

## 2022-2023 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE, AND RELEASE FORM

**THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT-ATHLETE'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENT-ATHLETES MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT-ATHLETE AND PARENT(S)/LEGAL CUSTODIAN.**

I (the student-athlete and parent(s)/legal custodian) acknowledge that I have read and understand the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA). I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations, and the rules and regulations of the NCHSAA. I agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class, or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

### STUDENT CODE OF RESPONSIBILITY

As a student-athlete, I understand and accept the following responsibilities:

I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration. I will be **fully responsible** for my own actions and the consequences of my actions.

I will **respect the property** of others.

I will **respect and obey the rules** of my school and the laws of my community, state, and country.

I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state, and country.

I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration.

### **PARENTS, LEGAL CUSTODIANS, OR STUDENT-ATHLETES WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.**

I (the student-athlete and parent(s)/legal custodian) recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases, death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. The student-athlete and parent(s)/legal custodian have a responsibility to help reduce that risk. I understand that student-athletes must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I (the student-athlete and parent(s)/legal custodian) authorize medical treatment should the need arise for such treatment while the student-athlete is under the supervision of the member school. I **consent to medical treatment** for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, a reasonable attempt will be made to contact the parent/legal custodian if the student-athlete is a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I (the student-athlete and parent(s)/legal custodian) **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if the student-athlete is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation unless and until clearance is given in compliance with applicable laws. I also acknowledge that I **have received, read, and signed the Gfeller- Waller Concussion Information Sheet**, as well as viewed the CrashCourse concussion education video.

I (the student-athlete and parent(s)/legal custodian) **consent to the NCHSAA's use of the student-athlete's name**, image, likeness, and athletic-related information in reports of contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics, and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the student-athlete's face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school to the NCHSAA upon the NCHSAA's request, of all records relevant to the student-athlete's eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence, and physical fitness. The student-athlete and parent/legal custodian, individually and on behalf of the student-athlete, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives, and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property, or both, which arise out of, result from, occur during, or are otherwise connected with the student-athlete's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

**By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student-athlete. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the student-athlete's member school. We understand that if we submit a revocation, the student-athlete will no longer be eligible for participation in interscholastic athletics; provided, however, that revoking authorization to use the student-athlete's name, image, likeness, and athletic-related information will not affect eligibility.**

Student's Signature

Date of Birth

Grade in School

Date

Signature of Parent or Legal Custodian

Date



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex: M/F \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>	<input type="checkbox"/>	

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_

## 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

**PCS EMERGENCY PERMISSION FORM**  
(To be completed and signed by parent/guardian)

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.

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Please list any allergies to medication, etc.

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Is student presently taking medication? \_\_\_\_\_

If so, what type? \_\_\_\_\_

Does the student wear contact lenses? \_\_\_\_\_

Please list date of last tetanus shot. \_\_\_\_\_

**EMERGENCY AUTHORIZATION:**

In the event of an emergency, I hereby give permission to the physicians selected by the coaches and staff of PCS to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime phone number where you may be reached in an emergency (include area code).

Mother - Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father - Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Evening time phone number where you may be reached in an emergency (include area code).

Home: \_\_\_\_\_

EMERGENCY PERMISSION FORM MAY BE REPRODUCED  
TO TRAVEL WITH RESPECTIVE TEAMS AND IS ACCEPTABLE  
FOR EMERGENCY TREATMENT IF NEEDED



# ***ENROLL ONLINE NOW at [www.k12studentinsurance.com](http://www.k12studentinsurance.com)***

## ***K-12 STUDENT ACCIDENT INSURANCE PLANS***

### **How to Enroll**

**Enrolling online is easy & takes only a few minutes. Go to [www.k12studentinsurance.com](http://www.k12studentinsurance.com)**

1. **Browse** the available Plans and Rates.

2. **Pick your State** -see if your School is available.

3. **Open New Account** - Once you have determined your school is covered, you'll need to open a new account for this school year (you must create a new account each school year).

If you have created your account for this year, please remember your **User ID and Password**.

4. **Add Student & Coverage** by clicking on the "Add Student" button on top of page.

*Continue to add each student by clicking on the "Add Student" button until all your students are added.*

5. Select **"Checkout"**.

6. Select your **payment type** and click "Continue Checkout".

7. Enter **billing information** and click "Continue Checkout".

8. Click "Pay and View Receipt" to **complete your order**.

9. **Coverage** is effective when payment is **"Confirmed"**. **Effective Date** will be shown on your **ID CARD**.

10. **Save your receipt** for future reference.

If you have questions, please call us at **1-888-574-6288**.

**Accident coverage underwritten by QBE INSURANCE CORPORATION**

## ***Inscribase ahora en www.k12studentinsurance.com***

K-12 PLANES DE COBERTURA DE ACCIDENTES DE SEGURO PARA ESTUDIANTES

### **COMO INSCRIBIRSE**

Inscribirse en linea, es tan censillo, y solamente toma unos minutos.

**Por favor entre a la pagina www.k12studentinsurance.com**

1. **Revise** los planes y las tarifas disponibles.
2. Elija su Estado y confirme que su escuela este disponible por el año escolar en curso
3. **Abrir una Nueva Cuenta-** Una vez que haya verificado que su escuela ofrece cobertura, devera abrir una nueva cuenta para el año escolar en curso. (Devera crear una nueva cuenta cada año escolar). Si ya ha creado su cuenta para el año en curso...**recuerde su identificacion de usuario y la contraseña.**
4. Agregue el nombre del estudiante y la cobertura, oprimiendo el boton "add student" al final de la pagina. *Continue agregando los nombres por cada estudiante, hasta terminar con todos los nombres necesarios.*
5. Seleccione el boton de "checkout"
6. Seleccione su forma de pago oprimiendo el boton "continue checkout" al final de la pagina para continuar con el pago
7. Llene la dirección a donde recibe su correspondencia y oprima el boton "continue checkout" al final de la pagina.
8. Para continuar con su orden, oprima el boton "Pay and View Receipt".
9. La cobertura comienza cuando el pago sea "Confirmado". La fecha aparecerá en la tarjeta de identificación.
10. Guarde su recivo como referencia, por si lo necesita en el futuro.

**Si tiene preguntas por favor llámenos al: 1 888-574-6288.**

**Cobertura de accidente suscrita por QBE Insurance Corporation**

## Athlete Insurance Disclosure Form

Please select one of the statements below and complete that section. This form **MUST** be returned to your child's school and be signed by a parent or guardian. The child will not be eligible to participate until the "Athlete Insurance Disclosure Form" has been provided to school officials.

Child's Name: \_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_ I already have accidental injury insurance for my child.

Private coverage will be provided by the following company:  
(YOU MUST WRITE THE INSURANCE COMPANY NAME)

_____	_____
Name of Private Insurance Company	Date
_____	_____
Parent/Guardian Signature	Date

\_\_\_\_\_ I need accidental injury insurance or would like to purchase extra coverage for my child.

A brochure may be picked up at school with all the details for coverage options and payment information, or you may visit <https://k12studentinsurance.com> to apply.

**Parents must apply and pay directly to the company.**

Please check one in each column:

<input type="checkbox"/>	24 Hour	<input type="checkbox"/>	With Dental	<input type="checkbox"/>	Plan 1
<input type="checkbox"/>	School Time	<input type="checkbox"/>	Without Dental	<input type="checkbox"/>	Plan 2
<input type="checkbox"/>	Weight Conditioning Training	<input type="checkbox"/>		<input type="checkbox"/>	Plan 3
<input type="checkbox"/>	High School Football	<input type="checkbox"/>		<input type="checkbox"/>	Plan 4

TOTAL PAID: \$ \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature      Date      Young Group Policy Number

The Person County Board of Education ("Board") does not carry accidental injury insurance on any athlete. Parents are required either to purchase insurance through the Board's student insurance policy or to attest that their child(ren) have private insurance coverage. Insurance coverage for varsity football may be purchased through the student insurance, but at a higher premium. The Board provides catastrophic insurance coverage on all athletes. This catastrophic coverage has a \$25,000 deductible. If parents have private coverage and choose not to buy insurance through the Board's policy, it is the parent's responsibility to notify the school system of any change in coverage during the school year and to ensure that the child is fully covered throughout the period of time the child is participating in athletics.

## 24 HR RULE

The 24hr rule is a rule that is in place to help keep peace between the coach and parent's. The rule is simple. Parents are not allowed to approach the coach about issues until 24hrs after the competition.

Reasons for the rule:

1. To allow the parent's to calm down after the issue has developed
2. Allow the coach to calm down after the competition
3. Give parents and coaches time to think about the problem
4. To prevent any unnecessary acts or scenes in front of players and other parent's
5. Calmer heads will prevail
6. To stop any embarrassing moments in front of the Players or child
7. The hope that time to think about the issues will help to solve the problem in a positive manner and the right resolution

Sometimes in the heat of the moment parents and coaches say things that they really don't mean. This can hurt the player or team because things were not handled correctly. The parent & Coach relationship is important, but the overall decisions should be based on what is best for the team and players. The rule is in place to help protect the players and team.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

## NMS ATHLETICS CODE OF ETHICS

1. I UNDERSTAND that I am first and foremost a student. The challenge of being a student-athlete is never easy. I must be disciplined, dedicated and set clear daily and long-term objectives to help me achieve my goals. I owe it to myself to get the greatest possible good from my school experiences.
2. I UNDERSTAND that I represent my family, school, and team. I will behave in a manner that will bring honor to these institutions. As a student athlete I will set a positive example for the rest of the school, on and off the field. I will think before I act. I will act with integrity and class. I will not draw negative attention to myself through my actions or attitude. Failure to do so may result in disciplinary action.
3. I UNDERSTAND that I must accept, with good grace and respect, the decisions of the game official, no matter how unjust they may seem. Coaches may handle questions in reference to rules and their applications. Disrespect to a game official may result in disciplinary action.
4. I UNDERSTAND that I should, by word and by action, encourage and support my teammates. The foundation of team success is working together and caring about each other. I will not put my goals before those of my team. Any actions detrimental to team unity may be disciplined.
5. I UNDERSTAND that any act of insubordination by a player may result in disciplinary action. Insubordination is defined as any act in direct contradiction to a coach's or teacher's instruction.
6. I UNDERSTAND that any loss of self-control, by excessive emotional or physical contact, is not permitted. Further, I certify that I am familiar with the NCHSAA and OPAC Sportsmanship / Ejection Policy and understand that I will be subject to school and NCHSAA penalties for the following offenses:  
  
Fighting or attempting to strike an opponent with a fist, hands, arms, legs or feet, or equipment (helmet, bat, stick, etc.), regardless of whether or not contact is made. Leaving the bench area to participate in a fight (contact or no contact). Biting. Taunting, baiting or spitting toward an opponent. Profanity, directed toward an official or opponent. Obscene gestures, including gesturing in such a manner as to intimidate. Disrespectfully addressing an official.
7. I UNDERSTAND that I may be disciplined for behavior that occurs off campus. Serious offenses such as arrests or criminal charges may result in dismissal from the team and/or suspension from school. Such actions may prohibit further participation in Northern Middle School Athletics.
8. I UNDERSTAND that I must report to my coach, in writing or by email, any school suspension. Failure to report such an incident may result in dismissal from the team.
9. I UNDERSTAND that I am responsible for my behavior both in and out of my athletic season. I understand that I am responsible for upholding the PCS Code of Student Conduct. As a student-athlete, I understand that multiple, consistent, and/or major violations of the PCS Code of Student Conduct can lead to practice suspensions, game suspensions, removal from the team, and/or impact my ability to participate in try-outs.
10. I UNDERSTAND that any disciplinary suspension or arrest involving gang activity is a violation of PCS Board Policy and will result in automatic dismissal from the team and loss of the ability to participate in any athletic activities for the remainder of the current semester. A second such offense in the school year will result in suspension from NMS athletics for 365 days.

11. I UNDERSTAND that hazing is prohibited by PCS Board Policy and will result in automatic dismissal from the team. 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.

12. I UNDERSTAND that detention or out-of-school suspension may result in disciplinary action. I may not participate in any practices or games on days that I have been assigned an after school detention or been suspended.

13. I UNDERSTAND that I must:

a) Notify a coach if I leave school or cannot attend school for any reason -- by PCS policy, students must be in attendance the entire school day to be eligible to play or practice. Exceptions to this are documented doctor visits. Any other reason must have the approval of the athletic director and principal.

b) Be prepared for indoor/outdoor practice every day.

c) Have a ride home no later than the time designated by the coach. Persistent violation of this policy may result in dismissal from the team. Transportation is a safety and time issue.

d) Behave at all times. Athletes are role models for other students at Northern Middle School and are expected to follow all PCS, OPAC and NCHSAA rules and expectations.

e) Abide by school dress code at all times.

f) Not wear jewelry, of any kind, during practices or games (including earrings).

g) Give NMS Athletics first priority over any club or recreational sports team.

h) Be properly dressed, be on time, and be at practice every day. Unexcused absences may lead to reduction in playing time, suspension from the team, and/or dismissal.

i) Participate in extra duties such as maintaining the field, cleaning the locker room, carrying equipment, etc. I will perform these duties, when asked, without complaint.

14. I UNDERSTAND that the Head Coach, in accordance with PCS Board Policy, will decide what is and is not an excused absence from practice.

15. I UNDERSTAND I cannot train, tryout, or practice with another NMS team until the current season is completed.

In certain cases involving individual sports (track, and wrestling) when the athlete is not advancing on to tournament, etc, the coach may release the athlete to participate in another sport.

16. I UNDERSTAND that I am responsible for all school issued equipment. Failure to return or pay for school equipment may result in equipment not being issued for any other sport until all fines are cleared. Student-athletes may not be allowed to participate in any off-season workouts until all school fines are cleared.

17. I UNDERSTAND that I am committed to a team. If I quit or I am dismissed, I may not be permitted to practice with another NMS athletic team until my previous team's season has finished.

18. I UNDERSTAND that parents/guardians have certain responsibilities associated with NMS Athletics. These include, but are not limited to, working in the concession stand, facility maintenance, supporting fundraising efforts, supporting all NMS teams and athletes, demonstrating proper sportsmanship not only for the opposing team and its fans, but also for the officials, the coaches and the employees of PCS.

19. I UNDERSTAND the coaching staff will make all decisions concerning appropriate consequences. Extra conditioning, suspension from team, and/or dismissal are possible forms of discipline. These policies do not address all areas of player conduct. Coaches can set forth and enforce their own rules governing player conduct – on the field, off the field, and away from school.

\_\_\_\_\_  
STUDENT NAME PRINTED

\_\_\_\_\_  
NAME STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Parent Name Signature

\_\_\_\_\_  
Date

# Northern Middle School Athletic Department Sportsmanship Pledge

## 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.

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Coach Signature

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Date

## Student Athlete Pledge

As a student athlete, I know 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.

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Student Athlete Signature

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Date