first responder.

**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 WCPSS 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 WCPSS 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 WCPSS Board Policy 6201 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 Wake County Public School System Office of Growth Management. 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.**

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

Student (Signature): \_\_\_\_\_ Date \_\_\_\_\_

Parent (Print): \_\_\_\_\_ Date \_\_\_\_\_

Parent (Signature): \_\_\_\_\_ Date \_\_\_\_\_

\*Legal Custodian (Print): \_\_\_\_\_ Date \_\_\_\_\_

\*Legal Custodian (Signature): \_\_\_\_\_ Date \_\_\_\_\_

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

**For official use only: This form must be signed by the school principal in cases where the student has indicated on page 1 of this document that they have been 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. In such cases, participation in high school athletics is denied.**

**School Principal Signature** \_\_\_\_\_

Leesville Road High School Athletic Department  
Permission to Treat Form  
Fill Out BOTH Copies of this required document . . . Please Print

Student's Full Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Student ID # \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Grade at LRHS \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Parent's Work Phone #(s) \_\_\_\_\_  
Parent's Cell Phone #(s) or other Emergency #(s) \_\_\_\_\_  
Insurance Information \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Pertinent Information \_\_\_\_\_

As a Parent or Legal Guardian of \_\_\_\_\_, I grant permission for treatment deemed necessary for a condition arising during participation in the school's athletic program, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

---

Leesville Road High School Athletic Department  
Permission to Treat Form  
Fill Out BOTH Copies of this required document . . . Please Print

Student's Full Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Student ID # \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Grade at LRHS \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Parent's Work Phone #(s) \_\_\_\_\_  
Parent's Cell Phone #(s) or other Emergency #(s) \_\_\_\_\_  
Insurance Information \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Pertinent Information \_\_\_\_\_

As a Parent or Legal Guardian of \_\_\_\_\_, I grant permission for treatment deemed necessary for a condition arising during participation in the school's athletic program, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

