

# LEE COUNTY SCHOOLS ATHLETIC CHECKLIST

Athlete Name \_\_\_\_\_ Sports \_\_\_\_\_

School Year \_\_\_\_\_

\_\_\_Page A Name, age, and sex at the top of the page. All questions answered.  
Parent and athlete sign the form at bottom of page.

\_\_\_Page B To be completed by a doctor.  
Shows date of exam and the box marked "Cleared" is checked.  
Doctor has signed the bottom.

\_\_\_Page C LCS Emergency Medical release/ News release is completed and signed by parent.  
All blanks must be completed.

\_\_\_Page D NCHSAA Eligibility Authorization Sheet, signed by student and parent.

\_\_\_Page E Insurance Company and policy number are filled out.  
Student's name is on the bottom and parent has signed bottom.

\_\_\_Page F All insurance information is filled out.  
Student and parent have signed the bottom.

\_\_\_Page G Student has read and signed the Student Athlete Pledge.

\_\_\_Page H Parents have read and signed the Student Athlete Parent's Pledge.

\_\_\_Page I Parental Permission form has been completed and signed by the parent.

\_\_\_Page J Team Player Contract (optional)

\_\_\_Page K Athlete and parent names are at the top of the page.  
Athlete has read each statement and initialed all boxes on the left side.  
Parent has read each statement and initialed all boxes that apply on the right side.  
Athlete and parent have signed and dated the bottom of the page.

**Athlete must give this completed packet to their coach BEFORE they are allowed to participate or try out.**



### Student-Athlete COVID Questionnaire

Student-Athlete's Name: \_\_\_\_\_

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

COVID RELATED QUESTIONS ABOUT THE STUDENT-ATHLETE	YES	NO	NA
1. Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a medical professional, your school, or local health department that you have had to quarantine (stay home) due to concern that you had COVID-19 symptoms?			
2. If the answer to 1 was "Yes", has the <i>Return to Play Form: COVID-19 Infection Medical Clearance Releasing The Student-Athlete to Resume Full Participation in Athletics</i> been completed?			
3. Have you been fully vaccinated against COVID?			

**Note:** The NCHSAA maintains an unquestionable commitment to the health and safety of student-athletes and athletic staff alike. These questions were not included in the History section of the 2021-2022 Preparticipation Physical Evaluation (PPE) as that is a copyrighted document. The Association strongly recommends answering these questions to assist health care professionals, licensed athletic trainers, first responders and coaches in screening students for potential long-term impacts related to COVID-19 such cardiovascular implications. The answers may also help administrators and health care professionals determine whether a student-athlete who may have been exposed to a confirmed positive case of COVID-19 needs to quarantine even though they do not exhibit symptoms.

While the Association strongly recommends answering these questions, choosing not to do so will not impact the eligibility of a student-athlete to participate in athletics.



### Instructions for Completing the NCHSAA Student-Athlete Preparticipation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must have a completed NCHSAA PPE and submit it to the school. The PPE is four (4) pages in length and includes the **History Form**, the **Physical Examination Form**, and the **Medical Eligibility Form**.

The PPE **History Form** (pages 1-2) is completed and signed by the parent or legal custodian on behalf of the student-athlete. The completed and signed PPE History Form must then be presented to the examining Licensed Medical Professional (LMP) (physician licensed to practice medicine (MD/DO), nurse practitioner or physician assistant) for review when they fill out the Physical Examination Form.

The completed PPE **Physical Examination Form** (page 3) is signed and dated by the LMP who performed the examination. The physical examination builds on information obtained in the medical history.

The PPE **Medical Eligibility Form** (page 4), which is also signed and dated by the LMP, indicates the student-athlete is either medically eligible or not medically eligible for sports participation.

**A****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		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
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)?			
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)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			





# ■ PREPARTICIPATION PHYSICAL EVALUATION

# B

## 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).

Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/____ L 20/____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Appearance</b>		
<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"/>	
<b>Eyes, ears, nose, and throat</b>		
<ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>	<input type="checkbox"/>	
<b>Lymph nodes</b>	<input type="checkbox"/>	
<b>Heart<sup>a</sup></b>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>	<input type="checkbox"/>	
<b>Lungs</b>	<input type="checkbox"/>	
<b>Abdomen</b>	<input type="checkbox"/>	
<b>Skin</b>	<input type="checkbox"/>	
<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"/>	
<b>Neurological</b>	<input type="checkbox"/>	
	<b>NORMAL</b>	<b>ABNORMALITIES</b>
<b>Neck</b>	<input type="checkbox"/>	
<b>Back</b>	<input type="checkbox"/>	
<b>Shoulder and arm</b>	<input type="checkbox"/>	
<b>Elbow and forearm</b>	<input type="checkbox"/>	
<b>Wrist, hand, and fingers</b>	<input type="checkbox"/>	
<b>Hip and thigh</b>	<input type="checkbox"/>	
<b>Knee</b>	<input type="checkbox"/>	
<b>Leg and ankle</b>	<input type="checkbox"/>	
<b>Foot and toes</b>	<input type="checkbox"/>	
<b>Functional</b>	<input type="checkbox"/>	
<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

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Approved for Use Beginning March 2021

## ■ PREPARTICIPATION PHYSICAL EVALUATION

**B**

### 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 sportsRecommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# LCS Emergency Info/Medical Release to Treat/Photo, Video and News Release

C

## Emergency Information:

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Insurance provided by: \_\_\_\_\_  
Company Contract/Group#

Allergies (if any): \_\_\_\_\_

Family physician: \_\_\_\_\_  
Name Phone#

In the event of a medical emergency during my absence, I authorize \_\_\_\_\_ High School to proceed with emergency medical services deemed necessary for my child,

\_\_\_\_\_  
Name of child

Authorization for Medical Treatment: \_\_\_\_\_ is a student athlete in Lee County Schools and may, from time to time, require treatment for illness or injury. In the interest of providing quality health care in a timely and efficient manner for said student athlete, the undersigned do hereby authorize the duly constituted agents and employees of Lee County Schools to obtain for said student athlete emergent or urgent medical services of whatever type or kind are deemed to be necessary for the benefit and well being of said student athlete, including care provided by the school's certified athletic trainer. It is understood and agreed that the agents or employees of Lee County Schools are hereby authorized to obtain medical care and treatment of the herein named student athlete, and in the event surgery is required, shall attempt by reasonable means of communication to contact the next of kin of the herein named student athlete prior to authorizing such surgery. It is understood and agreed, however, that in the event the next of kin of said student athlete are unavailable or cannot be present to authorize such surgery and related treatment, by execution of this agreement, the said next of kin of the herein named student athlete do hereby authorize the duly constituted agents and employees of Lee County Schools to request and authorize surgery and related medical treatment for said student athlete. It is further understood and agreed that the undersigned hereby grant to the duly constituted agents and employees of Lee County Schools sole discretion in the selection of medical doctors, clinics or hospital for the treatment of said student athlete in the event of an emergency.

**LCS Photo, Video and News Interview Release Form:** I do hereby grant to Lee County Schools the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal and external promotion and informational activities of Lee County Schools. I also agree to allow my child to be interviewed and/or photographed by representatives of the external media in relation to any and all coverage of Lee County Schools in which they are involved. I also agree to allow my child's work and/or photograph to be published on the Lee County Schools Internet/Intranet Web Pages and/or LCS publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of above stated material(s).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# 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

**LEE COUNTY SCHOOLS**  
**MIDDLE SCHOOL ATHLETIC ELIGIBILITY**

**D**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F  
School \_\_\_\_\_ Address \_\_\_\_\_

**ATTENTION MIDDLE/JUNIOR HIGH SCHOOL, ATHLETES-PROTECT YOUR ELIGIBILITY:**

The responsibility of educating and guiding student athletes in the regulations governing interscholastic athletic eligibility shall rest with the administration of each school. Student athletes and parents of student athletes share the responsibility to see that the interscholastic athletic regulations are followed.

**Requirements for Athletic Eligibility:**

1. Must be a resident of the school administrative unit in which you are assigned.
2. Cannot be absent more than 8 days in the previous semester at an approved school.
3. Must receive passing grades on at least 3 of 4 core courses and 1 of 2 other courses in the previous semester.
4. A student shall not participate on a seventh or eighth grade team if she/he becomes 15 years of age on or before August 31 of said year.
5. A student has six (6) consecutive semesters to participate in interscholastic athletics at the middle school level once he/she becomes eligible.
6. An eighth grade student who is over age for middle school play shall be eligible for senior high participation.
7. To be eligible to try out for participation in interscholastic athletics, each player must receive a medical examination once every 395 days by a physician licensed to practice medicine.
8. Prospective athletes must provide proof of insurance or sign a waiver releasing Lee County Schools of any financial obligation for medical costs incurred.
9. A student must be an amateur in order to be eligible to participate.
10. Students identified and placed in exceptional education programs: Eligibility will be determined by IEP committee.  
(Numbers 1, 2, 3, and 9 apply to managers, statisticians, or other support roles.)

I have read and reviewed the above general requirements for eligibility and I have shared them with my student athlete. I understand that there are additional rules and regulations governing athletics for which I share responsibility. For more information, I may contact the principal, athletic director, or coach.

I 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 North Carolina State Board of Education interscholastic athletic rules and regulations, I hereby give my consent for the student athlete that I am the parent or guardian of the participant in interscholastic athletics/activities for which she/he has been assigned.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(This form should be on file in the athletic director's office and is valid for one school year only.)

LCS Auxiliary Services

Revised: 9/28/2017



# LEE COUNTY SCHOOLS

IMPORTANT: THIS NOTIFICATION MUST BE SIGNED AND RETURNED BEFORE YOUR CHILD CAN PARTICIPATE IN THIS PROGRAM.

TO: Parents of Students Participating in Athletics

DATE: 20\_\_\_\_ - 20\_\_\_\_ School Year

SUBJECT: Athletic Student Insurance

SCHOOL: \_\_\_\_\_

The Lee County School Board of Education requires that all students who participate in middle school and high school athletics be covered by accident insurance. As a result, the Lee County Board of Education has purchased a *secondary* insurance policy that provides limited coverage for students who participate in athletics.

Please be sure that you understand the following before deciding whether to permit your son or daughter to participate:

1. This coverage is being provided by Mega Life and Health Insurance Company.
2. There are limitations in the Athletic Student Insurance coverage. It will not always pay for every accident *If the parent has insurance, that policy automatically becomes primary. If no insurance is in effect, the Board's policy becomes primary.*
3. Neither the Board of Education nor any of its employees will assume responsibility for claims resulting from injury to your child while he/she is participating in this program. This means that you will have to pay for any necessary medical treatment not covered by the Accident Insurance or any personal insurance coverage that you might have.

For information purposes, please check one of the statements below and return promptly:

- \_\_\_\_\_ I have adequate personal insurance and release the Board of Education and its employees from any responsibility in this matter.  
 Name of Insurance Company \_\_\_\_\_  
 Address of Insurance Company \_\_\_\_\_  
 Group Name/Number and Policy Number \_\_\_\_\_  
 Name of Policy Holder \_\_\_\_\_
- \_\_\_\_\_ I do not have other insurance, but I understand that I am responsible for payment of any charges not covered by the school policy.

Permission is hereby granted to proceed with any needed medial or minor surgical treatment, x-ray examinations, and Immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand than an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to communicate with me, the treatment necessary in the best interest of the student may be given.

Each player must also receive a MEDICAL EXAMINATION by a physician licensed to practice medicine once (every 395 days) in order to be eligible for practice or participation in inter scholastic athletic contests.- I hereby certify that my son/daughter has met this requirement and I agree for him/her to participate

STUDENT'S FULL IN  
NAME \_\_\_\_\_

ADDRES \_\_\_\_\_

SIGNED (Parent or Legal Guardian) \_\_\_\_\_

LCS Auxiliary Services 8/3/2016

# Lee County Schools Insurance Information/Waiver

**F**

## Insurance Information

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

Address of Insurance Company \_\_\_\_\_

Group Name and Number \_\_\_\_\_

Policy or Certificate Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Effective Date \_\_\_\_\_

The Lee County Board of Education has approved the following for the 20\_\_\_\_ - 20\_\_\_\_ school year.

1. Life and The Lee County Board of Education is providing limited "accident" coverage for every student at no cost to the parent. The parents' insurance will still be primary with this coverage being secondary. This coverage is being provided by Mega Life and Health Insurance Company.
2. All athletes (Middle Schools and Lee County High and Southern Lee) are covered under an All Athletic Plan with Mega Health Insurance Company.

**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 Lee County Schools 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. However, we acknowledge and understand that neither the coach nor Lee County Schools 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 death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

**Release:** In consideration of Lee County Schools allowing the student-athlete to participate in athletics, we agree to release and hold Lee County Schools, its athletic coaches and other staff free, harmless and indemnified from and against any and all claims, suits or cases of action arising from or out of any injury that the student athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.

I've read and understand the information concerning athletic insurance for the 20\_\_\_\_ - 20\_\_\_\_ school year.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sample Pledges -- Feel free to use these or  
you may design your own.

### 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.

---

Coach Signature

---

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.

---

Student Athlete Signature

---

Date



### Student Athlete's 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 good sportsmanship expected by our school, 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.

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Parent/Legal Guardian Signature

---

Date

### Promesa de los padres del estudiante atleta

Como padre o madre, reconozco que soy un modelo para mis hijos. Recordaré ese atletismo escolar son una extensión del salón de clase y que ofrecen a los estudiantes oportunidades de aprendizaje. Debo mostrar respeto por todos los jugadores, entrenadores, espectadores y grupos de apoyo. Participaré en aclamaciones que apoyan, animan y elevan los equipos implicados. Entiendo el espíritu de juego limpio y deportividad buena esperada por nuestra escuela, conferencia y el NCHSAA. Por este medio acepto mi responsabilidad de ser un modelo de la deportividad buena que viene con ser un padre de un atleta estudiante.

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Firma del padre/tutor legal

## 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. 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  
Cross Country  
Football Softball

Golf  
Indoor Track  
Outdoor Track  
Soccer  
Cheerleading

Swimming Tennis Volleyball  
Wrestling

Others (School may list): \_\_\_\_\_

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

Name of Student-Athlete: (please print) \_\_\_\_\_

Name of Parent/Guardian: (please print) \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

\*NOTE: This statement should be on file in the principal's office and is valid for one school year only.

## TEAM PLAYER CONTRACT

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PLAYERS WILL BE A "CUT ABOVE" ALL OTHERS. ALL ATHLETES IN THIS PROGRAM WILL PORTRAY AND MAINTAIN AN IMAGE THAT IS OUTSTANDING IN OUR ATHLETIC PROGRAM, OUR SCHOOL, OUR COMMUNITY, THE ATHLETIC CONFERENCE, AND THE STATE OF NORTH CAROLINA. THE EYES OF LEE COUNTY ARE UPON US AND WE WILL PROVIDE (AND BE) GOOD, POSITIVE ROLE MODELS FOR OUR YOUTH

### LATE OR MISSED PRACTICE: CONDITIONING REQUIRED

### Player Consequences

- |  |  |
|--|--|
| 1. Late to practice or a game (0-10 minutes)                 | SPRINT "The Ladder"                                  |
| *TEAM CONSEQUENCES-Crabbing                                  | 50 Yard Crab with 10 Push-ups every 10 yards BIG-24  |
| 2. Late to practice or a game ( 11 minutes-Half of practice) | SPRINT "The Ladder"                                  |
| *TEAM CONSEQUENCES-Crabbing                                  | 100 Yard Crab with 10 Push-ups every 10 yards BIG 24 |
3. Late to practice or a game (arriving after 1ST Half of either)- Must do (#2) above for TWO DAYS
4. MISSED Practice or Game- SAME AS #3 ABOVE (Although NO TEAM CONSEQUENCES), and YOU WILL DRESS OUT BUT YOU WILL NOT PLAY ON NEXT GAME NIGHT.  
If you are ABSENT from school but come to practice- there is NO Conditioning required for missing practice IF you have a note from a Doctor.
5. If you are INJURED, you are still **REQUIRED** to be at practice (Start to Finish).
6. **IF YOU ARE GOING TO MISS PRACTICE OR A GAME, YOUR COACH MUST BE NOTIFIED IN ADVANCE.**  
A. If you are at school, you are expected to be at practice. If you are not at practice and you have not notified your coach, see #4 ABOVE.  
B. If you are not at school you must call your coach at \_\_\_\_\_ to inform us of your situation. This may keep you from not getting to play on game day.

### BEHAVIORAL GUIDELINES:

1. I will conduct myself in a courteous, respectful manner at all times.
2. I will not do anything that will cause embarrassment of myself, my family, my teammates, my Coaches, the Athletic Program, or \_\_\_\_\_ School.
3. I will conduct myself as a gentleman/lady to establish-and honor-a tradition of success by striving to be a positive influence-worthy of wearing our colors.
4. I will not violate the rules and regulations governing the \_\_\_\_\_ School Student Body.
5. I will do my very best to meet all of the academic expectations placed upon me in my classes.
6. I understand that chewing tobacco and snuff is off limits on the fields, in the fieldhouse and in the weight room. The use of these products is prohibited by the NHSF, the NCHSAA, and state law.
7. I will not smoke. Smoking is also prohibited by the NHSF and the NCHSAA.
8. I will not wear JEWELRY of any kind while participating in any athletic function.
9. I will not use (or be involved with the use of) illegal drugs or alcohol. I understand that if I am apprehended in using or possessing a controlled substance, I will be **DISMISSED FROM THE TEAM**.
10. I understand that if I am placed UNDER ARREST by the POLICE, I will be immediately suspended from the team. The length of my suspension will be based upon acquittal/conviction; at which time it will either be rescinded, or changed to **DISMISSAL FROM THE TEAM**.

### BEHAVIORAL GUIDELINE VIOLATION CONSEQUENCES

*Does NOT include #9 or #10 above*

- |                                |  |
|--------------------------------|--|
| <u>1<sup>st</sup> OFFENSE:</u> | One Full Week (Monday-Thursday) of Conditioning (See #2 at the top). |
| <u>2<sup>nd</sup> OFFENSE:</u> | Two Full Weeks of conditioning <u>and</u> a I-Game suspension.       |
| <u>3<sup>rd</sup> OFFENSE:</u> | <u>DISMISSAL FROM THE TEAM</u>                                       |

THE COACHES RESERVE THE RIGHT TO REVIEW AND ADJUST CERTAIN RULES IN THIS CONTRACT IN ORDER TO DEAL WITH DIFFERENT AND UNIQUE SITUATIONS AS THEY ARISE. HOWEVER, AS A GENERAL RULE, THIS CONTRACT WILL BE ENFORCED AS IT IS WRITTEN. BEHAVIORAL VIOLATIONS WILL BE DEALT WITH USING THE SAME PENALTIES ASSOCIATED WITH LATE OR MISSED PRACTICES AND THEY WILL BE ADJUSTED ACCORDINGLY TO FIT THE VIOLATIONS.

THE FIRST PAGE OF THIS CONTRACT IS FOR YOU TO KEEP AND TAKE HOME, IT IS YOUR COPY OF OUR SPECIFIC POLICIES AND EXPECTATIONS. IF YOU AND/OR YOUR SON/DAUGHTER CAN FOLLOW OUR RULES, THEN THE HONOR OF PARTICIPATING IN OUR PROGRAM WILL BE AVAILABLE.

### PARENT(S) OR GUARDIAN(S)

I, the parent(s) of \_\_\_\_\_ have read and fully understand what is  
*Please PRINT your son's name*  
 expected of my son/daughter. I likewise understand the consequences of policy violations and agree to support the \_\_\_\_\_ coaching staff in any and all disciplinary actions that need to be taken to make him/her learn how to be a better ADULT.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

### ATHLETE

I, \_\_\_\_\_ have read and fully understand what is expected and  
*Please PRINT your name*  
 required of me in order to be an athlete at \_\_\_\_\_ School. I likewise understand the consequences of policy violations and I agree to support the coaching staff in any and all disciplinary actions that need to be taken to make me a better MAN/WOMAN and a worthy member of this program.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

## 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 T&I 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.*

Revised: February, 2021 – Approved for use in current or upcoming school year.

## 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

Revised: February 2021 - Approved for use in current or upcoming school year.