

# 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 and **stamped** it.
- \_\_\_ 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.**

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

*This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.*

**Student-Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent/Legal Custodian Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed.	Yes	No	Unsure
1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student-athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot   Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). <input type="checkbox"/> 1. Has the student-athlete had little interest or pleasure in doing things? <input type="checkbox"/> 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? <input type="checkbox"/> 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? <input type="checkbox"/> 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>			
24. 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"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here: \_\_\_\_\_

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

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

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Student-Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

**Optional Examination Elements – Should be done if history indicates**

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

**Clearance:**

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
- D. Not cleared for:
  - Collision
  - Contact
  - Non-contact
 \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_ (Please print)

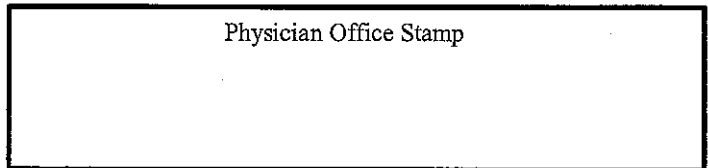
Signature of Physician/Extender: \_\_\_\_\_ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

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

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



(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

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

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

**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 Public 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 Public 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 Public 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 Public 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 Public 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 Public 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 Public 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 Public 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 Public 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

**2018-2019 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'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT AND PARENT(S)/LEGAL CUSTODIAN.**

I have read, understand and acknowledge receipt of the North Carolina High School Athletic Association's Eligibility Rules. 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 those imposed by the NCHSAA. I understand that local rules may be more stringent than the NCHSAA and 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 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 STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.** The student and parent/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. Because of these inherent risks, the student and his/her parent/legal custodian have a responsibility to help reduce that risk. Participants 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 authorize medical treatment should the need arise for such treatment while I or my child/ward ("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 in the case of the student-athlete being 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 my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I **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 my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation. I also acknowledge that I **have received, read and signed the Gfeller-Waller Concussion Information Sheet**.

I **consent to the NCHSAA's use of the herein named student's name**, 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 participant'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 its request, of all records relevant to the student-athlete's athletic eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence and physical fitness. The student and parent/legal custodian individually and on behalf of the student, 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'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. 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 participant's member school. By doing so, however, we understand that the participant would no longer be eligible for participation in interscholastic athletics.**

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Student's Signature	Date of Birth	Grade in School	Date
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Signature of Parent or Legal Custodian	Date
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**LEE COUNTY SCHOOLS  
MIDDLE SCHOOL ATHLETIC ELIGIBILITY**

**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 to participate 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.)

# 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 interscholastic athletic contests. I hereby certify that my son/daughter has met this requirement and I agree for him/her to participate.

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

ADDRESS \_\_\_\_\_

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

# Lee County Schools Insurance Information/Waiver

## 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. 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 Life and 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 will fully 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.

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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

### 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.

---

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

---

Fecha

## 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.**

# 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