



Wake County High School Athletic Participation Form

Instructions and Eligibility Rules

Instructions: This form must be completed in its entirety prior to being eligible for athletic participation. Please note that there are four (4) pages to this form and all of them must be completed. Incomplete forms will delay your athletic participation.

Use the following checklist to determine if the WCPSS High School Athletic Participation form is complete:

- All student and parent contact information (page 1)
- Conviction section is complete (page 1)
- Request for Permission – Sports crossed out if **not** allowed to participate (page 1)
- Athlete's health history is complete (page 2)
- Provide details for any "yes" answers in the Athlete's Screening Examination (page 2)
- Athlete's Screening Examination must be signed and dated by the student athlete and the parent or legal custodian (page 2).
- Physical Exam Section is completed and signed by a physician (MD, DO, PA, NP (page 3) Note: Doctor of Chiropractic Medicine is not satisfactory.
- Physical Exam Section is dated by the attending physician and signed (MD, DO, PA, NP) (page 3)
- Physical Exam Section (page 3) must include the medical office name, address, and phone number of the office where the physical exam was conducted. This may be stamped by the physician's office.
- Participation form is signed and dated by student athlete (page 4)
- Participation form signed and dated by a parent or legal custodian (page 4)
- Pages 2 and 4 must have signatures.

Eligibility Rules; Know the Eligibility 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 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 under 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.



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: _____

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

Request for Permission: We, the student's parent/legal custodian, give my consent for the above-named student to represent his/her school in interscholastic sports, **except for those sports crossed out below: (Ex. Wrestling)**

| | | | | |
|---------------|--------------|----------|--|-----------|
| Basketball | Football | Lacrosse | Tennis | Wrestling |
| Baseball | Golf | Soccer | Track | |
| Cheerleading | Gymnastics | Softball | Volleyball | |
| Cross Country | Indoor Track | Swimming | *Weight lifting may be required component of conditioning for any sport. | |

NAME: _____

Class of _____

Student'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 | <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"/> |
| 26. Is there a family history of diabetes? | <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, **except for the sports crossed out on page 1 of this document under Request for Permission.**

Signature of parent/legal custodian: _____ **Date:** _____

Signature of Athlete: _____ **Date:** _____

This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee October 2009, reviewed annually.

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.

- 1st ejection: 2 game suspension in all sports *except* 1 game for football.
- 2nd ejection: Suspended for remainder of sport season.
- 3rd ejection: Suspended from ALL athletic competition for 365 days from date of 3rd 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 the eligibility rules and this document and understand all of the requirements for athletic participation. We agree to comply with the requirements set forth in the eligibility rules and this document. All information contained in this document 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 _____