



2023-2024

## Athletic Handbook

*(Effective July 1, 2017)*

Dr. Chris Dossenbach, Interim Superintendent

Gary Jackson, Director of Athletics

## TABLE OF CONTENTS

Introduction	2
Philosophy	3
NCHSAA Eligibility Requirements	4
Middle School Eligibility	5
Requirements for Participation	6
LCS Athletic Guidelines, Codes of Conduct, and Policies	7
Board of Education Policies Pertaining to Athletics	14
Duties of the Athletic Director	15
Duties of the Coach, Education Requirements	18
Athletic Trainer/First Responder	21
Trained First Responder Professional Guidelines	23
Heat Illness	24
Water, Water, Water, Water	27
Athletic Emergency Action Plan	28
AED (Automated External Defibrillator)	33
Concussions	38
Bloodborne Infections	39
Administering Medicines (Board Policy)	40
Emergency Epinephrine Auto-Injector Devices	44
First Aid	45
Severe Weather/Inclement Weather Policy for Closings	47
Crowd Control	50
NASPAA Code of conduct	52
PA Announcer Code of Conduct	53
Sportsmanship/Ejection Policy	55
NCAA Initial-Eligibility Center	57
Cheerleading	58
Athletic Booster Clubs	60
Camp Check Off List - camp procedures etc.	61
Surplus Materials Disposal	71
Appendix	72
NCHSAA Eligibility List	73
Annual System Operation & Maintenance Checklist	75
Middle School Eligibility List	76
Team Eligibility Checklist	78
Student Athlete Eligibility Checklist	79
Athletic Attendance Appeal	81
Athletic Supplement Schedule	83
Position Allotments/Pay Grade - High School	85
Position Allotments/Pay Grade - Middle School	86
Coach/Volunteer Agreement Procedures	87
Coach/Volunteer Agreement Contract	88
Concussion Management Resources	89
Weather Conditions Chart	113
Heat Index Prevention - 3% Limit	114
Injury Report Form	115
Athletic Transportation Request	116
SRO Special Events Pay Chart	117
Athletic Checklist - All Forms Needed To Participate	122A-K

## **INTRODUCTION**

Lee County Schools' interscholastic athletic program is governed by policies established by the Lee County Board of Education, the North Carolina State Board of Education, the North Carolina Department of Public Instruction, and the North Carolina High School Athletic Association (NCHSAA).

This athletic handbook contains rules, regulations, policies and other information necessary for athletic directors and coaches to run their programs effectively and efficiently. A thorough knowledge of these rules and regulations is vital to ensure that the interscholastic athletic program shall be conducted in accordance with existing state and local policies.

This handbook is designed to be a ready reference to assist the principal, athletic director and coach to effectively manage the administration of their schools' program in an efficient manner. It also provides information that is useful for the management of an extensive athletic program. Through the use of this manual, athletic directors and coaches will become acquainted with their duties, responsibilities and expectations.

Parents and others who are interested in the Lee County School's athletic program should be able to use this handbook to learn more about our total sports program while also finding answers to individual questions.

## **PHILOSOPHY**

Lee County Schools adheres to the rules and regulations of the North Carolina High School Athletic Association, the State Board of Education, the North Carolina Department of Public Instruction, the National Federation of High Schools and the Lee County Board of Education in order to create an environment that promotes sportsmanship and strong educational priorities.

Lee County Schools promotes attitudes and practices that keep winning in perspective and will look unfavorably upon any activities that would compromise the efforts of good sportsmanship and ethical athletic practices. It is the belief that full participation be allowed to students where competitive conditions exist, thus endorsing a wide participation policy.

Interscholastic athletics have a vital place in the total educational program when they are effectively planned, organized, administered, supervised, and evaluated. Through school athletics, many of the interests and needs of young people can be served better than through any other channel. For this reason, it is important that school administrators, teachers, students, parents, and community personnel determine what educational objectives seem most desirable and plan athletic programs in keeping with the overall purposes of the school program.

Underlying every phase of the athletic program should be a primary concern for the athlete as a person, student, and member of society. At all times, emphasis should be placed upon progressing levels of maturity, both physical and emotional, upon integrity, both personal and social, and upon responsibility, both for one's self and to all involved in the athletic program. Any play between organized teams or individuals from different schools is defined as an "interscholastic athletic contest" and shall be subject to all regulations pertaining to such contests.



## **NCHSAA Eligibility Requirements**

### **High School Athletic Eligibility Requirements**

Student requirements for high school interscholastic athletic participation may be found in the NCHSAA Handbook at [www.nchsaa.org](http://www.nchsaa.org) and is updated each year.

The following general information is available:

- Combined Rules and Regulations

- Eligibility

- Initial Entry
- Master Eligibility Sheets
- Age of Player
- Gender of Player
- Attendance
- Scholastic Requirements
- Eight Semester Rule
- Maximum Number of Seasons
- Medical Examination
- Residence
- Transfer Policy
- Felony Policy
- Dressing for Game or Practicing
- Uniforms and Equipment
- Amateur Rule
- All-Star, Bowl, and Benefit Games
- Professionals/Colleges
- Recruiting/Undue Influences
- Hardship Rules

The NCHSAA Handbook also provides additional information such as health and safety, school requirements, officiating, individual sport information, and much more. Please contact your coach or local Athletic Director for more information.

## **NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION**

### **Middle School Athletic Eligibility Requirements**

Student requirements for middle school interscholastic athletic participation may be found in the Middle School Athletic Manual at <https://sites.google.com/dpi.nc.gov/nchealthyschools/athletics> and is updated each year.

The following general information is available:

Academics

Age

Attendance

Eligibility Lists

Felony Policy

Gfeller Waller Concussion Awareness

Promotion

Residence

Semester Rule

Sports Pre-participation and Medical Examination Form

Students with Identified Disabilities

Hardships

The Middle School Athletic Manual also provides additional information such as health and safety, administration of games, sports regulations for each sport, and much more. Please contact your coach or school athletic director for additional information.

## **REQUIREMENTS FOR PARTICIPATION**

**(See Appendix)**

**NCHSAA Physical Examination** - In order to be eligible for practice or participation in athletics a player must receive a medical examination once every 395 days. The physical must be completed by a medical doctor, nurse practitioner, or physician assistant, be stamped in the appropriate box, and be cleared to play before being submitted to the coach prior to participation. The physical covers all sports for 395 days. The form will be kept on file in the school athletic office. This form must be the approved NCHSAA form updated March 2021

**NCHSAA Sport Participation Form** - Medical history required by NCHSAA updated March 2021.

**Gfeller-Waller Concussion Awareness Act**- The act was adopted by the NC General Assembly. Every athlete/parent is required to have one assessment completed each school year.

**LCS High School/Middle School Athletic Eligibility** - Authorization to participate.

**LCS Emergency Release/ News Release Form** - Authorization for treatment/public information release. Each athlete's parent(s)/guardian(s) shall complete an Emergency Medical Authorization Form giving permission for treatment by a physician or hospital when the parent(s)/guardian(s) are not available. This form also allows the LCS to publish news, pictures, videos, etc. of the student athlete. The form will be kept by the athletic department.

**NCHSAA Parent Permission Form** - Consent for participation in designated sports.

**Insurance** - The school district does provide a secondary insurance policy that provides limited coverage to students who participate in athletics. Parent(s)/guardian(s) are required to sign a form stating that they have purchased their own insurance policy that covers athletic injury, or they understand they are responsible for charges not covered by the school policy. If a family insurance plan is used, the family must provide the school with the name of the insurance company and the policy number on the appropriate form.

**Student and Parent Pledge** - Sportsmanship and role model pledge.

## **Lee County Schools Athletic Guidelines**

1. Any student who is charged with a felony, Class A1 misdemeanor or a Class I misdemeanor or is petitioned for an offense that would be a felony or a Class 1 misdemeanor if committed by an adult, will be removed from all current teams and/or activities for a minimum of twenty (20) school days, and will remain ineligible until such time as the courts render the findings in the case. Students who are found not guilty or the charges are dismissed will be eligible for reinstatement to the team or activity immediately. Pleas of "No Contest" or as part of a deferred prosecution or "Prayer for Judgment Continued" (PJC) will be considered convictions for purposes of these guidelines. In the case of co-curricular activities, the student will attend class and complete work related to the class, but cannot represent the school in any manner during an extra-curricular component of the class. If there are mitigating circumstances, the student may request a review of the evidence surrounding the charge by the Superintendent or his/her designee. The student is ineligible to participate in extracurricular activities until a final decision is rendered by the Superintendent or his/her designee.
2. Any student athlete who is convicted of a felony or is adjudicated delinquent for an offense that would be a felony if committed by an adult is barred from participation in interscholastic athletics for the remainder of his/her high school career per NCHSAA guidelines. Students involved in other extracurricular or co-curricular activities who are found guilty of a felony or are adjudicated delinquent for an offense that would be a felony if committed by an adult are not eligible to represent the school in such activities for the remainder of their high school careers. Students found guilty of a Class A1 misdemeanor, a Class I misdemeanor or are adjudicated delinquent for an offense that would be a felony if committed by an adult are not eligible to participate in teams and/or activities or the remainder of the school year. These guidelines also apply to middle school students; however, eligibility is restored once the student first enters ninth grade per NCHSAA guidelines.
3. Any student charged with a Class II or III misdemeanor or is petitioned for an offense that would be a Class II or III misdemeanor if committed by an adult that takes place on school grounds, during a school-sponsored event, or in the course of representing the school will be removed from all current teams and/or activities for a minimum of twenty (20) school days, and will remain ineligible until such time as the courts render findings in the case. Students who are found not guilty or the charges are dismissed will be eligible for reinstatement to the team or activity immediately. Pleas of "No Contest" or as part of a deferred prosecution or "Prayer for Judgment Continued" (PJC) will be considered convictions for purposes of these guidelines. In the case of co-curricular activities, the student will attend class and complete work related to the class, but cannot represent the school in any manner during an extra-curricular component of the class. If there are mitigating circumstances, the student may request a review of the evidence surrounding the charge by the principal. Students found guilty of a Class II or III misdemeanor or are adjudicated delinquent for an offense that would be a Class II or III misdemeanor if committed by an adult are not eligible to participate in teams and/or activities for the remainder of the semester

Mitigating circumstances may include:

- a. having no history of disciplinary problems;
- b. having a significant amount of time pass since the student's last disciplinary problem;
- c. being a passive participant or playing a minor role in the offense;
- d. reasonably believing the conduct was legal;
- e. acting under strong provocation;
- f. aiding in the discovery of another offender;
- g. making a full and truthful statement admitting guilt at an early stage in the investigation of the offense;
- h. displaying an appropriate attitude and giving respectful cooperation during the investigation and discipline process; or mitigating circumstances do NOT exist solely because of demonstrated prowess in a sport or activity, or the potential of scholarships or grants-in-aid.

4. A second unrelated felony or misdemeanor charge, or a juvenile petition for an offense that would be a felony or misdemeanor if committed by an adult, will automatically result in removal from all teams and/or activities for the duration of the school year. Students who are found not guilty or the charges are dismissed, will be eligible for reinstatement to the team or activity immediately.

5. Any student suspended in-school or out of school is ineligible to participate in athletic practices or games during the term of suspension.

6. National and state organizations, school clubs, and athletic teams with rules or by-laws that prescribe stricter consequences for student misconduct will supersede the above guidelines.

7. All athletic teams must have team rules that address the off-campus behavior of students/athletes regarding drugs and alcohol. These rules should outline consistent consequences that limit and/or prohibit participation by students/athletes involved in such activities. See Student Code of Conduct rule #25 - Criminal Behaviors.

8. Students involved in co-curricular activities with a required extra-curricular component, such as band, chorus, vocational clubs, etc., will be given alternative assignments to avoid a negative impact on their academic standing in such classes.

9. Principals are asked to communicate and collaborate in dealing with such situations. This is especially important in charges and arrests involving more than one school. All schools are expected to follow these guidelines.

10. Students charged with crimes during the summer months shall be subject to these guidelines.

11. Affected students and their parents will be informed in writing regarding all decisions and actions taken relative to these guidelines.

## ATHLETIC CODE OF CONDUCT

A firm and fair policy of enforcement is necessary to uphold the regulations and standards of the athletic department and school. The community, school administrators, and the coaching staff feel strongly that high standards of conduct and citizenship are essential in maintaining a sound program. The welfare of the student is our major consideration and transcends any other consideration. All students shall abide by a code of ethics that will earn them the honor and respect that participation and competition in the interscholastic activity program affords. Any conduct that results in dishonor to the athlete, the team, the school, or the community will not be tolerated.

### Ethics Rule

Acts of unacceptable conduct, such as, but not limited to, disruption of school, theft, vandalism, disrespect, immorality, or violations of the law tarnish the reputation of everyone associated with the program and will not be tolerated. Due to the serious nature of violations of the Ethics Rule, the appropriate coach, the athletic director, and the principal shall meet and determine the penalty according to the degree of the infraction.

### Training Rules and Regulations

We cannot compromise participation in interscholastic activities with substance abuse. The student who uses tobacco, alcohol, illegal drugs, or any type of mood-altering substance found in legal over-the-counter products jeopardizes team morale, team reputation and team success and does physical harm to himself/herself. Students have to decide for themselves whether or not they want to participate in our interscholastic program. If you wish to participate, you must make a commitment. A big part of this commitment is following a simple set of training rules that the school system believes to be fair.

- (1) Use of Tobacco - Research emphasizes that use of tobacco, including electronic cigarettes, is physically harmful to young adults. The harm done is not only a health problem. The community follows the progress of young competitors, and any deviation from accepted training rules marks one as unwilling to pay the price of competition and commitment. If one squad member breaks the rule, the whole team's reputation is damaged. **This rule means no use of tobacco or e-cigs all year, in or out of season.**
- (2) Use of Alcoholic Beverages-There is no way to justify competitors' use of alcoholic beverages, even though social pressure may be hard to resist. **This rule means no use of alcoholic beverages all year, in or out of season.**
- (3) Use of Illegal Drugs or Mood-Altering Substances - Simply stated, drug abuse will not be tolerated. The use or misuse of drugs or chemicals is a social problem. Students with a strong sense of purpose have no need for mood modifiers. **The rule for drugs/chemical abuse is in effect all year.**

## **Penalties for Violation of Training Rules**

### **(1) Tobacco and E-cigarette Violations:**

1st offense: If in season, a "minimum" forfeiture of playing the next contest. Further discipline is at the discretion of the head coach. If out of season, the athlete will be placed on probation for 365 days and encouraged to seek assistance in dealing with the tobacco habit.

2nd offense: In or out of season, a "minimum" forfeiture of one calendar year of participation in all interscholastic activities.

3rd offense: In or out of season, exclusion from all interscholastic activities for the remainder of the student's high school career.

### **(2) Drugs/Alcohol Violations:**

1st offense: If in season, a "minimum" forfeiture of playing in 20% of the scheduled contests or 10% of the contests if the student voluntarily participates in the SAFTE Program. Further discipline is at the discretion of the head coach. If out of season eight hours of school service and completion of the SAFTE Program.

2nd offense: In or out of season, a "minimum" forfeiture of one calendar year of participation in all interscholastic activities.

3rd offense: In or out of season, exclusion from all interscholastic activities for the remainder of the student's high school career.

### **(3) DUI:**

1st offense: Forfeit one calendar year of participation in all interscholastic activities.

- (4) If less than 20% (or 10% if participating in SAFTE Program) of the contests remain, there will be a carryover into the next activity including the following year, if necessary, so that the total exclusion is served.
- (5) During the exclusion period, the student will not participate in team activities unless approved by the coach, school athletic director, and the county athletic director.
- (6) The student found in violation for a third offense has the right to an appeal after one calendar year from the determination of guilt. The appeal for reinstatement is contingent upon substantial proof of rehabilitation and will be made to the principal, head coach, school athletic director, and the county athletic director.

## **Individual Coaches' Rules**

Coaches may establish rules and regulations with the approval of the athletic director and principal for their respective activities. These rules, as pertaining to a particular activity, must be given by the coach in writing to all team members and explained fully at the start of the season. Penalties for violation of team rules will be in writing and shall be administered by the coach. Copies of all additional team rules by coaches are on file in the athletic office. Appeals may be directed to the school athletic director and principal.

## **BASIC INTERSCHOLASTIC PARTICIPATION POLICIES:**

### **Dropping or Transferring Sports**

- (1) Dropping or transferring sports is an intolerable habit, and may cause the student to lose the privilege of participating in the interscholastic program. On occasion, however, a student may find it necessary to drop a sport for a good reason. If this is the case, the following procedure must be followed:
  - (1) Consult with immediate coach and then the head coach;
  - (2) The coach will report the situation to the athletic director;
  - (3) Check in all equipment issued to you.
- (2) If the student wishes to change activities during a season, he/she shall consult with both coaches concerned and the athletic director. If both coaches fail to agree, the student cannot begin a new sport until he/she completes the regular season of the sport in which he/she is currently involved. This procedure assures a smooth transfer, which is in the best interest of all involved.

### **Equipment**

School equipment issued to the student/athlete is the student's responsibility. Loss of any equipment is the athlete's financial obligation, and failure to meet that obligation can result in the denial of participation in the athletic program.

### **Missing Practice**

A student should always consult his/her coach before missing in season practice. Missing practice or a game without good reason will be dealt with at the discretion of the coach. Athletes should not be penalized for missing out of season skill development sessions.

### **Absences From Participation During Holiday Breaks**

Coaches, along with the Athletic Director, will evaluate special/unique circumstances with the parent and athlete regarding absences from practices or games during school holiday breaks. Parents and athletes must fully understand this may affect their playing status on the team from this point forward per the coach's discretion.



## **Conflicts in Extracurricular Activities**

An individual student who attempts to participate in several extracurricular activities will be in a position of a conflict of obligations.

- (1) The athletic department recognizes that each student should have the opportunity for broad range of experiences in the area of extracurricular activities and will attempt to schedule events in a manner that minimize conflicts.
- (2) Students have a responsibility to do everything they can to avoid conflicts. This include being cautious about belonging to too many activities where conflicts happen, and notifying the faculty sponsors/coaches involved immediately when a conflict does arise.
- (3) When a conflict does arise, the sponsors/coaches will work out a solution so the student does not feel caught in the middle. If a solution cannot be found, the principal will make decision based on the following:
  - (1) The relative importance of each event
  - (2) The importance of each event to the student
  - (3) The relative contribution the student can make
  - (4) How long each event has been scheduled
  - (5) Discussion with parents

Once the decision has been made and the student has followed that decision, he/she will not be penalized in any way by either sponsor/coach. If it becomes obvious that a student cannot fulfill the obligations of a school activity, he/she should withdraw from that activity.

## **Attendance**

Students, who miss more than two periods of the school day due to illness or any other reason, will not be able to play in a contest or practice on that date. Exceptions to this rule must be approved by the principal or his/her designee.

## **In-school and Out-of-school Suspension**

Students will not be allowed to participate until they have served their suspension. No adjustments will be made in the assignment of suspension days to allow a student to participate in any activities. During the season, the student must forfeit a minimum of one game after an out-of-school suspension. The suspension lasts through midnight of the day of the suspension. The suspension is not over when school dismisses for the day.

## **Release from Class**

The student bears the responsibility of seeing his/her teacher(s) the day before he/she is to be released to participate in an interscholastic activity. All work shall be made up at the convenience of the teacher.

## **Squad Selection**

In accordance with our philosophy of athletics and our desire to see as many students as possible participate in the interscholastic program while at each school, we encourage coaches to keep as many students as they can without compromising the integrity of their programs. Time, space, facilities, equipment, and other factors will place limitations on the most effective squad size for any particular activity. Choosing the members of athletic squads is the responsibility of the coaches, and should be done in a positive manner while being respectful and considerate of those not making the team.

## **Reporting of Injury**

All injuries that occur while participating in athletics should be reported to the trainer/coach. All injuries, regardless of whether or not they require medical attention by a doctor or treatment center, require an injury report form to be completed. A copy of the injury report form must be sent to the finance department insurance representative at the Lee County School's central office. Once a physician treats a student, the athlete must obtain written permission from the doctor to return to the activity.

## **Transportation for Athletic Events**

All student athletes who travel with a team to an away athletic event must return to school with the team. The only exception to this policy is if the parent/guardian presents a transportation request form (appendix) to the coach prior to the team leaving for the event, indicating who the athlete will be riding with, parent signature, and date. The person our athlete is to be riding home with must be identified by the coach before the activity bus leaves the game to return to the home school. No student will be left at an away athletic event to wait for his/her ride to get there. The parent assumes all responsibility for their child when the child is not riding on the bus with the team.

## ATHLETICS

### **Board Policies – Regulations and Procedures Relating to Athletics (Not in manual)**

Prohibited Conduct on School Property and at School Events	Policy 5021
Leaves and Absences	Policy 7510/7520/7530/7540/7550
Drug and Alcohol Testing of Commercial Motor Vehicle Operators	Policy 7241
Drug and Alcohol Testing Employees	Policy 7240
Drug-Free Workplace Environment	Policy 7240
Smoke-Free, Tobacco-Free Environment	Policy 4320/5026/7250
Emergency Closings	Policy 5050/7550
Sexual Harassment	Policy 1710/1720/4015/4021/7225/7230
Parent Organizations (Booster Clubs)	Policy 5010
Prohibited Conduct at School and School Events	Policy 5021
Extra-curricular Activities / Student Organizations	Policy 3620
Course Loads	Policy 3420
Code of Student Conduct	Policy 4308
Inappropriate Student Behavior	Policy 4300
Substances, Chemicals, Drugs, Narcotics, Alcohol	Student Code of Conduct
Student Accident Insurance	Policy 4220/6330
School-Sponsored Fund Raising Events	Policy 5220
Student Contests and Performances	Policy 5220
Community Use of School Facilities	Policy 5030
Grievance Procedure (student and parent)	Policy 1740/4010
Domicile / Residence Requirements	Policy 4120
School Assignment, Reassignment, and Transfers	Policy 4150
Website for School Board Policy	<a href="http://www.lee.k12.nc.us">www.lee.k12.nc.us</a>

## WEBSITES

Lee County Public School System	<a href="http://www.lee.k12.nc.us">www.lee.k12.nc.us</a>
NCHSAA	<a href="http://www.nchsaa.org">www.nchsaa.org</a>
National Federation	<a href="http://www.nfhs.org">www.nfhs.org</a>
NCAA Clearinghouse	<a href="http://www.ncaaclearinghouse.net">www.ncaaclearinghouse.net</a>
NCAA	<a href="http://www.ncaa.org/">www.ncaa.org/</a>
IHigh	<a href="http://northcarolina.ihigh.com/">northcarolina.ihigh.com/</a>
NC Athletic Directors' Association	<a href="http://www.ncathleticdirectors.com">www.ncathleticdirectors.com</a>
National Interscholastic Athletic Administrators	<a href="http://www.niaaa.org">www.niaaa.org</a>
Weather:	
WRAL	<a href="http://www.wral.com/weather/">www.wral.com/weather/</a>
My-Cast	<a href="http://www.my-cast.com/">www.my-cast.com/</a>
Weather Channel	<a href="http://www.weather.com">www.weather.com</a>
American Sport Education Program	<a href="http://www.asep.com">www.asep.com</a>
National Athletic Trainers Association	<a href="http://www.nata.org">www.nata.org</a>
North Carolina Athletic Trainers Association	<a href="http://www.ncathletictrainer.org">www.ncathletictrainer.org</a>
*Lee County Schools Athletic Manual	<a href="http://www.lee.k12.nc.us">www.lee.k12.nc.us</a>
(*Click on Departments, then Athletics, then Athletic Manual)	

# **Duties and Responsibilities of the School Athletic Director**

The school principal is responsible for all activities within the school, including athletics. It is the responsibility of the principal to make final decisions in all matters pertaining to school activities. The following athletic policies will not lessen responsibilities but will delegate areas of responsibility to the athletic director and to members of the athletic staff. The athletic director represents the school administration in matters pertaining to athletics and may need to vote at meetings at conference or state levels. When representing the school, the athletic director's vote should represent the thinking of the majority of the athletic staff if possible.

## **Function of the Job**

The primary responsibility of the athletic director is to supervise the interscholastic athletic program, working closely with the principal to coordinate the coaching staff and the overall program. The athletic director reports to the principal. The coaching staff reports to the athletic director.

## **Responsibilities**

The athletic director at the school is under the direct supervision of the principal.

The athletic director shall direct and coordinate all interscholastic athletic activities at the school.

The athletic director will see that all rules and regulations of state and conference athletic associations are honored. This includes beginning dates, eligibility, playoffs, and tournaments.

The athletic director will develop and ensure the appropriate application of specifications and standards for athletic supplies and equipment for the school. Purchase orders should go through the principal's office for approval. The athletic director will ensure that individual coaches handle all requests and requisitions through the athletic director, who in turn will submit them to the principal. There should be only one athletic fund at the school. There will be competitive bidding where feasible on all athletic equipment purchased for the school. All purchases of athletic materials and equipment must be made according to Lee County Schools' fiscal administration policy. The athletic director will check invoices and requisitions, and send them to the principal for final payment approval. School athletic materials and equipment should be paid out of the school's athletic fund. The athletic director should coordinate equipment care and maintenance. The athletic director should maintain equipment inventory records for all sports at the school.

The athletic director will arrange, in conjunction with the coach when needed, all athletic schedules at the high/middle school, with final approval of the principal, and execute all game contracts for the school.

The athletic director will reschedule all postponed or delayed contests in conjunction with each coach and final approval of the principal. When games are postponed, cancelled or delayed the school athletic director should notify the county athletic director and all affected parties, including game officials.

The athletic director will be responsible for season tickets and individual game tickets when necessary.

The athletic director, with assistance from the principal, will secure and instruct ticket sellers and ticket takers for all athletic events. Instruction should include admission costs and how to handle passes and free admissions for each sport. The principal or designee shall be responsible for collecting all ticket money sold at athletic events and depositing it in the school fund.

The athletic director will coordinate medical examinations and football insurance programs that include catastrophic insurance for their school. The athletic director should distribute appropriate insurance claims forms to coaches for parents to use, and distribute information about insurance policies when necessary.

The athletic director will coordinate the securing of adequate medical and emergency care, which includes the availability of an ambulance during certain game situations. The athletic director and the principal should assess medical needs for each sport. High schools must designate certified athletic trainers and first responders while middle schools must have first responders. Athletic trainers/first responders are required at football practices and games, and must be available at all other home contests.

The athletic director should coordinate activities, responsibilities, and relations with game officials and officiating agencies. This includes securing officials for games and making cancellations in case of games being postponed or cancelled. The athletic director should be sure officials have adequate quarters for dressing and that soap and towels are available if needed.

The athletic director, in conjunction with the principal, will coordinate police protection at all athletic events as needed. This includes law enforcement for parking, etc. The athletic director and the principal will determine needs and assess them for each event.

The athletic director will coordinate with the competing schools the appropriate supervision and evaluation of crowd control at both home and away athletic events. This includes requesting reports and investigating all incidents of poor crowd control, as well as poor sportsmanship on the parts of players and coaches. Any coach/school official who is ejected from a contest must meet with the athletic director and school administration within one week of the incident. The school athletic director must immediately notify the county athletic director of the situation.

The athletic director should monitor all home football and basketball games, and other athletic events, home and away, as designated by the principal. In addition, the athletic director will monitor practice sessions for all sports.

The athletic director will attend all athletic meetings, including conference meetings and booster club meetings, involving their school.

The athletic director will represent the school as athletics public relations agent with the public and communication with the media. The athletic director will coordinate with coaches the publicity and reporting of game results to appropriate media outlets.

The athletic director will send rosters, schedules, and complimentary tickets as needed to opponents, the members of the Lee County Board of Education and the superintendent. All receipts collected for a purpose pertaining to the athletic department shall be under the supervision of the athletic director, in conjunction with the principal. This includes all athletic insurance programs when applicable, special promotions, or any other source of revenue.

It shall be the responsibility of the athletic director, under the principal's authority, to see that the school athletic programs are financed and operated within the budget established for the school athletic fund.

The athletic director may be asked to assist the principal in interviewing coaching applicants for the school

The athletic director shall work with the principal and coaches in establishing sound procedures in the following areas: athletic banquet(s), athletic awards, team trips, team meals, and other events.

The athletic director is responsible for working closely with the school athletic booster club. Principals should be informed of booster club activities by the athletic director, such as concession stands at athletic events. The athletic director will coordinate the payment of all athletic debts, registrations, memberships, bookkeeping fees, and game expenses.

The athletic director is to coordinate and work with the school cheerleader coaches.

The athletic director is to have the responsibility for the lights, stadium, all athletic fields, and facilities. He/she is to see that fields are properly watered, maintained, seeded, and ready for play when needed. Coaches are expected to assist in this area for facilities that are utilized by the sport they coach. All requests for the use of these facilities must be handled and approved by the athletic director, with final approval by the principal and the assistant superintendent for auxiliary services. The athletic director shall periodically check the athletic facilities for needed repairs and make maintenance requests through normal channels.

The athletic director shall see that all facilities are kept clean and shall coordinate the work of the custodian assigned to all athletic facilities.

The athletic director shall be responsible for coordinating all travel arrangements of the athletic teams at the school for interscholastic sports. This includes handling arrangements for any overnight trip, if necessary.

The athletic director should develop a schedule for coach and program evaluation. This schedule should include procedures for the evaluation of head coaches and assistant coaches, as well as the athletic director. This process should be constructed with the goal of improving the overall athletic program of the school and should include opportunity for self-reflection and staff development.

Athletic Directors are expected to maintain a plan for professional development, including participation in training as offered by the district, NCHSAA, NFHS, NCADA, and NIAAA.

The athletic director will also perform such duties as directed by the principal.

## **Duties and Responsibilities of the Coach**

The coach must promote good sportsmanship by setting a positive example while coaching student athletes. The integrity and judgment of game officials must be respected. Athletic competition has to be approached as a healthy and competitive exercise, not a life and death struggle that requires victory at any price. The student athletes on the field are young men and women with human frailties and limitations, and are capable of making mistakes. The coach must refrain from the use of crude or abusive language with players, opponents, officials and spectators. Coaches must instruct players in the elements of good sportsmanship and remove players from competition who demonstrate unsportsmanlike behavior. The coach must avoid behavior that will incite players, opponents, or spectators. There will be no negative comments to radio, television, and newspaper reporters. The coach will avoid the use, misuse, and abuse of drugs, alcohol and tobacco that could have a negative impact on players, spectators, and the game.

Coaches must use sound and acceptable coaching techniques. The coach will run well organized practice sessions, which includes complete pre-season planning prior to the first day of practice. A coach must adhere to a highly efficient and technically sound program of injury prevention. When injuries do occur, athletes should follow a prescribed routine which includes updated communication between the coach, athlete, medical professional, and parents. Coaches will have well-organized game plans. There must be a sound system for equipment accountability, inventory, reconditioning and replacement within the available budget. Communication with assistants, managers, statisticians, maintenance staff, transportation staff and administration is paramount to the success of an athletic program.

The main reason for having athletic teams is to help provide opportunities for young men and women to develop their respective capabilities to the fullest extent. Development of positive attitudes is an important means to accomplishing this aim. We must promote and teach only clean, aggressive, and fair play, while stressing sportsmanship at all times. The coach must be the leader and set the example.

The coach should be fair and unprejudiced with players, considering their individual differences, needs, interests, temperaments, aptitudes, and environments. Players have a right to expect coaches to have a genuine and up-to-date knowledge of that which they propose to teach. The safety and welfare of players should always be uppermost in the coach's mind. Coaches have a duty to supervise team members at all times, including practice, games, and transportation to and from games within policies of the school and district.

Coaches are a frequent topic of conversation at various community locations, the home, the workplace, and at meetings of civic organizations. The profession, as well as personal reputation as a coach, is constantly under scrutiny. The coach's actions and statements should always reflect confidence and respect for Lee County Schools.

Much can be done by the coach in public contacts to build and maintain a high level of confidence in the athletic program and community. Coaches further influence the athletic program and school system as they set up and breakdown facilities for game days, respond to newspapers and television inquires, and even Maxpreps reporting. In addition, coaches represent athletes, the school, themselves, other coaches, and Lee County Schools when they communicate with colleges and universities for recruiting purposes. Coaches must be familiar with NCAA rules and regulations and should guide athletes and parents to the NCAA Eligibility Center website [www.eligibilitycenter.org](http://www.eligibilitycenter.org) for additional helpful information.

A coach owes the school effort and loyalty at all times. The coach must constantly strive for excellence in all areas of the school. To be effective, a coach must be respected. To be respected, good personal habits and neat appearance are important, but most important are the examples set by the coach. Being respected is much more important than being well-liked. The faculty, players, and the general student population should be treated by the coach with the same honor and respect that the coach desires to be shown to him/her. Private, firm, fair, and consistent discipline must be maintained.

The work of the coach must be an integral part of the educational program of the school. The coach should show mastery of the principles of education and should strive for continued excellence in teaching and coaching. The coach should give support to all endorsed activities of the school. At every opportunity, the coach should urge the student body to be polite, courteous, and fair to the opposing team.

A coach in the Lee County School system should continue professional growth in both the academic teaching area and the athletic teaching area. This includes attending required clinics found on page 28 of the NCHSAA Handbook, such as completing the NFHS Fundamentals of Coaching Course, the Concussion in Sports Course taken each year, First Aid, CPR-AED training, Sudden Cardiac Arrest, rules clinics, and other training provided by the school, district, NCDPI and NFHS. Head cheerleading coaches (V & JV) must take the NFHS AACCA Safety Spirit Course. A coach should belong to the various professional associations open to the profession.

One must always bear in mind that his or her sport is not the only sport; it is only part of the total athletic educational program and the school. Therefore, it is important to support, promote, and cooperate with all other coaches and activity sponsors for the well-being of the total program. A coach should support and serve fellow coaches whenever possible. All remarks should reflect confidence in one's fellow coaches. A strong, harmonious, interpersonal relationship must exist among coaches and other faculty members. A coach is responsible for cooperating with fellow faculty members. It is important that all coaches support the academic mission of the school as well as other activities organized and supervised by fellow faculty members.

Coaches may face liability in several areas, including failure to supervise an activity; failure to teach fundamentals and protective skills; negligently entrusting duty to an unqualified individual, failure to provide and maintain a safe coaching environment; failure to inspect, repair, and recondition equipment properly; failure to provide proper effective equipment; failure to know, document, post, and follow school policies; failure to properly administer first aid; failure to warn of inherent dangers; failure to assess the injury of an athlete; and failure to keep adequate and accurate records. A coach who violates NCHSAA guidelines is subject to fines and penalties. Each situation will be reviewed by the county athletic director, school athletic director, and the principal to determine who is responsible for paying the fines. The coach can be held responsible for paying the fines.

A coach should be in control at all times. Language, actions, and emotional displays come under close scrutiny, both in practice and in scheduled events. Integrity, graciousness, dignity, and respect are just a few of the positive characteristics that should be cultivated for players, officials, opponents, colleagues, and the game itself. A coach is also responsible for every facet of discipline. Individually, the coach becomes a model for all that the school represents. The coach sets the tone. These include attitude toward the school codes, training rules, rules of the game, ideals of good sportsmanship, and behavior of participants throughout the season. Each coach represents Lee County Schools and the community that supports the individual school. Quality leadership will make the difference.



# 2017-18 Coaches Education Requirements

	Annual or Recurring Requirements Prior to			One-Time Requirement Prior to	
	Head Coach	Paid Coach	Volunteer	Head Coach	Paid or Volunteer Coach
NFHS "Fundamentals of Coaching" course*				first date of competition	first date of competition
NFHS "Coaching Pole Vault" course				first date of competition (Head coach or pole vault coach)	
NFHS "AACCA Spirit Safety Certification" course				first date of competition	
NFHS "Concussion in Sports"	first date of practice	first date of practice	first date of practice		
Attend annual rules interpretation session either during NCCA clinic in July or at sport-specific state clinic **	first date of competition				
Have current and valid CPR/AED certification from accredited agency such as American Red Cross, American Heart Association. ***	first date of practice	first date of practice			
NFHS "Sudden Cardiac Arrest" course			first date of practice		

Shaded means not required

\*Failure to complete any of these requirement(s) is a \$500. An additional \$500 fine will be assessed if a coach coaches in a game prior to completing.  
 \*\* Failure to complete any of these requirement(s) is a \$500. An additional \$500 fine will be assessed if a coach participates in a practice prior to fulfilling these educational requirements.  
 \*\*\*Most certifications are valid for 2 years. If uncertain about accreditation of agency, contact the NCHSAA.

All coaches are encouraged to complete the following NFHS certifications, which will enhance the commitment to professional development:

- Accredited Interscholastic Coach (AIC)
- Certified Interscholastic Coach (CIC)

## **Licensed Athletic Trainers and Trained Athletic First Responders**

Each high school must have available a licensed athletic trainer who is qualified pursuant to Article 34 Chapter 90 of the General Statutes of North Carolina entitling them to perform the functions and duties of an athletic trainer; and middle schools must have an athletic trainer or a first responder.

Athletic training encompasses the prevention, examination, diagnosis, treatment, and rehabilitation of emergent, acute, or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA), and the Department of Health and Human Services (HHS) as an allied health care profession.

These persons must:

- not have coaching responsibilities during the season in which the person is working as a licensed athletic trainer or trained first responder.
- attend all football practices and games, unless excused by the superintendent, or designee, due to an emergency.
- be in attendance for all summer football 7 on 7 events.
- be in attendance at all wrestling matches.

### **Licensed Athletic Trainer Must:**

- Hold a current license as qualified pursuant to Article 34 of Chapter 90 of the
- General Statutes of North Carolina.
- Provide proof of annual renewal.
- Practice under a written protocol of a physician per NCGS Article I of Chapter 90.
- A copy of the protocol will be provided to the assigned schools' athletic director.
- The protocols must be reviewed annually and signed by a physician prior to the start of each high school football season.
- Be in good standing with the North Carolina Board of Athletic Trainer Examiners.
- Carry out the practice of care, prevention and rehabilitation of injuries incurred by athletes and who, in carrying out these functions, may use physical modalities, including heat, light, cold, electricity, or mechanical devices related to rehabilitation and treatment.
- Maintain expertise through continuing education and professional development.
- Must hold current professional rescue certification in cardiopulmonary resuscitation and automated external defibrillator (AED) use as certified by an organization such as the American Red Cross or the American Heart Association.

### **Licensed Athletic Trainer Responsibilities**

- Determine the individual's readiness to participate by reviewing completed athletic physicals and following up with noted concerns as indicated.
- Promote safe and appropriate practice, competition and treatment facilities.
- Advise of the selection, fit, function and maintenance of athletic equipment.
- Contribute to the development of injury and illness prevention strategies.
- Complete protocols regarding environmental conditions.

- Provide for on-site recognition, evaluation, and immediate treatment of injury and illness, with appropriate referrals.
- Facilitate rehabilitation and reconditioning.
- Provide scientifically sound nutritional counseling and education.
- Participate in the development and implementation of a comprehensive athletic health care administrative system (e.g. Personal health information/athletic physicals, policies, and procedures, insurance, referrals, and emergency plans).

### **General Guidelines Regarding Athletic Trainer**

- The athletic director is responsible for ensuring the presence of a licensed athletic trainer/trained first responder for every football practice and game.
- Outside of football, Lee County Schools requires a licensed athletic trainer or trained first responder to be accessible to all student athletes, to attend to injuries and taping as needed, and to attend all home contests in accordance with training and licensure.
- The licensed athletic trainer/trained first responder will keep accurate records of all student injuries on the Sports Medicine Injury Report Form (see appendix).
- The licensed athletic trainer/trained first responder shall be "on-call" while on campus in his or her assigned school for any emergencies resulting in physical injury that may occur involving a student and/or staff member.
- Athletic Trainers/First Responders shall provide written proof of status to the athletic director by August 5th of each year (NATA, NC Licensure, state requirements, progress toward state requirements, CPR/first Aid/ AED renewal).

## **Trained First Responder Professional Guidelines**

### **Requirements:**

A first responder must meet the following requirements set forth by the North Carolina State Board of Education Policy ATHL-000, and found in the NCHSAA Handbook:

- Professional rescue cardiopulmonary resuscitation and automated external defibrillator (AED) use as certified by either the American Red Cross or the American Heart Association (current certification required).
- First aid as certified by either the American Red Cross or the American Heart Association.
- Injury prevention and management as certified by an organization such as the National Athletic Trainers Association, The North Carolina Athletic Trainers Association, or the North Carolina High School Athletic Association.
- Complete coursework in concussion management, heat emergencies, and sudden cardiac arrest through the Center for Disease Control or the National Federation of State High School Associations (NFSHS) on an annual basis.
- Complete 10 hours in staff development each school year. Certificates of course completion will be submitted to the school's athletic director, who will be responsible for ensuring the required additional 10 hours is completed annually prior to the start of the school's football season.

### **Job Responsibilities:**

Collect and review required sports physicals for completion. Make note of any student with medical problems/health concerns and review with school nurse or athletic trainer.

Communicate list of students with medical problems/health concerns to appropriate coaches.

Provide adequate hydration (water) and ice available as needed for hydration and injury. Assist with keeping cooler/water bottles filled.

Have first aid supplies available for use at practice and games.

Provide general emergency care as needed following guidelines of certification (CPR/First Aid through ARC or AHA).

Monitor and assist in maintaining clean and/or sanitized equipment (coolers, water bottles, training tables, etc.) to prevent infection.

Assist athletes in preparing for participation in practice and games.

Be prepared for any medical emergencies for athletes with known medical problems/health conditions (follow established Emergency Medical Action Plans and training provided by school nurse).

Monitor for heat and humidity. Screen for heat related symptoms per CPR/First Aid training. Follow established protocols for heat related symptoms.

Assist with monitoring for severe weather and follow Emergency Action Plan when needed for severe weather.

Monitor for symptoms of concussions per protocols of Gfeller-Waller Concussion Awareness Act. Notify parent and refer to physician if symptoms or concerns identified per established protocols. Provide parent and physician with Return to Play and Return to Learn documents in case of diagnosis of concussion. Communicate information to coaches.

Maintain current contact information for any student athlete so that parent can be reached in case of emergency. Notify parent or guardian of any concerns from things that may have occurred at practice or game, per established CPR/First Aid protocols.

Maintain student medical confidentiality. Information is shared on a “need to know” basis.

Maintain documentation of any injuries, emergencies, first aid provided at both practices and games using the Sports Medicine Injury Report form, and concussion protocol when needed (see Appendix).

Notify coach, athletic director, administrator on campus of any emergency or injuries.

When in doubt, call 911. Follow Established Emergency Action Plan (EAP) and activate Emergency Medical Services (EMS) (911) when necessary.

### **Prevention of Heat Illness**

The wet bulb globe temperature (WBGT) considers the combined effects of air temperature, humidity, and solar radiation on the human body. WBGT should be measured (using a scientifically approved device) for all sports when student athletes may be at risk for exertional heat illness (EHI). Use of WBGT is mandatory beginning with the 2017-18 academic year. WBGT should be accessed every hour beginning 30 minutes before the beginning of practice. Refer to the WBGT chart. If unable to obtain a WBGT reading, obtain onsite heat and humidity levels and refer to the heat index chart. Reliable heat and humidity levels should be taken on site. Avoid using readings from locations more than five miles away.

As WBGT (or heat index) increases, minimize clothing and equipment.

Provide unlimited drinking opportunities during hotter practices. NEVER withhold water from athletes.

Pre and post practice weigh-ins SHOULD be conducted. An athlete who is not within 3% of the previous pre-practice weight should be withheld from practice (see appendix). These athletes should be counseled on the importance of re-hydrating. Pre and post practice weigh-ins are recommended for all sports participating during periods of high heat and humidity.

If WBGT is at 90 or above suspend practice; contests may continue but must include mandatory breaks as directed by gameday administrator.



WBGT and Heat Index - Physical Exercise Chart		
WBGT Index (F)	Heat Index	Athletic Activity Guidelines
Less than 80	Less than 80	Unlimited activity with primary cautions for new or unconditioned athletes or extreme exertion; schedule mandatory rest / water breaks (5 min water / rest break every 30 min)
80 - 84.9	80 - 90	Normal practice for athletes; closely monitor new or unconditioned athletes and all athletes during extreme exertion. Schedule mandatory rest / water breaks. (5 min water / rest break every 25 min)
85 - 87.9	91 - 103	New or unconditioned athletes should not practice. Well conditioned athletes should have more frequent rest breaks and hydration as well as cautious monitoring for symptoms of heat illness. Schedule frequent mandatory rest / water breaks. (5 min water / rest break every 20 min) Have immersion pool on site for practice.
88 - 89.9	104 - 124	All athletes must be under constant observation and supervision. Remove pads and equipment. Schedule frequent mandatory rest / water breaks. (5 min water / rest break every 15 min) Have immersion pool on site for practice.
90 or Above	125 and up	SUSPEND PRACTICE

NOAAA's National Weather Service  
Heat Index

Humidity	Temperature															
	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

## Measuring Wet-Bulb Temperature with Digital Psychrometer Model HT30

1. Press the SET button to power the instrument "ON/OFF".
2. Slide down the protective sensor cover before taking measurements.
3. Press the MODE button to select the desired display mode: Wet Bulb Globe Temperature Heat Index (WBGT), Air Temperature (AT), Black Globe Temperature (BGT), or Relative Humidity (RH). An icon will appear in the display indicating the current selection.
4. To select the preferred temperature unit (For C), simultaneously press and release the MODE and NEXT buttons. The "For C" icon will appear on the display.
5. The meter measures WBGT index with (IN) or without (OUT) direct sun exposure. Hold down the MODE for more than 1 second to alternate between settings. The IN or OUT icon will appear on the display. Please read and keep the directions for use of the Digital Psychrometer. Information is provided on all the functions of this device including the Low Battery Indicator which means the 2 "AAA" batteries must be replaced at once for accurate readings.

## Athletic Participation Form

- The NCHSAA requires that all athletes receive a medical examination once every 395 days.
- The athletic trainer shall insure that no athlete participates without fully completing the athletic participation form and being cleared to participate by authorized medical personnel.
- If an athlete's medical history shows that the athlete has suffered from a heat-related illness, the athlete shall receive one-on-one instruction from the athletic trainer or designee about symptoms of heat illness and the importance of hydration.

## Pre and Post Weigh-Ins (Football Only –see Appendix)

1. Daily pre and post practice weigh-ins should be taken and any athlete who is not within 3% of the previous day's pre-practice weight should be withheld from practice. Athletes who lose more than 3% of their weight during a practice should also be counseled on the importance of pre-hydrating, drinking more fluids during the practice session, and post practice re-hydration.
2. A list of athletes most susceptible to heat illness must be maintained by the athletic trainer and communicated to the coaching staff. This list should include athletes with a medical history of heat illness, athletes losing more than 3% of their weight during a practice, and athletes that have reported symptoms of heat illness during the season to the athletic trainer.
3. The athletes most susceptible to heat illness should receive one-on-one instruction from the athletic trainer or designee about symptoms of heat illness and the importance of hydration.
4. The athletic trainer or designee should recommend to athletes most susceptible to heat illness that they consult with their doctor for additional guidance. If an athlete's doctor informs the coaching staff or athletic trainer that the athlete has suffered a heat-related illness during the season, the athlete may not participate until cleared in writing by the doctor.

## Coaches and Athletes Education

- The athletic trainer will provide the coaches with information on heat illness including heat illness symptoms and proper hydration. In case a middle school does not have a person filling the athletic trainer position, the first responder or athletic director will provide this information.
- Athletes should be informed of the importance of hydration, the symptoms of heat illness, and their personal responsibility to inform the athletic trainer or coaching staff if they suffer any symptoms of heat illness.
- Any coach notified or aware of any athlete exhibiting a symptom of heat illness shall notify the athletic trainer or first responder.

## **Water, Water, Water, Water**

Proper hydration is a must. No matter how much one chooses to exercise or in whatever time of year one chooses to do it, the body needs water. Water accounts for approximately 55 to 60 percent of an adult's body weight. While a loss of 10 percent may pose a significant health risk, a loss of 20 percent can result in death. Because exercise generates internal body heat, which is released and cooled in the form of sweat (water), prolonged exercise with insufficient fluid replacement can lead to dehydration. Remember, dehydration can occur even if the athlete is inside and especially if it becomes warm and humid. The more the athlete sweats, the more water is needed. One may need to drink more than recommended amounts. Heart rate can serve as a good indicator of how the body is tolerating the heat during exercise. On a day of high heat or humidity, the heart will probably beat faster than it usually would under the same workout or under more ideal conditions. If this happens, it may be too hot for the workout.

Measures to prevent exercise-induced dehydration:

- Drink before, during, and after exercise.
- Avoid items that contain caffeine or alcohol, these increase fluid loss.
- Wear light, loose fitting clothing that allows for evaporation.
- In the case of overheating, moisten the skin by sponging or spraying it with water to assist in cooling down.



## **LCS ATHLETIC EMERGENCY ACTION PLAN**

Each day it becomes increasingly apparent that each high school and middle school in Lee County needs to have a plan of action in the event of an athletic emergency. All schools must have a precise, written protocol to ensure that quick and proper action is taken when that unforeseen emergency occurs.

The following information is a guide to develop the appropriate Emergency Action Plan for your school. Upon completion of your Emergency Action Plan, it is suggested that the appropriate personnel have a copy of this plan (Athletic Director, Athletic Trainers, Coaches, Administrators, etc.). It is also required that copies be affixed in all athletic venues specific to each sport, and readily available in locations you deem appropriate.

### ***Emergency Action Plan Guidelines***

1. Develop a comprehensive list of emergency telephone numbers
  - Location of available phones and instruction in use of those phones
  - EMS (if different from 911)
  - School Main Number
  - Principals
  - Assistant Principals
  - Athletic Director
  - Key Physicians
  - Athletic Trainer Cellular Phone Number
2. Automated External Defibrillator (AED) locations should be designated/noted.
3. The following information should be given when calling 911
  - Description of the problem
  - Report what emergency care has been given
  - Your name
  - Athlete's name
  - Exact location
  - Your telephone number
  - Do not hang up until dispatcher instructs you to do so
4. Develop a protocol for emergencies occurring during practice and for games. The protocol would entail developing a list denoting a "chain of command" in the event of an emergency. This should include all venues and equipment necessary.
5. Send a map of your school/athletic facilities to your local EMS station. If you use facilities at sites other than your campus, that information should also be included.
6. Have immediate access to parent phone numbers available.
7. Rehearsal of the plan is advised.



### **Purpose of the Pregame EAP Review (*PEAPR*)**

Effective communication of expectations with all relevant parties is essential to help assure that the best emergency care possible is provided during the most critical moments. The NCHSAA *PEAPR* provides the platform to establish this effective communication as the venue specific Emergency Action Plan (EAP), required by the Gfeller-Waller Concussion Awareness Act, is reviewed prior to the event beginning. The *PEAPR* Card provides guidance for the *PEAPR* that is convened and supervised with the gameday administrator or designee, head coach or designee, lead official, and the Licensed Athletic Trainer\* (LAT) and/or First Responder\* (FR) from the competing schools. Communication of expectations ascertained during the *PEAPR* helps generate a focused, coordinated emergency response and outcome during the most critical moments when the EAP is activated.

\*If required by NCHSAA to attend the event.



## **Gameday Administrator Instructions Pregame EAP Review (PEAPR)**

The *PEAPR* shall be conducted by the Gameday Administrator or designee prior to the event beginning. Answers to the questions on the *Pregame EAP Review Card* should be communicated during the *PEAPR*. Those attending the *PEAPR* should include the head coach or designee, lead official, Licensed Athletic Trainer\* (LAT) and or First Responder\* (FR).

\* If required to attend the event.

The NCHSAA recommends that a hard copy or electronic copy of the venue specific EAP be provided to both the lead official and visiting team personnel. Dedicated consideration should be allocated to each of the following when convening the *PEAPR*.

1. Roles and locations of persons established should the EAP need to be activated
  - o Person designated to provide immediate care of the athlete
  - o Person designated to activate (call) Emergency Medical System (EMS)
  - o Person designated to retrieve emergency equipment
  - o Person designated to meet EMS and direct them to the emergency scene
  - o Person designated to control the emergency scene (e.g., limit emergency scene to those providing first aid and move bystanders away from area).
2. Emergency equipment availability and location at venue. (e.g., AED/CPR equipment, spinal injury stabilization equipment, exertional heat illness management equipment etc.)
3. Lightning or thunder disturbances safe shelter and evacuation route identified
4. Emergency transportation (e.g., What is the planned route for entrance/exit and is the route unencumbered? Is the ambulance a dedicated unit or on stand-by? If an ambulance is not on site, what is the mechanism for calling one? What is the designated hospital?)
5. Potential impacts to the EAP are addressed. (e.g., construction, weather, crowd flow)
6. Methods of communication that will be used during the athletic event are established. (e.g., cell, voice commands, radio, hand signals)
7. Event security is addressed by communicating name and contact information for SRO or whomever is on duty.



## **Instructions for Completing the Pregame EAP Review (PEAPR) Report**

### **All Events**

1. Sport and date of contest are recorded.
2. Gameday Administrator or designee provides their name and contact information to appropriate home and visiting team personnel for use during event.
3. Names of competing teams are recorded.
4. Name(s) and contact information of home Licensed Athletic Trainer(s) and/or First Responder(s) are recorded (if required to be present at the event).
5. Name(s) and contact information of visiting Licensed Athletic Trainer(s) and/or First Responder(s) are recorded (if required to be present at the event).
6. Name of lead official is recorded.
7. Additional medical personnel attending event is established and recorded. (e.g., EMS, MD, DO, PA)
8. Emergency Action Plan (EAP) specific to the venue reviewed and location of posted venue specific EAP identified. The NCHSAA recommends that a copy, hard or electronic, be provided to the lead official and visiting team personnel. Dedicated consideration should be allocated to each of the following during the EAP review:
  - A. Roles and locations of persons established should the EAP need to be activated
    - o Person designated to provide immediate care of the athlete
    - o Person designated to activate (call) Emergency Medical System
    - o Person designated to retrieve emergency equipment
    - o Person designated to meet EMS and direct them to the emergency scene
    - o Person designated to control the emergency scene (e.g., limit emergency scene to those providing first aid and move bystanders away from area).
  - B. Emergency equipment availability and location at venue. (e.g., AED/CPR equipment, spinal injury stabilization equipment, exertional heat illness management equipment etc.)
  - C. Emergency transportation (e.g., What is the planned route for entrance/exit and is the route unencumbered? Is the ambulance a dedicated unit or on stand-by? If an ambulance is not on site, what is the mechanism for calling one? What is the designated hospital?)
  - D. Potential impacts to the EAP are addressed. (e.g., construction, weather, crowd flow)

### **Outdoor Events**

1. Lightning or thunder disturbances safe shelter and evacuation route are identified. Review criteria that will be used to determine if unsafe environmental conditions are present.
2. Name, title, cell number of individual monitoring environmental conditions and field/facility conditions is recorded. (e.g., thunder and lightning/wet bulb globe temperature)
3. Name, title, cell number of individual who will notify lead official of unsafe environmental and field/facility conditions is recorded.
4. Record the WBGT, if available, at the beginning of the contest.



## Football Contest Pregame EAP Review (*PEAPR*) Report #PregameEAP

The *PEAPR Report* should be completed by the home team's Licensed Athletic Trainer (LAT) and/or First Responder (FR) or Gameday Administrator with a copy made available to the visiting team. In an effort to save time you are encouraged to complete as much of the report as possible prior to attending the *PEAPR* at the event site. It is not necessary to send this report to the NCHSAA, however, please save this report and provide it to the NCHSAA upon request.

### 1. Game Information

a. Date:

b. Opponent:

### 2. Gameday Administrator or Designee

a. Name:

b. Cell:

### 3. LAT/FR Information

a. Home Name(s):

b. Home Cell:

c. Visiting Name(s):

d. Visiting Cell:

### 4. Additional Medical Personnel

a. Name(s)/Role:

### 5. Emergency Action Plan (EAP)

a. Plan Reviewed:

☐

Yes

☐

No

b. Location Identified:

☐

Yes

☐

No

### 6. Inclement Weather

a. Safe Shelter & Evacuation Route Identified:

☐

Yes

☐

No

b. Individual Designated to Monitor:

☐

Yes

☐

No

i. Name/Title:

ii. Cell:

c. Individual Designated to Notify Lead Official:

☐

Yes

☐

No

i. Name/Title:

ii. Cell:

### 7. Wet Bulb Globe Temperature

a. Reading at Beginning of Contest:

## Automated External Defibrillator (AED) Guidelines

Policy Code: 5028/6130/7267

The board is committed to providing a healthy and safe environment for its students, employees, and visitors. To provide opportunities for assistance to individuals who experience sudden cardiac arrest on school property, the board authorizes the placement of automatic external defibrillators (AEDs) in designated locations in schools and other board-owned or operated facilities, and at designated events to be accessed by trained personnel.

To the extent funding, staff, and training are available, the superintendent is authorized to acquire AEDs for use at designated schools and events. The superintendent is further authorized to develop a program to address access and training, use, and maintenance of AEDs in the school system. All such AEDs and any program developed must comply with the requirements of state and federal law.

The superintendent, in consultation with medical professionals trained in cardiopulmonary resuscitation (CPR) and **AED** use, shall develop procedures to implement this policy. Procedures must include information regarding:

1. Medical/health care provider oversight: Choice of **AED** devices will be made in consultation with a physician licensed by the state of North Carolina. Preference will be given to machines that offer both adult and child settings. The type of **AED** product must be one that is approved by the United States Food and Drug Administration.
2. CPR and **AED** use training for anticipated responders: Training will be completed in accordance with nationally recognized training programs including those approved and provided by the American Heart Association or American Red Cross. Any person without such training in **AED** use will not be authorized to use a school-owned **AED**. Appropriate records of training will be maintained.
3. Coordination with the emergency medical services (EMS) system: Appropriate local EMS officials must be notified of the location and most recent placement of AEDs within a reasonable period of time of placement.
4. Appropriate device maintenance and testing.
5. Placement of AEDs. The superintendent or designee shall report to the board on the plan for and actual use of AEDs in the school system. The superintendent shall designate a program coordinator to manage the **AED** program in the schools.

Nothing in this policy should be construed to require the presence or use of an **AED** on school property or at school sponsored events, unless otherwise required by law. The board cannot and does not guarantee that an **AED** or a person trained in its use will be available at any particular school site or school-sponsored event.

# **Lee County Schools Sports Medicine Programs Automated External Defibrillator (AED) Guidelines**

These guidelines are made available to be adapted to each facility's individual emergency plans.

## **Medical Necessity for Use of AED**

Defibrillation is a recognized means of terminating certain potentially fatal arrhythmias during a cardiac arrest. A direct current defibrillator applies a brief, high-energy pulse to the heart muscle. AEDs, introduced in 1979, accurately analyze cardiac rhythms and if appropriate, advise/deliver an electric counter shock. AEDs are currently, widely used by emergency personnel and have become an essential link in the "chain of survival" as defined by the American Heart Association (AHA):

- Early access
- Early CPR by first responders or bystanders
- Early defibrillation
- Early advance life support

It is recognized that successful resuscitation is related to the length of time between the onset of a heart rhythm that does not circulate blood (ventricular fibrillation, pulseless ventricular tachycardia) and fibrillation. The AHA states with every minute it takes to respond, the chance for successful defibrillation decreases 7-10%. The provision of timely emergency attention saves lives. Athletic events (both practice and competition) present a high risk for cardiopulmonary emergencies. Therefore, by training athletic trainers and other sports medicine personnel and the coaching staff in the use AEDs, the emergency response time is shortened.

## **Explanation of the Use of AED**

An **AED** is a defibrillator which:

- Is capable of cardiac rhythm analysis.
- Will charge and deliver a counter shock after electrically detecting the presence of cardiac dysrhythmia.
- Is capable of continuous recording of the cardiac dysrhythmia at the scene.
- Is capable of producing a digital and/or hard copy of the electrocardiogram.

Defibrillation is only one aspect of the medical care required to resuscitate a patient with a shockable electrocardiograph (ECG) rhythm. Depending on the situation, other supportive measures may include:

- Cardiopulmonary resuscitation (CPR)
- Administration of supplemental oxygen
- Drug therapy

## **Written Medical Protocol Regarding Use of AED**

Use of the AED will follow the AHA AED treatment algorithm. The AED is to be used only on cardiopulmonary arrest. Before the device is utilized to analyze the patient's ECG rhythm, the patient must be:

Unconscious

- No signs of circulation, and
- Not breathing spontaneously

To prepare for ECG analysis and defibrillation:

- Verify that the patient is in cardiac arrest (unconscious, no respiration, no signs of circulation).
- Press ON/OFF to turn on the AED.
- Prepare the patient for electrode placements and place the electrodes.
- Follow the voice and/or screen prompts provided by the AED.

## **Provisions to Coordinate with Local EMS**

In the event of a cardiopulmonary emergency, the 911 emergency systems should be activated immediately. The first responders should provide initial care as appropriate to the situation and coordinate with other emergency medical service providers upon their arrival in the provision of CPR, defibrillation, basic life support (BLS), or advanced life support (ALS).

## **Operator Considerations**

Training in the following skills is recommend for all members of the sports medicine staff (including students) and the athletic department. (At least the head athletic trainer should be trained as a CPR, AED and first aid instructor.)

- CPR
- Basic First Aid
- AED
- Training with the specific unit(s) used at the facility

## **Procedures for Training and Testing in Use of AED**

- Personnel using the AED should complete a training session each year to include instruction in:
- The proper use, maintenance and periodic inspection of the AED.
- Defibrillation safety precautions to enable the user to administer a shock without jeopardizing the safety of the patient, the user or other individuals.
- Assessment of an unconscious person to determine if cardiac arrest has occurred and the appropriateness of applying an AED.
- Recognizing that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.



- Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary.
- The operations of the local emergency medical services system, including methods of access to EMS and interaction with EMS personnel.
- The role of the user and coordination with other EMS providers in the provision of CPR, defibrillation, BLS, and ALS.
- The responsibility of the user to continue care until the arrival of medically qualified personnel.

### **Medical Control Reporting and Incident Review**

The AED digitally records patient data, including ECG rhythm and delivered shocks. The digital data can and should be retrieved and made available to the attending physicians at the emergency facility, as well as maintained and reviewed at the local facility. In addition, a report detailing the emergency scene and treatment should be documented in writing.

### **Location of and Maintenance Required for AEDs**

- If athletics has its own AED, the sports medicine program should store and maintain the AED in its athletic training room in a readily accessible and well marked location, when not needed at an event.
- During single home events the AED should be made available on the home sideline, which can be expected by the visiting team.
- During multiple home events (occurring simultaneously, this may include practices) the AED should be kept in a very mobile location (Gator, golf cart, etc.) or "borrow" other AEDs, if available, from unoccupied locations in the school to be used at the different venues.
- Home events occurring off campus, if possible, should take the AED to that event while another AED from an unoccupied area of the building is made available on campus if necessary. (If there is only one AED at a school it should not leave campus.)
- If a team is traveling outside of the county where an AED is not available, if possible (the athletic department has its own), they should take the AED to that event while another AED from an unoccupied area of the building is made available on campus if necessary.
- The local sports medicine staff will determine the availability, location, and use of the AED units at the athletic venues.

***No AED should be moved from an area that is in use, and any AED moved from a given location should be put back in place as soon as the event is over so that it is in place when that area is back in use.***

- 1) *AED's perform automatic self-tests once a week. Designated personnel should visualize the green check readiness status monthly. Designated personnel should do through readiness checks once a month and document the check (see Lee County AED Policy for form).*
- 2) *Personnel using the AED on a regular basis and after each time the AED is used should inspect and clean the AED and check to make sure that all necessary supplies and accessories are not out of date and readily available.*

3) *The non-rechargeable lithium Type 123 batteries have approximately a two-year shelf life. ZOLL Corporation recommends only Duracell, Sanyo or Varta batteries be utilized when low battery condition occurs:*

- *The machine emits an audible alarm or "beep" once every minute if the unit is off*
- *You hear the audio prompt, "CHANGE BATTERIES" if the unit is on.*
- *Red "X" displays on the status indicator, notifying you that the batteries have less than 50% of the full capacity remaining or that the unit has failed other self-tests.*

## Concussions

North Carolina adopted the Gfeller- Waller Concussion Awareness Act to go into effect with the 2011-2012 school year. This Act includes the following measures:

- North Carolina Public Schools must develop a concussion safety program, detailing how to spot concussions and the long and short term effects of head injuries.
- Any athlete exhibiting symptoms of a head injury must immediately stop playing or practicing, and cannot return until cleared by a doctor or licensed athletic trainer.
- Coaches, students, trainers and volunteers must receive education about concussions and their effects.
- Schools must have an emergency action plan in case of a serious head injury.
- Athletes who have experienced concussions will proceed through the “Return to Learn” protocol.

**All schools are to conduct concussion awareness training for all athletes and parents annually. Accurate attendance records of these trainings must be kept per state legislation.**

The National Federation of High Schools has developed a free online course for concussion awareness. It is available at [www.nfhslearn.com](http://www.nfhslearn.com) and is to be completed annually by all coaches in the Lee County Schools. There is no such thing as a minor brain injury, and as such, all potential head injuries are to be handled with the utmost care.

**Note:** The complete concussion management package can be found in the Appendix, and concussion forms must be signed annually by the student, parent, coach, and others associated with the athletic program. These forms must be housed in the school athletic director's office.

## **Reducing the Risk of Contracting Bloodborne Infections (HIV and Hepatitis B Virus)**

- Cover any open wounds that you may have to reduce the transfer of blood from one open wound to another.
- Athletes should render first aid to themselves whenever possible. This reduces the risk of transmitting a bloodborne virus from one person to another.
- When rendering first aid to others, wear protective gloves any time blood or any other body fluids containing visible blood, open wounds, or mucous membranes are involved. Clean gloves should be used for each athlete or the recurrence of an injury for the same athlete if any practice or competition has occurred following initial treatment.
- If you get someone else's blood or other bodily fluids containing visible blood on yourself, wear protective gloves and wipe it off with a disposable towel using a solution known to inactivate bloodborne pathogens. Soap and water or antiseptic hand cleaner, in conjunction with clean cloth/paper towels or antiseptic towelettes, are recommended by OSHA. Cloth towels should be used only once before laundering and disposable towels should be discarded properly. Proper disposal would be the use of a plastic-lined container with a lid, labeled with a biohazardous waste label.
- If blood or other bodily fluids containing visible blood are present during practice or competition, play should be stopped, the injured athlete removed from the activity and given proper attention, and any contaminated surfaces should be cleaned. A uniform saturated with blood should be changed. Any open wounds should be covered before the athlete is allowed to continue participation.
- Do not use common towels to clean surface contaminated with blood or any other bodily fluids containing visible blood. The use of common towels at any time during athletics is a very poor health habit. Personalize towels, cups, and water bottles with the player's name and number.
- When cleaning contaminated surfaces, use a solution of household bleach and water or a commercially prepared EPA-approved solution. The household bleach solution should be mixed fresh daily and should be a dilution of nine parts water to one part bleach.
- All blood contaminated linen such as uniforms and towels should be presoaked and then washed in hot, soapy water. Use a normal laundry cycle and follow the washer and detergent manufacturer's recommendations.
- In general, use good hygienic practices. Shower after each practice or competition, using a liberal amount of soap and water. Avoid using shared towels, cups, and water bottles.

# **Administering Medicines to Students**

## **Policy 4525**

The board recognizes that students may need to take medication during school hours. School district personnel may administer prescription and/or over-the counter drugs or medication only upon the written request of the parents and the health care practitioner (physician, dentist or other authorized health care provider). Except as provided in this policy, students are prohibited from possessing or using prescription or over-the counter drugs or medicine on school property or at school functions (see Policy [4300](#), Code of Student Conduct). To minimize disruptions to the school day, medicines should be taken at home rather than at school whenever feasible. School personnel may choose not to agree to administer any medication that could be taken at home. The school district shall not be responsible for students who self-medicate.

It is within the scope of duty of teachers, including substitute teachers, teacher assistants, student teachers or any other public school employee, when given such authority by the board or its designee, to administer any medication prescribed by a doctor upon written request of the parents and physician or dentist.

### **A. STANDARDS FOR ADMINISTERING MEDICINES**

1. School employees are authorized to administer drugs or medication when all of the following conditions have been met.
  - a. The student's parent or legal custodian has made a written request that school personnel administer the drug or medication to the student and has given explicit written instructions describing the manner in which the drug or medication is to be administered.
  - b. A physician has prescribed the drug or medication for use by the student (for over-the counter medications as well as medications available only by a physician's prescription).
  - c. A physician has certified that administration of the drug or medication to the student during the school day is necessary (for over-the-counter medications as well as medications available only by a physician's prescription).
  - d. The employee administers the drug or medication pursuant to the written instructions provided by the student's health care practitioner, parent or legal custodian.
2. The superintendent shall develop procedures for the implementation of this policy. These rules and a copy of this policy must be made available to all students and parents each school year. The superintendent's procedures should be developed according to the guidelines listed below:
  - a. No student can possess, use or transmit any drug or counterfeit drug prohibited by Policy [4300](#), Code of Student Conduct, Rule 11
  - b. The health and welfare of the student must be of paramount concern in all decisions regarding the administration of medicine.

- c. Students with special needs are to be afforded all rights provided by federal and state law as enumerated in the *Policies Governing Services for Children with Disabilities*. Students with disabilities also are to be afforded all rights provided by anti-discrimination laws, including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.
- d. When children who are subject to unusual health hazards (such as allergy to bee stings or specific foods) attend school, it is the parent or guardian's responsibility to ensure that the school administration is aware of the situation and prepared to implement emergency measures. This information should be included in an individualized written emergency care plan developed for the student and reviewed annually by the parent or guardian, health care practitioner and appropriate school personnel.
- e. It is the parent or guardian's responsibility to notify school personnel of changes in medication administration, such as dosage or time administered, and to see that all appropriate paperwork, including a new request form, is filed with the school principal or designee.
- f. The board generally encourages school personnel to administer medicine from a centralized location. However, in all instances, whether from a centralized location or multiple locations, any medicines kept at school for a student must be kept in a locked and secure place, unless otherwise specifically requested by physician, such as for medicines that require refrigeration or need to be easily accessible to the student (e.g. asthma inhalers).
- g. All school personnel who will be administering medicines must receive appropriate training and will administer medicine only in a manner consistent with this policy and any implementing procedures or regulations.
- h. School personnel are prohibited from purchasing, providing or otherwise procuring medicine for students except in extraordinary or emergency circumstances and only upon the written request of the parents.
- i. Only drugs clearly prescribed or intended for the student may be administered by school personnel. At the time a parent brings a medication to school for administration, if school personnel have concerns regarding the appropriateness of a drug or dosage for a student, a confirmation should be obtained from the student's doctor or health care practitioner prior to administering the medicine or allowing a student to self-administer a medicine.
- j. Although efforts should be made not to disrupt instructional time, a parent has the right to administer medicines to his or her child at any time while the child is on school property. Parents administering medicine to a child must do so at a designated location determined by the principal or designee.
- k. Written information maintained by school personnel regarding a student's medicinal and health needs is confidential. Parents and students must be accorded all rights provided by the Family Educational Rights and Privacy Act and state confidentiality laws. Any employee who violates the confidentiality of the records may be subject to disciplinary action

## **B. OVER-THE-COUNTER MEDICATION**

Consistent with the above requirements, over-the-counter medications will only be given during school hours by school personnel if they are provided in a properly labeled original (new) container. Parents who want school personnel to administer over-the-counter medication must provide the medication to school personnel pursuant to the requirements of this policy.

## **C. EMERGENCY MEDICATION**

Students who are at risk for medical emergencies, such as those with asthma or severe allergies, should have an emergency health care plan developed for them to address emergency administration of medicine.

## **D. STUDENT SELF-ADMINISTERING ASTHMA/ANAPHYLACTIC MEDICATIONS**

The board recognizes that students with asthma and/or subject to anaphylactic reactions may need to possess and self-administer asthma medication on school property. As used in this policy, "asthma medication" means a medicine prescribed for the treatment of asthma or anaphylactic reactions and includes a prescribed asthma inhaler or epinephrine auto-injector. The superintendent shall develop procedures for the possession and self-administration of asthma medication by students on school property, during the school day, at school-sponsored activities, and/or while in transit to or from school or school sponsored events.

1. Before a student will be allowed to self-administer medicine pursuant to this section, the student's parent or guardian must provide to the principal or designee all of the documents listed below:
  - a. written authorization from the student's parent or guardian for the student to possess and self-administer asthma medication;
  - b. a written statement from the student's health care practitioner verifying:
    - i. that the student has asthma and/or an allergy that could result in anaphylactic reaction;
    - ii. that he or she prescribed medication for use on school property during the school day, at school-sponsored activities, or while in transit to or from school or school-sponsored events; and
    - iii. that the student understands, has been instructed in self-administration of the asthma medication, and has demonstrated the skill level necessary to use the medication and any accompanying device;
  - c. a written treatment plan and written emergency protocol formulated by the prescribing health care practitioner for managing the student's asthma or anaphylaxis episodes and for medication use by the student;
  - d. a statement provided by the school district and signed by the student's parent or guardian acknowledging that the board of education and its agents are not liable for injury arising from the student's possession and self-administration of asthma medication; and any other documents or items necessary to comply with state and federal laws.
2. Prior to being permitted to self-administer medicine at school, the student also must demonstrate to the school nurse, or the nurse's designee, the skill level necessary to use the asthma medication and any accompanying device, as well as appropriate understanding of when to seek additional help.

3. Finally, the student's parent or guardian must provide to the school backup asthma medication that school personnel are to keep in a location to which the student has immediate access in the event of an emergency.

All information provided to the school by the student's parent or guardian and health care practitioner must be kept on file at the school in an easily accessible location. The Request for Medication to be Given During School Hours documentation must be renewed annually.

A student who uses his or her prescribed asthma medication in a manner other than as prescribed may be subject to disciplinary action pursuant to the school disciplinary policy. No one may impose disciplinary action on the student that limits or restricts the student's immediate access to the asthma medication.

The board does not assume any responsibility for the administration of drugs or medication to a student by the student, the student's parent or legal custodian or any other person who is not authorized by this policy to administer medications to students.

Revised: November 4, 2008; December 8, 2009



# **Emergency Epinephrine Auto-Injector Devices**

Policy Code: 5024/6127/7266

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Many severe allergies are undiagnosed, and students or others may experience their first severe allergic reaction while at school. Epinephrine auto-injector devices can be used to administer epinephrine to provide rapid, convenient first aid for persons suffering a potentially fatal anaphylactic reaction. This policy addresses the use of emergency epinephrine auto-injector devices administered under a non-patient specific prescription. Student-specific orders for epinephrine auto-injector devices are addressed in policy 6125, Administering Medicines to Students.

Designated trained school personnel are authorized to use emergency epinephrine auto-injector devices to deliver emergency medical aid to any person suffering from an anaphylactic reaction during the school day or at a school-sponsored event on school property. The superintendent shall ensure that at least two emergency epinephrine auto-injector devices are located at each school for this purpose and are stored in secure, but unlocked and easily accessible locations.

Each school principal shall designate one or more school personnel, as part of the medical care program under G.S. 115C-375.1, to receive initial training and annual retraining from a school nurse or qualified representative of the local health department regarding the storage and emergency use of epinephrine auto-injector devices. Only such trained personnel are authorized to administer epinephrine to persons believed to be having an anaphylactic reaction. The principal shall make reasonable efforts to notify other school staff members as to which employee(s) has received this training in order to facilitate a prompt emergency response.

The principal, in collaboration with appropriate school personnel, shall create an emergency action plan for the use of epinephrine auto-injector devices that complies with all state law requirements. Principals are encouraged to include in the plan school-wide employee training in recognizing symptoms of anaphylaxis.

Epinephrine auto-injector devices provided by the school are intended for unforeseen emergencies. Students known to have medical conditions requiring the availability of an epinephrine auto-injector device are expected to provide such devices for their use at school. Parents of students with known life threatening allergies and/or anaphylaxis should provide the school with written instructions from the student's health care provider for handling anaphylaxis and all necessary medications for implementing the student specific order in accordance with policy 6125, Administering Medicines to Students. Students who meet the conditions established in policy 6125 may possess and self-administer their own medication.

This policy does not require emergency epinephrine auto-injector devices to be available at activities held off school grounds during or after the school day, including field trips or off-site athletic events, or during transportation to or from school, except as may be required pursuant to an individual student's IEP, Section 504 Plan, or health or emergency plan.

Legal References: G.S. 115C-375.1, -375.2A

Cross References: Administering Medicines to Students (policy 6125)

Adopted: December 9, 2014; June 2, 2015

## **First Aid/Emergency Health Care**

Policy Code: 4530

The board recognizes its responsibility to provide a safe environment for students, including the duty to provide appropriate medical assistance to students who become injured or ill during the school day or while participating in a school activity. The principal or his/her designee is responsible for determining the appropriate action to take in the event a student becomes ill or is injured while at school. In the event that a student is injured or seriously ill, the principal or his/her designee shall determine if immediate medical attention is required. Prior to the beginning of classes each school year, each principal shall request at least two staff members to volunteer as "first responders" and to be trained in first aid and CPR. These persons should be notified immediately whenever a student becomes ill or injured at school or while participating in a school activity. If necessary, the principal or his/her designee shall make provisions for the student to remain at school or shall contact parents or guardians of the child to discuss alternate provisions.

The superintendent shall develop regulations to ensure that students have access to appropriate emergency care during the school day or while participating in school activities. Each school should have adequate health services facilities, supplies and trained personnel to handle injuries and/or sudden illness. Staff shall provide first aid within the scope of their training. The teacher or other staff member responsible for the student at the time of an injury shall complete the appropriate injury reporting form.

Parents are required to sign a parental consent form for emergency care (the Student Health and Information Card) when a student first enters school and at the beginning of each school year. This emergency information will be kept on file in an accessible location. Parents are responsible for the health of their children. At the beginning of each school year, it is the responsibility of the parent or guardian to make sure that school officials are aware of any specific health conditions or concerns and any necessary emergency care requirements.

If a student or staff member has a health condition which requires special treatment in certain defined emergency circumstances, written protocols with precise instructions signed by the attending physician and agreed to by the parent/guardian or staff member must be on record. (See Policy 4525, Administering Medicine to Students.)

Legal References: 115C-36, -307(c)

Cross References: Administering Medicine to Students, policy 4525

Issued: October 9, 2000

RNC: 3/23/09

## **First Aid Kits**

- Each school should have enough first aid kits available for each team. This does not mean the very team has a kit, but during a particular sports season, each team participating in that season should have a kit.
- The athletic director, athletic trainer, or designated first responder should coordinate distribution and re-supply of kits.
- Items supplied in each kit may vary by sport. There may be a particular item for one sport that another sport does not need, but all kits should contain the same basic items to include the following: adhesive tape, gauze pads, assorted size adhesive bandages, triangular bandages, antiseptic ointment, an ace bandage, and plastic bags for ice.
- For the management of body fluids and blood, each kit should contain latex gloves for first aid, antiseptic wipes, plastic bags that can be sealed for waste disposal, heavy duty absorbent towels a small bottle of bleach solution for cleaning, and a CPR face shield.
- Each school should also have an automatic external defibrillator (AED) for cardiac emergencies.

## **Sports Safety Guidelines**

- All athletes must have a physical before taking part in any school-sponsored practice. Physicals must be done by a licensed medical doctor, nurse practitioner, or physician's assistant.
- Each team and coach should develop an emergency action plan to deal with emergencies. This plan includes team rosters with emergency numbers, and outlines specific duties done by staff members during an emergency. All pertinent information on an athlete's physical needs to be kept with the team in case of emergency.
- Coaches should schedule regular safety inspections of equipment and facilities.
- Coaches should maintain certification in CPR and first aid.
- Exercise extreme caution during hot weather. Schedule practices in early morning or late evening hours to avoid the hottest part of the day. Follow hot weather guidelines.
- Water and ice should be available at all practices and games for fluid replacement and injury care.
- Monitor the weather. Be aware of potentially dangerous conditions, including heat, thunderstorms, heavy rain, and high winds.
- If available, use two-way radios and/or cellular telephones to set up a communication system for emergencies.

## **Severe Weather During Outside Events**

When conducting practices, games, or other events outdoors, coaches, teachers, and administrators must be aware of weather conditions and act appropriately if weather conditions change. Every year there are news reports about athletes and students being injured or killed by lightning strikes. These situations are preventable. However, lightning is not the only severe weather problem encountered. Very intense rainstorms and high wind conditions can also pose a threat to the safety and well-being of our athletes. Anytime extreme weather conditions exist, athletes, students, and all others should be removed from the field and into a safe structure.

Each Lee County secondary school should be equipped with a lightning detector in order to monitor severe weather. In addition, local media as well as Internet-based local radar should be monitored closely for adverse weather conditions. Always err on the side of safety!

- In the event of thunder, move students off the field to an inside facility and do not return until thunder has not been heard for at least 30 minutes.
- Take no chances, move inside a safe structure at the first sign of a storm. If you hear thunder or see lightning, you are at risk. Move inside.
- Do not seek refuge under a tree or beside any tall object in an open area.
- Avoid contact with metal.
- If caught in an open area, be a small target- crouch down,
- Avoid high terrain and bodies of water.
- Avoid electrical appliances and telephones inside.

**If Lee County Schools closes due to adverse weather, all athletic contests, practices, meetings, or other events will be postponed as well.**



# GUIDELINES ON HANDLING PRACTICES AND CONTESTS DURING LIGHTNING OR THUNDER DISTURBANCES

These guidelines provide a default policy to those responsible or sharing duties for making decisions concerning the suspension and restarting of practices and contests based on the presence of lightning or thunder. The preferred sources from which to request such a policy for your facility would include your state high school activities association and the nearest office of the National Weather Service.

## PROACTIVE PLANNING

1. Assign staff to monitor local weather conditions before and during practices and contests.
  2. Develop an evacuation plan, including identification of appropriate nearby safer areas and determine the amount of time needed to get everyone to a designated safer area:
    - a. A designated safer place is a substantial building with plumbing and wiring where people live or work, such as a school, gymnasium or library. An alternate safer place from the threat of lightning is a fully enclosed (not convertible or soft top) metal car or school bus.
  3. Develop criteria for suspension and resumption of play:
    - a. When thunder is heard or lightning is seen\*, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately.
    - b. 30-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed\* prior to resuming play.
    - c. Any subsequent thunder or lightning\* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
    - d. When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning\* should always take precedence over information from a mobile app or lightning-detection device.
- \* – At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.*
4. Review the lightning safety policy annually with all administrators, coaches and game personnel and train all personnel.
  5. Inform student-athletes and their parents of the lightning policy at start of the season.

Revised and Approved March 2018

## **Inclement Weather Policy for School Closing and Early Dismissal**

The following adjustments will be implemented for all student activities and athletic games and/or practices:

- When school is closed for the day or dismissed early due to inclement weather, all student extracurricular activities and athletic games and/or practices for the day shall be cancelled.
- Athletic games canceled due to inclement weather will be rescheduled according to the North Carolina High School Athletic Association (NCHSAA) rules.
- On Saturdays when inclement weather conditions exist, the determination of whether to play scheduled games or to practice will be made by the Superintendent.
- On days when school opens later than normal, student extra-curricular activities, athletic games and/or practices may be cancelled, held as normally scheduled, or alternatively scheduled, depending on local weather conditions and other pertinent factors. A delayed opening does **not** automatically cancel an event. The principal and other local school personnel who are normally involved in scheduling these events shall work out the schedules for days affected by delayed openings, and notify the county athletic director.

### **Notes:**

- School facilities should not be made available (open gym, open weight room, etc.).
- Coaches should not be involved in setting up any type of practice at non-school facilities. Ex: basketball at YMCA or church gyms, cheerleaders at cheer gyms.
- Once a decision is made, athletic directors will be notified by email, fax, and/or voicemail.

## **Crowd Control**

Any school having an interscholastic athletic program should have a well-planned crowd control program. Personnel who should be included in developing the plan include administrators, athletic directors, coaches, band director, security personnel and the game announcer.

Specific responsibilities should be outlined for everyone involved. Any crowd control plan should consist of regulations before, during, and after contests.

**Before the Contest:** If the athletic program is to be successfully administered, the school must be concerned with the welfare of the fans and the student body. Since our schools are in need of the revenue from gate receipts for financing the athletic program, all efforts must be put forth to make attendance an enjoyable experience, thus ensuring a return to other contests.

### **Important pre-planning steps are:**

- Make sure that all facilities are clean and comfortable.
- Staff adequate concession stands.
- Provide adequate entrances and ticketing areas with admission prices plainly posted.
- Make available to visiting schools necessary game information, including directions for game parking, seating arrangements, ticket prices, driving directions, etc.
- Provide ample parking.
- Designate specific seating areas for students, bands, adults, and visitors. If possible, opposing student bodies should be separated.
- Discuss with the student body the need for showing good sportsmanship to visitors.
- Inform cheerleaders of the importance of proper timing of cheers, displays of good sportsmanship, and cooperation with teams, bands, and other activities.
- Arrange for adequate law enforcement supervision.
- Post in plain sight at the entrance to the facility a copy of the reasons for expulsion from the contest, i.e. use of alcohol or drugs, throwing of objects, unruly behavior, etc.
- Provide assistance to game officials where needed.

### **During the Contest:**

- Provide for adequate supervision of students and facilities by the home school.
- Be sure that visiting schools assume responsibility for their students.
- Provide an interesting halftime program whenever possible.
- Arrange for secure facilities to prevent fans from getting on the playing surface, around the players or coaches, or directly into areas of competition.
- Have the game announcer give the location of restrooms and concession stands.
- Review the NASPAA Code of Conduct with announcers, and provide written opening statements and comments as suggested by the NCHSAA.
- Provide first aid for emergencies.

**After the Contest:**

- Develop a procedural plan for the exit of teams, officials, and fans.
- Direct the route for movement of all visiting buses, including bands, pep clubs, teams, and cheerleaders.
- Use the public address system to give directions about leaving the facility and to give caution about entering the playing facility.
- Provide traffic control as needed.

**Summary statements:**

- Students should be encouraged to attend athletic contests with a responsible adult.
- Encourage as many faculty members as possible to attend athletic contests.
- Insist that unruly spectators be removed from the premises.
- Visiting schools should follow the procedures set forth by the home school.
- Outline to students acceptable and non-acceptable behavior at athletic events.
- SROs and local law enforcement may be used when necessary.



## NASPAA Code of Conduct

Copied from the website of the National Association of Sports Public Address Announcers  
([www.naspaa.net](http://www.naspaa.net))

**The following principles and expectations underscore the NASPAA's P.A. announcing philosophy. P.A. announcers who utilize these guidelines will be in a position to announce virtually any athletic event with confidence.**

1. Announcers shall understand that their role is to provide pertinent information in a timely manner, and to do so professionally and not attempt to be bigger than the game or event by doing play-by-play or by providing commentary in an effort to entertain or to draw attention to himself or herself.
2. Announcers shall understand that because they have a tremendous influence on the crowd and that cheerleading or antics designed to incite the crowd for the purpose of gaining an advantage for their team is inappropriate.
3. Announcers shall promote good sportsmanship and a positive environment by what they say and how they act.
4. Announcers shall treat the opponents and their fans as guests, not the enemy.
5. Announcers shall respect the individuals who are responsible for the conduct and administration of athletic games and events, such as coaches, officials and administrators, and avoid making any comments that reflect positively or negatively on them.
6. Announcers shall respect the participants of all teams and remain neutral when introducing the starting participants, announcing substitutions and the outcome of plays or performances of the participants.
7. Announcers shall be competent. This means following approved announcing guidelines, expectations and policies, such as emergency procedures, provided by the administration or the host facility.
8. Announcers shall be prepared, such as being familiar with the correct pronunciations of the participants' names, knowing the rules of the sport, the officials' signals and how the game is played.
9. Announcers shall exhibit professional behavior and represent their school, organization or association with respect and dignity at all times by what they say, how they act and how they appear.
10. Announcers shall avoid using alcohol and tobacco products at the venue.

**Mission Statement:** NASPAA was established to operate as a non-profit organization that will provide national leadership, meaningful educational programs and services for high school, college and amateur sports public address announcers; promote the educational values of sports public address announcing; and work with key associations and organizations, as well as entities in related broadcast fields as part of an ongoing effort to raise the level of professionalism of sports public address announcing in the United States.

## NCHSAA Public Address Announcements

### ***Sportsmanship: Together we make the right call P.A.***

The North Carolina High School Athletic Association welcomes you to today's/tonight's game and reminds you of the NCHSAA's initiative, "Sportsmanship ... Together we make the right call".

The score of any athletic event is generally forgotten over time, but the actions of the players, coaches and spectators can result in lifelong memories. The next time you attend a high school game, think of how history will remember you.

Respect, Integrity, and Responsibility are values important in our daily lives. On the playing surface, they are translated into the word sportsmanship. Sportsmanship is one of the strongest educational lessons and lifetime values taught by interscholastic athletics.

The NCHSAA views athletic participation as an extension of the classroom where valuable life lessons are taught and learned by student-athletes. These lessons are best learned when respect is accorded to all participants; players, coaches, officials, administrators and other fans. Profanity, sexist, racial or ethnic comments or other intimidating actions directed at anyone in this contest venue will not be tolerated and are grounds for removal from the site of competition.

Help us make the right call by exhibiting good sportsmanship throughout the event regardless of personal feelings or loyalties during this contest. Sportsmanship ... Together we make the right call.

### ***A Suggested P.A. Announcement for the Regular Season concerning rights/live streaming***

The media rights to today's/tonight's NCHSAA contest are held by \_\_\_\_\_. Any  
unauthorized broadcast or webcast of the visual or audio accounts, depictions or descriptions of  
this game without consent of \_\_\_\_\_ is strictly prohibited. A reminder to  
spectators who are videotaping or taking photographs at today's/tonight's game: All spectator  
videotaping and photography is for personal, non-commercial use only and must be done with  
the understanding that the video or still images shall not be duplicated, sold, or distributed  
through any medium such as television or the internet. Your cooperation is appreciated.

August 2016

### ***Suggested PA for Endowment Games***

\_\_\_\_\_ welcomes you to this special North Carolina High School Athletic  
Host School Name  
Association Endowment Game.

The NCHSAA allows its member schools to play this extra game in order to benefit the Association's Endowment Fund. A portion of the gate sales from tonight's game will go into the Endowment, enabling the NCHSAA to preserve athletic opportunities for your people in our state and provide top quality championship experiences for the NCHSAA membership.

We appreciate your contributions to the endowment by your presence at tonight's game.



# **SPORTSMANSHIP/EJECTION POLICY**

**Adapted from NCHSAA/DPI**

Any coach or other school official who is ejected from an athletic contest is subject to the penalty guidelines of the NCHSAA and are required to meet with the school athletic director and school administration within one week of the ejection. The school athletic director will immediately notify the county athletic director of the situation.

This policy applies to all persons involved in an athletic contest, including student athletes, coaches, managers, and game administrators. The following examples include behavior or conduct which will result in an ejection from a contest: (1) fighting, which includes, but is not limited to, combative acts such as an attempt to strike an opponent with a fist, hands, arms, legs or feet, an attempt to punch or kick an opponent, regardless of whether or not contact is made, an attempt to instigate a fight by committing an unsportsmanlike act toward an opponent that causes an opponent to retaliate, or leaving the bench area to participate in a fight (contact or no contact); (2) biting observed by an official; (3) taunting, baiting or spitting toward an opponent; (4) profanity directed toward an official or opponent; (5) obscene gestures, including gesturing in such a manner as to intimidate; and (6) disrespectfully addressing (physically contacting an official is subject to automatic expulsion and can result in ineligibility for remainder of career) an official. Individuals ejected for one of the preceding reasons in a football game will be ejected from that contest, miss the next contest at that level and all contests in the interim. Ejections in all other sports will result in ejection from that contest, miss the next two contests at that level and all contests in the interim. Individuals: Players receiving two ejections for unacceptable behavior as defined above will be suspended from all sports for the remainder of that sport season. Receiving a third ejection in a school year will result in suspension from athletics for one calendar year (365 days from the date of the third ejection). Teams: Teams in the following situations will not be allowed to participate in the playoffs: (1) A team whose players and coaches accumulate six or more individual ejections; (2) A team whose players and coaches accumulate more than three individual ejections for fighting (if a situation occurs where six players on one team are ejected during one fighting incident, those six individual ejections will cause the team to lose its playoff privileges). If a team hits either threshold (total ejections or ejections for fighting) during the playoffs, it will be disqualified from further participation in the playoffs.

Penalties are cumulative from sport to sport and from sport season to sport season, but not academic year to academic year. Ejections in the last game of the season carry over to the next sport in which the individual participates that year. Ejected players may practice during their suspensions but not play. Ejected coaches may not be on the premises for a contest. The coach must leave the premises (press box, bleachers, adjacent field, etc.) and must not have any type of contact with the team. If no member of the school's coaching staff is present to assume the ejected coach's duties, the contest is terminated by a forfeit. Anytime a student/coach is ejected from a game/meet, he/she does not participate/coach the remainder of that day. The student/coach is also suspended from the next two scheduled, rescheduled or contracted dates at that level of competition (one in football) and all games/meets in the interim at other levels of competition. The coach is not permitted to be at the game site during his/her suspension, but the student is allowed at the game site. The county athletic director is to be notified by the school athletic director when a coach is ejected, and conference scheduled within one week.

Clarification for soccer only: Coaches and athletic directors will be responsible for tracking yellow cards accumulated by their players. Five yellow cards accumulated by the same player will result in a suspension (miss next contest at that level and all contests in the interim). An additional five yellow cards accumulated by the same player (season total of 10) will result in an ejection. The player will be suspended from all sports for the remainder of that season on the 15th yellow card (or second ejection). A red card disqualification that is not an ejection is the equivalent of two yellow cards. Penalties are enforced at the conclusion of the game, and an ejection report must also be filed at the appropriate time for accumulation of yellow cards. Once brackets are released for playoffs, yellow cards are reset to zero. With three yellow cards in the playoffs, player is suspended for the next game. A total of five yellow cards and any player is out for remainder of playoffs and may carry over to other sports.

**For Wrestling, Track, Tennis, Golf, Cross-Country and Swimming:** Any individual ejected from an individual event or individual tournament may not participate for the remainder of the event (entire day(s) of competition or tournament) from which he or she was ejected. Additionally, the individual may not participate in the next scheduled two events or any other events, in any sport, at any level, in the interim.

Athletes are expected to sign the sportsmanship pledge, and coaches are expected to sign the code of conduct for coaches (appendix). Coaches and athletes who are ejected from contests must take the NFHS Sportsmanship class prior to participating again.

**Penalties that may be imposed by the State Department of Public Instruction:**

- (1) Participation Ban-Violations of the state regulations, negligence or poor sportsmanship may forfeit the right of the school to participate in interscholastic athletics for a given period of time to be determined by the State Superintendent of Public Instruction;
- (2) Suspension of Accreditation: If any school engages in athletic activities in violation of the rules and regulations and in such manner as to interfere with the required instructional services adopted by the State Board of Education for use in the public schools, the State Superintendent of Public Instruction shall notify such school to desist from further violation of these rules and regulations; and upon failure of such school to desist there from within such time as the State Superintendent may require, he may suspend the accreditation of said school until such time as the same may have been corrected.

September 1 of the following year is the deadline for all incidents, violations, etc. to be reported to the NCHSAA.

## NCAA Initial-Eligibility Center

The NCAA-Initial-Eligibility Center is the organization that handles all inquiries regarding an individual's initial eligibility status. In order to qualify for athletic eligibility at an NCAA Division I or II institution, the prospective student-athlete must obtain a certain qualifying score on the SAT or the ACT as well as meet grade-point average requirements on core courses taken at the high school level. Each high school has a list of approved core courses. This list is obtainable through the Initial Eligibility Center website. Student/athletes and school administrators can register through the website at [www.eligibilitycenter.org](http://www.eligibilitycenter.org). Eligibility for NCAA Division III schools is determined through the individual school within NCAA requirements. Please consult with the school for specific requirements.

### Contact Information:

Telephone: 1-877-262-1492 or 1-317-223-0700

Fax: 1-317-223-0799

E-mail: [ecinfo@ncaa.org](mailto:ecinfo@ncaa.org)

Website: <https://webl.ncaa.org/eligibilitycenter/common>

Mail: NCAA Eligibility Center  
P.O. Box 7110  
Indianapolis, IN 46207

# Cheerleading

Cheerleading is an activity that comes under the jurisdiction of the LEA. In 1985 the North Carolina General Assembly asked that the Department of Public Instruction develop some guidelines for cheerleaders. The listed guidelines include what was developed at that time. The National Federation of High Schools also publishes guidelines that Lee County Schools will adopt and follow.

Cheerleading comes under the jurisdiction of the NCHSAA in two areas-eligibility and safety guidelines. All cheerleaders must have their eligibility certified in the same manner as interscholastic athletes. Head cheerleading coaches are required to attend the annual rules meeting. More information can be found in the NCHSAA Handbook.

Cheerleaders serve as a support group for the different interscholastic teams within their schools. Cheerleaders should always strive to improve student morale, boost team spirit and help a school achieve the most worthwhile objectives in its interscholastic program. Positive crowd and student body involvement directed by the cheerleading squad in support of the school team should be a major goal and is a very important component of entertainment or competition purposes. These activities can provide the student with educational experiences that contribute greatly toward the development of good citizenship.

## Safety Guidelines:

- (1) All cheers, chants, dances or spirit raising activities should be well planned, practiced and organized to promote the safety of students participating in cheerleading activities.
- (2) A cheerleading coach should supervise all squads during all practices and performances.
- (3) Cheerleading coaches should have a background in cheerleading, dance choreography, and/or gymnastics, and should be knowledgeable in proper cheerleading techniques and safety procedures. Coaches should coach only within his or her level of expertise. The NCHSAA now requires coaches to complete NFHS cheerleader training.
- (4) All routines, pyramids, stunts and gymnastics should be practiced to perfection prior to actual performance.
- (5) Cheerleaders should be familiar with the environmental conditions and playing surfaces for which stunts, pyramids, and routines are to be used.
- (6) Pyramids and partner stunts may be a part of the squad's routine, provided the following safety precautions are taken:
  - No pyramid or stunt formation is to be higher than two standing levels or three kneeling levels.
  - No roll-offs, flips or somersaults off pyramids or stunts.
  - No knee drops or tension drop stunts off pyramids.
  - No collapsing pyramids or stunts.
  - Spotters should be present throughout the mounting, result, and dismounting stages of pyramids or stunts.
  - No base should support more than **1½ people**
  - No toe pitches
  - No single support split catch.
  - Floor mats should be used for protection.

- (7) Acceptable gymnastic maneuvers should be limited to forward and backward walk-overs, splits, round-offs, cartwheels, handsprings, handstands, and front and back somersaults.
- (8) Mini-tramps, springboards, and similar equipment should be prohibited.
- (9) Dangling jewelry should not be worn during practices and performances.
- (10) Appropriate footwear should be worn, including rubber sole, low heel shoes that offer adequate support and can absorb the forces caused by jumping and other stunts or techniques.
- (11) Cheerleaders should have access to the school athletic trainer and school physician if available.
- (12) Cheerleaders shall have a medical examination prior to participation on a squad. Any known medical condition that might interfere with active participation should be recorded (example: asthma, heart condition, epilepsy, diabetes, etc.)
- (13) A cheerleader who misses a practice at which a pyramid, stunt, or gymnastics maneuver was mastered should not perform any of those maneuvers at the next performance or until the maneuver is mastered.
- (14) Cheerleaders should travel together and use transportation which has been provided by the school.
- (15) These rules and regulations also apply to practice, game situations, and outside competition.
- (16) All cheerleading squads should adopt a comprehensive conditioning program. Emphasis should be placed on areas such as flexibility, upper body strength, ankle and wrist strength, and endurance.
- (17) Cheerleaders will promote good sportsmanship.
- (18) Cheerleaders should learn the rules and terms for each sport.
- (19) Cheers should not ridicule the opposing team, players, or game officials.
- (20) Do not imitate or join in boo's, whistles, catcalls, or other derogatory gestures.
- (21) Cheerleaders must remain seated during all live balls, and cannot run on the floor during 30-second timeouts.
- (22) Cheerleaders will refrain from kicking or stomping on gymnasium bleachers in an effort to distract the opposing team.
- (23) Welcome visiting cheerleaders at all games and arrange a schedule for turns on the floor during basketball games.
- (24) The position of the cheerleader during an athletic event should be kept in perspective. The game is the primary consideration.



## **ATHLETIC BOOSTER CLUBS**

Lee County Schools' Policy Code 5010 encourages the establishment of parent organizations and their participation in activities that support the goals of the board of education, school system, and individual schools. Recognizing that parent organizations can be a very effective means of involving parents in their child's school, the athletic department supports the development of athletic booster clubs within the umbrella of Policy Code 5010, and includes the following conditions for school based athletic booster clubs:

- A school booster club must provide the superintendent or designee and the principal with a document describing the purpose of the organization, federal identification number, and the general rules and procedures by which it will operate. Any modifications must also be provided to the superintendent or designee and the principal.
- Each school may have only one booster club supporting all athletic programs. Single sport booster clubs are not permitted. Booster clubs are expected to take into account the gender, cultural diversity, and economic differences of students and parents in planning various functions.
- Booster clubs must obtain prior approval from the principal for any fund raising event, or purchase for the school or team. Any function involving participation of students, or any event likely to reflect upon the school or school district, must also gain prior approval of the principal.
- The principal must approve any donation earmarked for a particular purpose. In deciding whether to approve a particular donation request to benefit any program, principals must consider equity and Title IX issues in relation to overall funding and opportunities for participation.
- All donation requirements and procedures are described in Policy 5010 – C.
- Booster clubs are responsible for maintaining their own financial records. Funds shall be accounted for in a manner that will ensure a complete record of all receipts and disbursements. School employees are not permitted to manage booster club affairs during the school day, and may not help manage or disburse funds.
- Student and/or parent participation in booster club activities shall not be made a condition for participation in any sports program.
- Lee County School employees may not accept any direct or indirect remuneration from booster clubs or other organizations for services performed on behalf of the school or school system, including but not limited to, bonuses or salary stipends. Employees may be eligible for stipends or supplements from Lee County School's according to established protocols.

**LEE COUNTY SCHOOLS  
CAMP CHECK OFF LIST**

All forms and information should be complete prior to submitting to the Assistant Superintendent of Auxiliary Services. For proof of the required special event insurance please include a statement with the following: A statement as to what agency you plan to use; the date of your contact with the agency to advise them of the upcoming camp; and the date when insurance will be obtained. Complete camp packet due no less than 30 days prior to the event.

Camp: \_\_\_\_\_ Date(s) of Camp: \_\_\_\_\_

Camp Director: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ Camp Finance Form signed by appropriate school personnel

\_\_\_\_\_ Special Event Insurance Statement

\_\_\_\_\_ Camp Information: Anticipated Number of Participants  
Number of Staff  
Schedule for Camp

\_\_\_\_\_ Fundraiser Request Form signed by principal (If there is no anticipated cost or income please explain how the camp will be funded on the fundraiser form. Fundraisers must be approved by the Board of Education prior to any advertisement of the camp.)

\_\_\_\_\_ Facility Use Form signed by the principal

\_\_\_\_\_ Sports Camps – Copy of Volunteer Coach Agreements completed  
Academic Camps – Copy of Consultant Agreements completed

\_\_\_\_\_ Copy of camp application

\_\_\_\_\_ Copy of Medical information included

\_\_\_\_\_ Copy of Waiver and Release of Liability included complete with appropriate camp Information. Bullet #2 describes activities unique to the proposed camp.

\_\_\_\_\_ Trained personnel on campus to administer EpiPen and/or diabetes care to any camper with an identified health condition.

Name of person: \_\_\_\_\_ Phone: \_\_\_\_\_

Person submitting the form to the assistant superintendent of auxiliary services:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LEE COUNTY SCHOOLS CAMP PROCEDURES

## Regulation Code: 3620-R Extracurricular Activities and Student Organizations

Lee County Schools (LCS) supports camps that are beneficial to the students. Camps can be centrally run such as academic camp or school based such as a sports camp. Documentation for an academic camp must be submitted to the appropriate principal or director for approval with a copy to the school treasurer. Documentation for a sport camp must be submitted to the principal and athletic director for approval with a copy to the school treasurer. A written proposal must be submitted for approval at least 30 days in advance before a camp can be scheduled. Approval is required before any advertisement is allowed. The proposal must include the following:

1. A detailed accounting of the camp finances to include projected revenues and expenses. All camp workers' pay rates are determined by the principal and County Athletic Director before the camp begins. All rates of pay must have the Superintendent's approval prior to the start date.
2. Proof of liability insurance consistent with coverage (according to LCS Board Policy).
3. A calendar of events and list of facilities involved in the camp, including the anticipated number of campers and staff members who will work the camp,
4. A Fundraiser Request form must be submitted with all supporting documentation attached.
5. A Facility Use Application form must be submitted to the principal, who will in turn submit to appropriate Central Office staff for approval, along with applicable fees.
6. For Sports Camps-Volunteer Coach Agreements for each camp worker.
7. For Academic Camps-Consultant Agreements for each camp worker.

Camps that are run by LCS employees are for the purpose of enriching a child's abilities and providing extra opportunities for participation to enhance the child's skill level. Camps should be fun as well as educational.

1. Criteria for camps. Before a camp can begin on school grounds a determination needs to be made as to who is operating the camp and whom the proceeds will benefit.
  - A. **Outside camps using LCS facilities.** If a camp is run by an external group and the money is handled by an external group, the camp director must submit a "Facility Use Application" for approval from the Assistant Superintendent of Auxiliary Services before the camp can begin. Facility and custodial fees may apply. The camp director is responsible for all payroll taxes, sales tax and liable for proper money handling procedures. Proof of insurance would also be required per LCS policy 5030 Community Use of Facilities. All user groups, except school sponsored groups, must furnish a certificate of insurance for general liability coverage with a total limit coverage of \$1,000,000 for each claim made.
  - B. **LCS sponsored camps.** If a camp is run by LCS employees, on school grounds, and LCS or other students attend, the camp is considered to be part of LCS. In this case:
    - All camps must obtain a "special events" type of insurance (Camp & Conference Accident Insurance) for camps, campers and facility use applications

- All money should be receipted and deposited daily at the school level or at the central office level.
- The proceeds are to be used to support a school activity or central office program. On the fundraising form, a purpose for the proceeds should be clearly stated.
- The principal and Assistant Superintendent for Auxiliary Services reviews and approves the fundraising form and sets all pay rates for the camp staff subject to approval by the Superintendent. This will prevent the camp director from setting his own salary.
- The principal approves or denies all requests for camps.

## 2. Camp Procedures

### A. Money handling:

- I. Participant fees should be determined by how much supplies, equipment and salaries will cost. A camp **CANNOT** run into a negative balance situation. Careful planning is vital. If funds remain after all expenses and salaries are paid, then any remaining funds shall revert to the general fund of the school club or sport which sponsored the camp. If expenses exceed revenue, the sponsoring school club or sport must cover the deficit.
- II. All money handling procedures are the same as for teachers during the regular school year. Contact the school treasurer for money handling procedures.
- III. Receipt books will need to be issued and camp directors will need to give a receipt for all money collected. This includes: registration fees, t-shirts, supplies and any other fees.
- IV. All receipts and money should be given to the school treasurer or designated central office person daily. Once all funds are received a check is issued to Lee County Schools and sent to the finance department by the treasurer within one week of the conclusion of the camp.
- V. Camp expenses must be itemized, reviewed and approved by the camp sponsor, Athletic Director (if applicable), Treasurer and Principal. Please submit the approved payment form to the Central Office Accounts Payable Department for each AP expense with original invoice attached within one week of activity. Meals for employees and volunteers are not allowable expenses.
- VI. Sales tax-If an item is sold and a profit is made, then LCS must collect sales tax and then pay this to the Department of Revenue. This does not include registration or camp fees; it is for items such as camp T-shirt.

### B. Contracted services process

- I. All camp worker's pay rates are determined by the principal or County Athletic Director. This should be clearly stated on the Volunteer Coach Agreement before the camp begins. All pay • rates must have the Superintendent's approval prior to the start date. Net proceeds from the camp go to support the program which sponsored the camp not to the camp workers.
- II. Each person who works a sports camp must have an approved Volunteer Coach agreement prior to any advertisements for the camp. Each person who works an academic camp must have an approved consultant agreement prior to any advertisements for the camp. Please follow the procedures outlined for each agreement to be in compliance with Human Resources & Finance PRIOR to start dates. Additional documentation will be required to generate payment.

- III. Camp leaders may be paid at a higher rate than other employees they supervise, if justified, to account for: Planning, pre-camp organization efforts, setting up before camp begins, post-camp clean-up and taking inventory.
- IV. All camp workers who are to work OR who supervise children **MUST** be paid through the Central Office payroll department if they are employed by Lee County Schools. This is for the safety of the children as well as to be in compliance with the Fair Labor Standard Act (FLSA). Please include a list of the employees to be paid with the other documentation submitted and payment will be generated in the next scheduled payroll. Non-employee camp workers will be responsible for reporting their income and paying all applicable taxes. 1099's will be furnished if the amount exceeds \$600. Please submit a request for payment form for each Non-employee along with other documentation to the Accounts Payable Department within one week of the conclusion of the camp. A timesheet is required if an hourly rate of pay is used. Flat rates of pay or hourly rates of pay may be used, not to exceed hourly rate if clearly explained by documentation.
- V. Board Policies apply to camp programs.
- VI. Camp directors may use current student/athletes to assist with the camps as volunteers.
- The high school athletes are **NOT** allowed to supervise the children but can assist the directors.
  - The high school athletes cannot operate machinery or lift heavy objects.
3. Insurance-The school system **DOES NOT** provide Accident Insurance. This should be clearly stated to parents who sign their children up for summer camps. Each school can purchase their own accident insurance to be included in the camp fees if the school desires.
4. Scheduled Maintenance-Since camps are held during summer breaks, principals should check with the maintenance and facility planning departments prior to approving a camp. These departments use these breaks to schedule work at schools and the site may be unsuitable for students to be around during this time period.
5. Summary Report -The Camp Supervisor/Sponsor will complete and submit to the Principal and Central Office a Summary of Fundraiser report within two weeks of the camp/fundraiser completion date.

Issued: October 22, 2002

Revised: June 6, 2005; July 31, 2008; September 8, 2009; June 30, 2010

## LEE COUNTY SCHOOLS CAMP FINANCE FORM

Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

School: \_\_\_\_\_

Camp Director: \_\_\_\_\_ Camp fee per participant: \_\_\_\_\_

### \*Estimated Revenues:

Description (include # of anticipated participants  
x camp fee)

Amount of Estimated Income

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total: \_\_\_\_\_

\*Estimated Expenses: (include staff rate of pay, salary,  
stipend, etc.)

Amount of Estimated Expenses

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total: \_\_\_\_\_

Donations: Please list any donations, both cash and  
in-kind, and how they will be used in supporting the  
camp.

Amount of Donation

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total: \_\_\_\_\_

\*\*Expected Net Profit: \_\_\_\_\_ (Revenue – Expenses = Net Profit)

\_\_\_\_\_  
Camp Director's Signature

\_\_\_\_\_  
School Athletic Director's Signature (Sports camp)

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
District Athletic Director Signature (Sports camp)

\_\_\_\_\_  
Chief Finance Officer's Signature

\_\_\_\_\_  
Assistant Superintendent of Auxiliary Services

\*Revenues and Expenses are estimates

\*\*Expected Net income cannot be less than \$0.00. Expected Net must be positive (in the black), or the camp will be cancelled. Registration shall be completed one week (7 days) before the beginning of the camp. If the # of participants does not warrant the net to be "in the black", the camp must be cancelled.

Adopted: 07/26/2010

Revised: 07/19/2021

## Camp Information Sheet

**Anticipated Number of Participants:** \_\_\_\_\_

**Anticipated Number of Staff:** \_\_\_\_\_

**Length of Camp:** \_\_\_\_\_

**Daily Schedule:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Request to Conduct Fundraiser (All requests – Internal & External)

All Fund Raiser Requests must be submitted to the Central Office (Auxiliary Services department) by the end of the month prior to the next board meeting. However, advertising and publicizing the event should not take place until the event is approved.

School \_\_\_\_\_ Organization/Club \_\_\_\_\_

Sponsor \_\_\_\_\_

**All items (1-11) must be completed for the Fundraiser to be considered for approval.**

1) Fundraiser/project description \_\_\_\_\_

2) Vendor \_\_\_\_\_

3) Unsold items can be returned to vendor for credit. ☐ yes ☐ no ☐ not applicable

4) Person responsible for receipting and transferring funds to office \_\_\_\_\_

5) Does this event involve community sales to anyone other than students and staff? ☐ yes ☐ no

*Community sales must have Board of Education approval*

6) Dates of fundraiser: From \_\_\_\_\_ To \_\_\_\_\_

7) Purchase cost per item \$ \_\_\_\_\_ Selling price per item \$ \_\_\_\_\_

8) Estimated profits for total fundraiser/project \$ \_\_\_\_\_

9) Profits to be used for \_\_\_\_\_

10) What is the projected cost of this activity? \_\_\_\_\_

11) Will fundraiser totally fund the activity?	<input type="checkbox"/> yes <input type="checkbox"/> no	If no, source of additional funds _____
--	---	---

The following conditions apply to all Fundraisers:

- (A) Receipts must be turned in to the office daily.
- (B) The organization/club must turn in collections sufficient to cover the complete costs of the fundraiser before vendor is paid.
- (C) Fundraiser/project must end on date listed unless specific permission is granted by the **Principal and Assistant Superintendent** to extend the fundraiser/project.
- (D) Sponsor will file with Principal and Central Office a "Summary of Fundraiser" report within two weeks of fundraiser completion date.

Requested	Sponsor of Organization/Club	Date
-----------	------------------------------	------

Approved	Principal	Date
	Assistant Superintendent Auxiliary Services	Date
	Chief Finance Officer	Date

*To Be Completed by Central Office*

BOE Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Date \_\_\_\_\_ Revised: 05/07/2019



# FACILITY USE APPLICATION



All Facility Requests must be submitted to the Auxiliary Services Department 30 days prior to the event. No advertising until the contract is finalized.

Request Submitted by \_\_\_\_\_  
 Address \_\_\_\_\_  
 School Requested \_\_\_\_\_ Organization \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 User: LCS For Profit For Youth Profit Organization Non-Profit Non-Profit Tax ID # \_\_\_\_\_

**Rental Fees:** A \$25.00 non-refundable security deposit must be submitted with the application. See Fee Schedule for facility fees. There is a 3 hour minimum for each facility. Classroom space that is occupied by students during the last period of the day will not be available for use until 30 minutes after the school day ends. Rental fees do not include fees for staff. **These staff fees are \$30.00 per hour.** Payment is required before use of facility. Make checks payable to Lee County Schools. A criminal background check is required if facility requested prior to 6:00 pm on a school day. Organization is responsible for the fee. Organization will be billed for any extra staff fees above amount requested below and any damages to facilities and/or equipment.

## Facility Requested:

Auditorium ☐ Auxiliary Gym  
 Multipurpose Room ☐ Gym  
 Cafeteria: ☐ Kitchen  
☐ Dining Room  
☐ Classroom  
☐ Athletic Field (practice field only)  
☐ Other (Specify) \_\_\_\_\_

## Equipment Required:

☐ Tables/Chairs  
☐ Public Address  
☐ Screen  
☐ Other (Specify) \_\_\_\_\_  
 Availability of equipment subject to site approval. School pianos, spotlights, etc. carry an additional charge.

**Exact Dates Requested:** \_\_\_\_\_  
 Month Day or Days Year  
**Hours:** \_\_\_\_\_ to \_\_\_\_\_ (each day)

**Purpose of Use:** \_\_\_\_\_

User groups shall not prohibit attendance at any event, meeting or other function held in public school buildings or facilities or on public school grounds based upon race, religion, color national origin, handicapping condition, pregnancy or marital status. I agree to abide by the Lee County Board of Education regulations and guidelines governing use of school facilities (Appendix B). I also agree to hold the Board of Education harmless for any and all claims for damages, personal or otherwise, that may occur during this organization's use of school facilities. **I also understand and agree that failure to pay for facility use within 10 days of the date billed constitutes cancellation of the reservation.** By signing below, I certify that I am authorized to enter into this agreement with Lee County Schools, on behalf of the above noted organization.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \*\*\*\*\*

## For Office Use Only:

Custodian Hours: \_\_\_\_\_ CN/CTE/LCS Hours: \_\_\_\_\_ Facility Fee Waived: \_\_\_\_\_  
 Custodian Fee: \_\_\_\_\_ CN/CTE/LCS Fee: \_\_\_\_\_ Facility Fee: \_\_\_\_\_  
 Total Due: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Health Department Permits Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Copy to Maintenance: \_\_\_\_\_ Revised: 08/2018

## CAMP APPLICATION

Please complete the following information and return it to the camp director at least three days prior to the beginning of the camp.

Name of Camper: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade Entering in the Fall: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_  
Parent's Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_  
In case of an emergency in which I cannot be reached, please contact:

Name	Phone Number	Relation to Child
------	--------------	-------------------

Camper's T-shirt size: Please circle: (Youth) YS YM YL (Adult) AS AM AL AXL

### WAIVER STATEMENT

I hereby give my permission for the Camp staff, in case of emergency, to seek appropriate medical attention for my child if unable to contact me. **NOTICE:** Participation in sports activities involves possible risks due to the nature of the activity. The Lee County Board of Education does provide accident insurance coverage to currently enrolled Lee County School students. Each student (parent) can purchase their own additional accident insurance if desired. Participants will have to pay for any necessary medical treatment not covered by personal or school insurance. A **Release and Waiver of Liability** form is attached and must also be submitted with this application.

### EMERGENCY MEDICAL INFORMATION

Please indicate the following medical information and return it to the camp director at least three days prior to the beginning of the camp.

\_\_\_\_\_ My child has the following pre-existing medical conditions and/or allergies, and is taking the following medications:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child does not have any known pre-existing medical conditions and/or allergies, and is not taking any medications.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## WAIVER AND RELEASE

In consideration of my child's participation in the \_\_\_\_\_ (describe "Program"), I/we, \_\_\_\_\_, parent(s) or legal guardian(s) of \_\_\_\_\_, understand and agree to the following:

- My child's participation in the Program is entirely voluntary and extracurricular. There is no penalty from Lee County Schools if my child does not participate in the Program.
- The program may involve \_\_\_\_\_ (describe activities, particularly those that carry some inherent risk of physical injury) each of which involves at least some risk of physical injury, permanent disability, or death. I understand the risks inherent to these activities, as well as to the risks associated with my child's proximity to others engaging in those activities, and have explained those risks to my child.
- To the fullest extent permitted by law, I agree to **waive and release** any actual or potential claims on my own behalf and on behalf of my child against the Lee County Schools and its governing board, individual board members, employees, and/or agents, in both their individual and official capacities, for any injury or loss arising from or related to my child's participation in the Program. This waiver and release specifically includes any injury or loss caused in whole or part by the negligence of Lee County Schools or its governing board, employees, and/or agents.
- To the fullest extent permitted by law, I agree to **indemnify and hold harmless** the Lee County Schools and its governing board, individual board members, employees, and agents, in both their individual and official capacities, from any and all legal claims or litigation brought directly by or on behalf of me and/or my child at any time for any injury or loss arising from or related to his or her participation in the Program.
- I understand and have explained to my child that he or she must comply at all times throughout the Program with any applicable laws and regulations, as well as any safety protocols and directives from LCS representatives.
- My child is physically and mentally fit to participate safely in the Program and has completed all necessary training and safety certification requirements.
- This agreement and release are given freely and voluntarily with a full understanding of my rights and responsibilities

Student's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian (please print): \_\_\_\_\_

Parent or Legal Guardian (please sign): \_\_\_\_\_ Date: \_\_\_\_\_

## **SURPLUS MATERIALS DISPOSAL**

The county athletic director handles the disposal of all surplus athletic equipment and materials.

When an item is no longer needed and declared surplus by the county athletic director, the finance officer, assistant superintendent for auxiliary services, and the superintendent will be consulted. A pick up will then be scheduled. Items may not be donated or given to other groups or organizations.

Materials turned into surplus will be used within the system, sold, or disposed of through approved methods.

The disposal of surplus property must occur in accordance with the state law (11 Sc-518) and school board Policy 6560. The superintendent, or his designee, is the only person authorized to sell surplus property for the school system.

# APPENDIX



# **HIGH SCHOOL ATHLETIC ELIGIBILITY FORM (CONT.)**

DATA ON CONTESTANTS WHOSE PARENTS DO NOT LIVE IN ADMINISTRATIVE UNIT  
INSTRUCTIONS FOR COMPLETING

In the section below headed "Reason for Eligibility," insert the appropriate number for the code from Section 1.2.2(f) in the NCHSAA Handbook, thus describing the student's status.

Name of Contestant	Address of Parents	Reason for Eligibility
1.		
2.		
3.		
4.		
5.		

OFFICIAL TEAM STUDENT PERSONNEL (managers, trainers, etc.)	HEAD AND ASSISTANT COACHES Must list all coaches.					TEAM COMPLIANCE WITH GFELLER-WALLER REQUIREMENTS	
	NAME	AED/CPR Exp. Date or SCA Course	NCHSAA Eligibility Video	GW FORM	NFHS FOC	NFHS OS	COMPLETE DATE
							EAP DEVELOPED
							EAP ATC REVIEW
							EAP REHEARSED
							EAP POSTED
							RTP DISCUSSED
							PRIN APPROVAL

Head coach of this sport: \_\_\_\_\_ This semester begins at our school: \_\_\_\_\_  
 This semester ends at our school: \_\_\_\_\_

\*NOTE: All individuals listed on this NCHSAA Master Eligibility Sheet are covered by the NCHSAA Catastrophic Insurance Policy for school-sponsored activities in the sport listed above.



## ANNUAL SYSTEM OPERATION & MAINTENANCE CHECKLIST

School Name \_\_\_\_\_ Field Name \_\_\_\_\_

Date of Inspection \_\_\_\_\_ Voltage/Phase \_\_\_\_\_ Date Installed \_\_\_\_\_

Type of Pole \_\_\_\_\_ Type/# of Luminaires \_\_\_\_\_

Inspected By \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number \_\_\_\_\_

		OK	Needs Repair	N/A	Notes
WARNING! Turn off electricity at power source and at safety disconnect on poles	<b>Lighting Performance Testing</b>				
	Check with the AD and Staff to see if there are any concerns regarding field (pole, electrical or lighting)				
	Average maintained footcandles meet guidelines				
	Uniformities meet guidelines				
	<b>Service Entrance, Poles, and Distribution Boxes</b>				
	Warning Stickers, wiring diagrams, circuit labels should be posted and legible *				
	Snap all breakers on and off several times to ensure firm contact. Utilizing breakers for on/off control is not recommended due to reducing the effectiveness of the devices for overcurrent protection. Also, risk of arc flash is increased as breakers age and appropriate precautions should be taken. See NEC 110.16-A Arc Flash *				
	Check fuses for continuity				
	Insulation around wiring should show no signs of deterioration *				
	Wiring should show no heat discoloration *				
	Signs of wear should be replaced on taped connections *				
	Bare wires and exposed connections should be wrapped with insulated covering *				
	Are the panels appropriately locked or access minimized from the public *				
	Check all grounding connections at service entrance and at poles. The grounding systems are required to comply with NFPA 70. *				
	1. Is a ground rod present?				
	2. Are the bolted connections in good condition?				
	3. Are the grounding components from acceptable materials and are they sized properly?				
	4. Is the resistance level satisfactory? This can be verified by measuring resistance to ground. Which for a single rod it should be 25 ohms or less. If it's higher, then a second ground rod shall be added. There is no requirement for minimum resistance value, if two grounds are installed.				
	<b>Pole Structures</b>				
	Wood poles checked for leaning and resulting misalignment of luminaires				
	Wood poles checked for twisting and resulting misalignment of luminaires				
	Wood poles checked for decay. Just below ground level, woodpecker holes etc. *				
	Steel anchor bolt poles checked for signs of corrosion *				
	Steel anchor bolt poles checked for proper drainage in grout at base				
	Direct burial steel poles checked for proper mastic covering above/below grade at base to ensure no corrosion or pitting of the galvanized protection is evident				
	Direct burial steel poles checked for water/moisture inside pole and corrosion around base of pole				
	Direct burial steel poles checked for proper mastic covering inside the pole				
	Pull on conduits in hand holes to check for looseness				
	Check for all pole electrical access covers in place *				
	Check for all external cable conduit to be in good shape, not cracked or missing *				
Check for other visible signs of deterioration? Specify *					
Check any pole climbing equipment for proper attachment, alignment and decay or corrosion					
Check to make sure trees are not encroaching on the pole structures or overhead wires					
<b>Luminaires</b>					
Check for signs of smoky film on lenses, or water damage to luminaires					
Check for broken or missing lenses, replace as needed					
Check for luminaires not operating. Troubleshoot and repair (fuse, lamp, ballast or capacitor for HID)					
Visually inspect ballast/drivers for signs of deterioration					
Do any of the luminaires need realignment (visual and light level testing)					
Insulation covering on wiring should show no signs of wear or cracking					
Ground wire connections must be secure					
Check around ballasts for signs of blackening. (metal halide)					
Check that capacitors aren't bulging. (metal halide)					
Check aiming alignment of all luminaires.					
On wooden poles, see if crossarms are still aligned with the field and horizontal.					

Note: Asterisk (\*) indicates deficiencies that must be corrected, for safety of participants, prior to hosting playoff events.

I have reviewed this completed checklist. Deficits, if any, will be addressed as soon as possible.

School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MIDDLE/JUNIOR HIGH SCHOOL ATHLETIC ELIGIBILITY LIST

Sport \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Date \_\_\_\_\_ Circle Classification: Middle (6-7-8) Jr. High (7-8-9)

School \_\_\_\_\_ Administrative Unit \_\_\_\_\_

Street \_\_\_\_\_ Conference \_\_\_\_\_

City \_\_\_\_\_, NC Zip \_\_\_\_\_

I hereby certify that each person listed has complied in all respects with the requirements for athletic eligibility adopted by the State Board of Education (i.e. – Medical Exam, Attendance, Academics, Residence, Age).

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

NAME OF CONTESTANTS TYPE OR PRINT ALPHABETICALLY - LAST NAME FIRST	DATE OF BIRTH MM/DD/YYYY	YR. OF FIRST ENTRY IN 6TH GRADE	MEETS STATE MEDICAL REQUIREMENTS		DATE ENROLLED PRESENT SEMESTER	MEETS ATTENDANCE REQUIREMENTS	NUMBER SUBJECTS PASSED LAST SEMESTER	MEETS PROMOTION STANDARD
			Date of Exam	GW Form*				
1.			Med Exam	GW Form*				
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								

\* Gfeller Waller Form (GW) must be signed by student and parent; ✓ indicates both have signed

**Master Eligibility List Cont.**  
**FOR CATASTROPHIC INSURANCE PURPOSES**

Official team student personnel (managers, trainers, etc.)

Name	Role

TEAM COMPLIANCE WITH GFELLER WALLER REQUIREMENTS	
ITEM	COMPLETE DATE
EAP DEVELOPED	
EAP ATC REVIEW	
EAP REHEARSED	
EAP POSTED	
RTP DISCUSSED	

Head Coach of this sport \_\_\_\_\_

This semester begins at our school \_\_\_\_\_

This semester ends at our school \_\_\_\_\_

\*\*\* DO NOT SEND TO THE NCDPI \*\*\*  
 FORM SHOULD BE KEPT ON FILE AT SCHOOL

LEE COUNTY SCHOOLS  
NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION  
TEAM ELIGIBILITY CHECKLIST

Review the items in this checklist to validate eligibility compliance for each student-athlete for the Sport of \_\_\_\_\_ on the Date of \_\_\_\_\_ when completing the Master Eligibility List and the Eligibility & Authorization Statement. This Eligibility Checklist is a guide and does not comprehensively ensure eligibility compliance.

Residency

- ☐ School has a parental/legal custodian generated address for each student-athlete
- ☐ Students not living at parental/legal custodian generated address have been researched for eligibility
- ☐ Students not living in school's assigned district have been researched for eligibility
- ☐ Students not domiciled with parents or legal custodian have been identified and researched for eligibility
- ☐ Students not domiciled in assigned district/attendance area but have attended the current school the past two semesters have been identified

Attendance, Scholastic Requirement, Promotion, Age, 8-Semester Rule, Sport Season(s)

- ☐ Students are currently enrolled and attending this school
- ☐ Students have satisfied local attendance policy
- ☐ Students enrolled and will take minimum academic load this semester (must be accredited courses)
- ☐ Students passed minimum academic load previous semester
- ☐ Students have met local promotional standards and any local GPA requirements of LEA
- ☐ Students will not turn 19 years of age on or before August 31st of current year
- ☐ Students will not exceed four (4) separate seasons in that sport(s) with participation in the current year
- ☐ Students have not been convicted of a felony
- ☐ Students have received medical examination (395-day period through end of season)

Note: The NCHSAA Student-Athlete Checklist should be used for student-athletes when there are questions about their eligibility status (residency or other eligibility issues).

Athletic Director \_\_\_\_\_

Coach \_\_\_\_\_

Principal \_\_\_\_\_

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION  
STUDENT-ATHLETE ELIGIBILITY CHECKLIST

This form is to be used for student-athletes when questions have been raised about their eligibility during the completion of the NCHSAA Master Eligibility List, Eligibility & Authorization Statement and the review of the NCHSAA Team Eligibility Checklist. This Eligibility Checklist is a guide and does not comprehensively ensure eligibility compliance.

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

SPORT \_\_\_\_\_

Residency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (RECORD CURRENT HOME ADDRESS)

\_\_\_\_\_ Primary residence is in assigned district/attendance area (if answer is “no”, please note below how assigned to school by LEA)

\_\_\_\_\_ Transfer (within the same LEA)  
\_\_\_\_\_ Satisfied 365-day ineligibility rule; or  
\_\_\_\_\_ Granted LEA waiver of 365-day ineligibility rule

\_\_\_\_\_ Transfer (from LEA to a different LEA)  
\_\_\_\_\_ Satisfied 365-day ineligibility rule; or  
\_\_\_\_\_ Granted NCHSAA waiver of 365-day ineligibility rule

\_\_\_\_\_ Non-Traditional/Non-Boarding Parochial School Attendance  
\_\_\_\_\_ Residence is located within the same county as the non-traditional/nonboarding parochial school; or  
\_\_\_\_\_ Residence is not located within the same county as the nontraditional/non-boarding parochial school but is located within a 25mile radius; or  
\_\_\_\_\_ Student is a member of a parochial church and submits an authorized pastor verification form  
\_\_\_\_\_ Other (please note reason) \_\_\_\_\_  
\_\_\_\_\_ Student lives with biological parent(s)  
\_\_\_\_\_ Student lives with legal (court-ordered) custodian(s)  
\_\_\_\_\_ Student has attended current school past two (2) semesters (and has not otherwise transferred)

\_\_\_\_\_ Other (please note) \_\_\_\_\_  
\_\_\_\_\_ Student lives with biological parent(s)  
\_\_\_\_\_ Student lives with legal (court-ordered) custodian(s)  
\_\_\_\_\_ Student has attended current school past two (2) semesters (and has not otherwise transferred)  
\_\_\_\_\_ Other (please note) \_\_\_\_\_

\_\_\_\_\_ Is the address listed above the residence for the past 12 months? (If the answer is “no” please note below former residence)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTINUE TO PAGE 2

Attendance, Scholastic Requirement, Promotion, Age, 8-Semester Rule, Sport Season(s)

- ☐ Student currently enrolled and attending this school
- ☐ Student has satisfied local attendance policy
- ☐ Student is/will take minimum academic load each semester (must be credited courses)
- ☐ Student passed minimum academic load previous semester
- ☐ Student has met local promotional standards and any local GPA requirements of LEA
- ☐ Student will not turn 19 years of age on or before August 31st of current year
- ☐ \_\_\_\_\_ Date of birth
- ☐ \_\_\_\_\_ Year of 1st entry in 9th grade
- ☐ Student has/will not exceed four (4) separate seasons in that sport(s) w/ participation in the current year
- ☐ Student has not been convicted of a felony.
- ☐ Student has medical examination (395-day period through end of season)
- ☐ \_\_\_\_\_ Date of Medical Examination
- ☐ Student Insurance
- ☐ School
- ☐ Parent/Custodial waiver

Athletic Director \_\_\_\_\_

Coach \_\_\_\_\_

Principal: \_\_\_\_\_

## ATHLETIC ATTENDANCE APPEAL

Lee County Schools expect students to attend school every day, however, realize that students must be absent from school on occasion. Students may be absent up to 8 days in a semester and still be eligible to participate in the athletic program the following semester as long as other eligibility standards are met. Students missing 9 or more days of school may not participate in the athletic program unless there are unusual, extenuating attendance circumstances the parent wishes the school to consider. In this situation the parent must contact the school principal for further direction.

High school principals can explain to the student and parent options available that may allow student participation in athletics.

Middle school principals may allow parents to appeal the attendance requirement if the number of absences is 13 or fewer. For students having absences of 14 or more, the appeal must be made to the Assistant Superintendent of Auxiliary Services, and the principal can give further directions to the parent.

The following directions will be followed for appeals of students with less than 13 absences:

- Parents initiate the appeal by contacting the principal.
- The appeal must be filed within a 3-week window that begins 2 weeks prior to the opening sport session and concludes 1 week after the start of tryouts.
- The process begins when the parent notifies the principal and fills out the appeal form, the home school notifies the committee, a meeting date and location is determined, parent is notified, roles of the committee members defined, appeal meeting held, decision made, parents notified within 5 working days.
- Each middle school will have one member on the committee. This member will be an administrator or athletic director.
- Parent(s) are required to present at the hearing.
- Home school of the appeal notifies parent of committee decision, one of the other members facilitates the meeting, and the third member serves as secretary and keeps minutes.
- The notes/minutes from each meeting will be retained at the home school. If further appeal takes place, minutes will be sent to the central office.
- The committee may consider academic profile and discipline record in addition to attendance issues.

## Lee County Schools Athletic Attendance Appeal Form

To Be Completed by Parent/Legal Custodian and Returned to Principal

Student's Name: \_\_\_\_\_  
Last First Middle

Student's ID#: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ School Year \_\_\_\_\_

Legal Address of Parent/Guardian:

home no. \_\_\_\_\_ street \_\_\_\_\_ apt. \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_

Residence Telephone: ( ) \_\_\_\_\_ Cell/Work Telephone: ( ) \_\_\_\_\_

Sports Played at School: \_\_\_\_\_

List specific reasons for requesting appeal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby declare that I am the Parent or Legal Custodian of the above named student.

SIGNATURE: PARENT/LEGAL CUSTODIAN \_\_\_\_\_ DATE \_\_\_\_\_

### **APPLICANTS ARE NOT TO WRITE BELOW THIS LINE**

**Athletic Participation Approved by Athletics' Committee:**

Athletic Participation Denied by Athletics committee: \_\_\_\_\_

Athletic Participation Approved by Athletic committee: \_\_\_\_\_

Committee Member Signatures

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

# LEE COUNTY SCHOOLS ATHLETIC SUPPLEMENT SCHEDULE ADDITIONAL GUIDELINES

- a) Schools that do not field (have) a particular sport may request in writing (from the principal and school athletic director) to the County Athletic Director an additional sport/team to be added to the athletic supplement schedule. However, the administration (Central Office / Superintendent) and the Lee County School Board of Education (BOE) must approve the sport/team before it is organized for competition.
- b) Already approved sports that may require additional (assistant) coaches must also be submitted in writing with the rationale/reasons included in the request.
- c) Individual coaches will be placed on the Athletic Supplement Schedule depending upon verified years of coaching experience in the particular sport they will be serving in as a coach.
- d) All coaches of Lee County Schools will be paid centrally by the Board of Education Schools are not permitted to exceed the number of allotted positions on the Athletic Supplemental Allotment Schedule. The school may add volunteers that are non-paid.
- e) Years of experience will be determined by the number of years the individual has coached in the specific sport contracted. Credit of experience will only be given for coaching experience (in the specified sport) on the secondary school level or above. Coaching experience will need to be submitted in writing to the school's Athletic Director and presented to County Athletic Director (effective 2010-11 school year).
- f) Coaches should only coach one (1) team per season and will be paid only one supplement per season. Any exceptions or hardships will need to be approved by the County AD.
- g) Coaches that are not employed with Lee County Schools will have a background check done through the Personnel Dept. and must supply a copy of the Social Security Card. The necessary paperwork is listed on the Coach/Volunteer Agreement Procedures and Form. All completed paperwork must be submitted with the Coach/Volunteer Agreement and approved before a coach can work with Lee County Schools' athletes. All current forms are on LCS website.
- h) Funds from vacant (or unfilled) positions cannot be split between coaches that coached that particular sport or any other vacant positions.
- i) All coaches are required to complete a Coach/Volunteer Contract. All coaching assignments and experience are to be listed on the coach/volunteer contract.
- j) Coaches that do not complete the particular season will have the supplement prorated for the amount of time worked for that season. Seasons are based upon 13 weeks, unless otherwise noted.

**Board Approved: 06/12/00**

**Revised: 09/09/09, 6/12/12, 08/08/16**



**LEE COUNTY SCHOOLS  
ATHLETIC SUPPLEMENT SCHEDULE  
ADDITIONAL GUIDELINES**

YEARS OF EXPERIENCE\*

PAY GRADE	A 0-4	B 5-9	C 10-14	D 15-19	E 20-24	F 25+
01	\$300	\$330	\$360	\$390	\$420	\$450
02	\$420	\$480	\$540	\$600	\$660	\$720
03	\$600	\$690	\$780	\$870	\$960	\$1,050
04	\$810	\$930	\$1,050	\$1,170	\$1,290	\$1,410
05	\$1,050	\$1,200	\$1,350	\$1,500	\$1,650	\$1,800
06	\$1,290	\$1,470	\$1,650	\$1,830	\$2,010	\$2,190
07	\$1,530	\$1,740	\$1,950	\$2,160	\$2,370	\$2,580
08	\$1,740	\$2,010	\$2,250	\$2,490	\$2,730	\$2,970
09	\$2,010	\$2,310	\$2,610	\$2,910	\$3,210	\$3,510
10	\$2,250	\$2,610	\$2,970	\$3,330	\$3,690	\$4,050
11	\$2,490	\$2,850	\$3,330	\$3,690	\$4,170	\$4,650

\* Coaching experience in other LEAs included. Related coaching experience will be evaluated by the County Athletic Director and coaching guidelines.

- High School athletic trainers will be paid an additional yearly supplement (\$3,500.00), 40% of the total supplement to be paid in November, 30% in February, and 30% in May.
- Field Maintenance Positions - \$600.00 per field/school/year  
\$300.00 per shared field/school/year

# of athletic fields per school:

ELMS - 3 fields for a total of

\$1,800/yr.

SLMS - 1 field + (2 shared w/LCP & R) for a total of

\$1,200/yr.

WLMS - 3 fields for a total of

\$1,800/yr.

LCHS - 5 fields for a total of

\$3,000/yr.

SLHS - 3 fields + (2 shared w/ LCP & R) for a total of

\$2,400/yr.

\$10,200/yr. Total/yr.

Additional Revisions – High Schools

Head Football Coach – Add 2 months extended contract.

Two Football Coordinators – Add 1 month extended contract, pay grade adjustment from grade 7 to 8.

Head Soccer (boys and girls) – Add 1 month extended contract.

Head Volleyball – Add 1 month extended contract.

Head Basketball (boys and girls) – Add 1 month extended contract.

Head baseball and Softball – Add 1 month extended contract.

10% supplement increase for all coaches each week in the state playoffs.

Football – 1 game per week.

All other sports – 2 games per week (5% per game).

Pay coaches who drive activity busses to out of county games \$20 per hour for driving time only.

Board Approved: 06/12/00

Revised: 9/09/09, 10/13/09

Revised: 11/15/17

Revised 9/14/2021

**LEE COUNTY SCHOOLS  
ATHLETICS- HIGH SCHOOL**

**POSITION ALLOTMENTS  
PAY GRADE**

<b>Season</b>	<b>Duty</b>	<b>Allotted Positions</b>	<b>Pay Grade</b>
	Athletic Director	1	11
	Athletic Trainer	1	10
	First Responder	1	9
	First Responder Assistant	1	5
	Summer Weight Program	2	4
<b>Sub Total</b>		<b>6</b>	
Fall	Cheerleader Head	1	5
	Cheerleader Assistant/JV Head	1	3
	Cross Country Head	2	5
	Football Head	1	10
	Football Assistants/JV Head	7	7
	Golf Head (Women's)	1	5
	Gymnastics Head	1	5
	Soccer Head ( Men's)	1	9
	Soccer Assistant/JV Head (Men's)	2	5
	Tennis Head (Women's)	1	5
	Volleyball Head	1	6
	Volleyball Assistant/JV	1	4
		<b>20</b>	
<b>Sub Total</b>			
	Basketball Head (Men's)	1	9
Winter	Basketball Assistant/JV Head (Men's)	2	5
	Basketball Head (Women's)	1	9
	Basketball Assistant/JV Head (Women's)	2	5
	Bowling	1	5
	Cheerleader Head	1	5
	Cheerleader Assistant/JV Head	1	3
	Indoor Track	1	5
	Swimming Head	1	5
	Swimming Assistant	1	3
	Wrestling Head	1	9
	Wrestling Assistant	1	4
		<b>14</b>	
<b>Sub Total</b>			
	Baseball Head	1	9
Spring	Baseball Assistant/JV Head	3	5
	Golf Head	1	5
	Soccer Head (Women's)	1	9
	Soccer Assistant/JV Head (Women's)	2	5
	Softball Head	1	9
	Softball Assistant/JV Head	2	5
	Tennis Head (Men's)	1	5
	Track Head ( Men & Women)	2	5
	Track Assistant ( Men & Women)	2	4
		<b>16</b>	
<b>Sub Total</b>		<b>56</b>	
<b>TOTAL</b>			

**LEE COUNTY SCHOOLS**  
**ATHLETICS-MIDDLE SCHOOL PAY GRADE/POSITION ALLOTTMENTS**

Seasons	Duty	Allotted Positions	Pay Grade
	Athletic Director	1	8
	First Responder/Fall	1	5
	First Responder/Winter	1	2
	First Responder /Spring	1	2
Sub-Total		4	
Fall	Cheerleader<Head	1	3
	Cheerleader Assistant/JV Assistant	1	1
	Cross Country	1	3
	Football (Head)	1	7
	Football Assistant (Head)	2	4
	Softball (Head)	1	6
	Softball Assistant/JV Head	1	3
	Tennis (Head)	1	3
	Golf Head	1	3
Sub-Total		10	
Winter	Basketball (Head-Men's)	1	6
	Basketball Assistant/JV (Head-Men's	1	3
	Basketball (Head-Women's)	1	6
	Basketball Assistant/N (Head-Women's)	1	3
	Cheerleader (Head)	1	3
	Cheerleader Assistant/JV Head	1	1
	Wrestling (Head)	1	6
	Wrestling Assistant	1	3
Sub-Total		8	
Spring	Baseball (Head)	1	6
	Baseball Assistant/JV	1	3
	Soccer (Head-Women's)	1	6
	Soccer Assistant/JV(Head-Women's)	1	3
	Soccer Head-Men's)	1	6
	Soccer Assistant JV(Head-Men's)	1	3
	Volleyball (Head)	1	5
	Volleyball Assistant/JV Head	1	2
Sub-Total		8	
TOTAL		30	

# Volunteer Coach Agreement

## Procedures and Form

- 1) This is a volunteer agreement to be used for all future coach positions and **DOES ALLOW** you to use classified staff as long as they are **volunteering** to perform a job that is **NOT** the **same** or **similar job** for which he/she is employed. **THIS FORM REPLACES THE CONSULTANT CONTRACT FOR COACHES ONLY.**
- 2) **A coach will not be able to coach prior to Superintendent approval.** Please allow enough time for the contract to be sent back to your payroll clerk with all of the CO signatures. You will be responsible for notifying the individual that they may start coaching. **Required signatures:** Coach, School AD, Principal, County AD (Auxiliary services), Human Resources, Finance, and Superintendent.
- 3) Please remember that HR will only call you if there is a problem with the background check.
- 4) Please make sure to **complete all applicable sections...** including the sport, years of experience, etc.
- 5) For non-staff, **the following items must be submitted with the contract.**

\_\_\_ **Authority to Release Health Form**

\_\_\_ **Health Verification Form**

\_\_\_ **I-9 Form**

\_\_\_ **Copy of Drivers' License**

\_\_\_ **Copy of Social Security Card**

\_\_\_ **Tax Forms (W4 & NC4)**

\_\_\_ **Direct Deposit Form**

\_\_\_ **Athletic Demographic Form**

\_\_\_ **ESSR Form**

If stipend is **NOT** paid, these 2 items of information are needed.

If paying a stipend, all information is needed

It is recommended that you use LC staff members as coaches with a stipend or non-staff members who are truly volunteers not receiving compensation. **Volunteers need to complete an application/resume with verifiable coaching experience.** Principals are responsible for checking references on this individual.

**COACH/VOLUNTEER AGREEMENT**  
(All information must be completed)

School:	Coach's Name/Phone #:	School Year:
Last 4 of Social:	Date of Birth:	Employer:
Coaching Position:	Years of Experience in this Position:	Coached in this position last year? <input type="checkbox"/> Yes <input type="checkbox"/> No

Coaches must comply with NCHSAA guidelines regarding pre-season activities. Any voluntary activities before the official start of the season are outside of their stipend and will not be compensated. Stipends are paid for the time from first official practice of the season until the last competition. Coaches are required to adhere to all board policies while participating in coaching duties. Coaching is considered seasonal work and not eligible for unemployment benefits.

Have you ever been charged/convicted of a felony? ☐ Yes ☐ No

If yes, please attach an explanation.  
(dates, city & state, charges/conviction, judgement)

**NON-STAFF and RETIRED STATE EMPLOYEE\***

Criminal Record must be attached (yearly) and Health form (first time coaching) must be submitted to personnel.

**\* IF PAID A STIPEND**, the following documentation is also required: Copy of Driver's License, Social Security Card, W4 Form, NC4 Form, I-9 Form, ESRR Form, Athletic Demographic Form, and Direct Deposit Form.

**\* If retired state employee check here** ☐

I understand that, if approved, I will be coaching on a volunteer basis. My time and service in this capacity are given without promise, expectation or receipt of any form of compensation, benefits or other remuneration for this service.

I understand that my participation as a volunteer may be terminated at any time, without cause, and that I may withdraw from participation at any time for any reason. Any stipend will be pro-rated should the coach or school system end contract prior to the season conclusion. This agreement will continue force until terminated.

Signature of Volunteer - NON-STAFF or RETIRED STATE EMPLOYEE:

DATE:

**LEE COUNTY SCHOOLS CLASSIFIED STAFF:**

*NOTE: An employee of the Board of Education may NOT volunteer to perform a job that is the same or similar job for which he/she is employed.*

I understand and agree that my volunteer participation is not being performed in the course and scope of my regular employment with Lee County Schools and that my participation in this is not in any way required by my school or the Lee County Schools' Board of Education. I acknowledge and agree that my volunteer services do not involve that same or similar types of services, duties, and responsibilities as an employee of Lee County Schools.

I understand that my participation as a volunteer may be terminated at any time, without cause, and that I may withdraw from participation at any time for any reason and that withdrawal will not affect my continued employment with Lee County Schools' Board of Education. Any stipend will be pro-rated should coach or school system end contract prior to the season conclusion. This agreement will continue in force until terminated.

Signature of Employee Volunteer - CLASSIFIED

DATE:

**LEE COUNTY SCHOOLS CERTIFIED STAFF:**

I understand that my participation as a volunteer may be terminated at any time, without cause, and that I may withdraw from participation at any time for any reason and that withdrawal will not affect my continued employment with Lee County Schools' Board of Education. Any stipend will be pro-rated should coach or school system end contract prior to the season conclusion. This agreement will continue in force until terminated.

Signature of Employee Volunteer - CERTIFIED

DATE:

Superintendent Approval Required before coaching and other activities can begin.

School Athletic Director	Date	Principal	Date
County Athletic Director	Date	Human Resources	Date
Finance	Date	Superintendent	Date

**Principal Use Only**

☐ Volunteer - No Pay    ☐ Volunteer - Stipend

**Auxiliary Services Use Only**

Stipend (if any) \$ \_\_\_\_\_ per school year



## Gfeller-Waller/NCHSAA Concussion Management Principles

### Health and Safety Personnel

The NCHSAA **STRONGLY RECOMMENDS** that each individual listed below has both expertise and training in concussion management and that LATs, PAs, and NPs consult with their supervising physician before signing the Return To Play Form, as per their respective state statutes.

**Licensed Physician\*\*** - An individual who has training in concussion management licensed to practice medicine (MD or DO) under Article 1 of Chapter 90 of the General Statutes.

**Licensed Athletic Trainer (LAT)\*\*** - An individual who has is licensed under Article 34 of Chapter 90 of the General Statutes entitling them to perform the functions and duties of an athletic trainer.

**Licensed Physician Assistant (PA)\*\*** - An individual who has is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as an assistant to a physician.

**Licensed Nurse Practitioner (NP)\*\*** - Any nurse who has is licensed under the provisions of G.S. 90-18(14) to perform medical acts, tasks or functions.

**Licensed Neuropsychologist\*\*** - An individual who has training in concussion management licensed under Article 18A of Chapter 90 of the General Statutes.

**First Responder (FR)** - An individual who has meets the requirements set forth by the North Carolina State Board of Education Policy ATHL-000.

**\*\* Licensed Health Care Provider as defined by the Gfeller-Waller Concussion Awareness Act.**

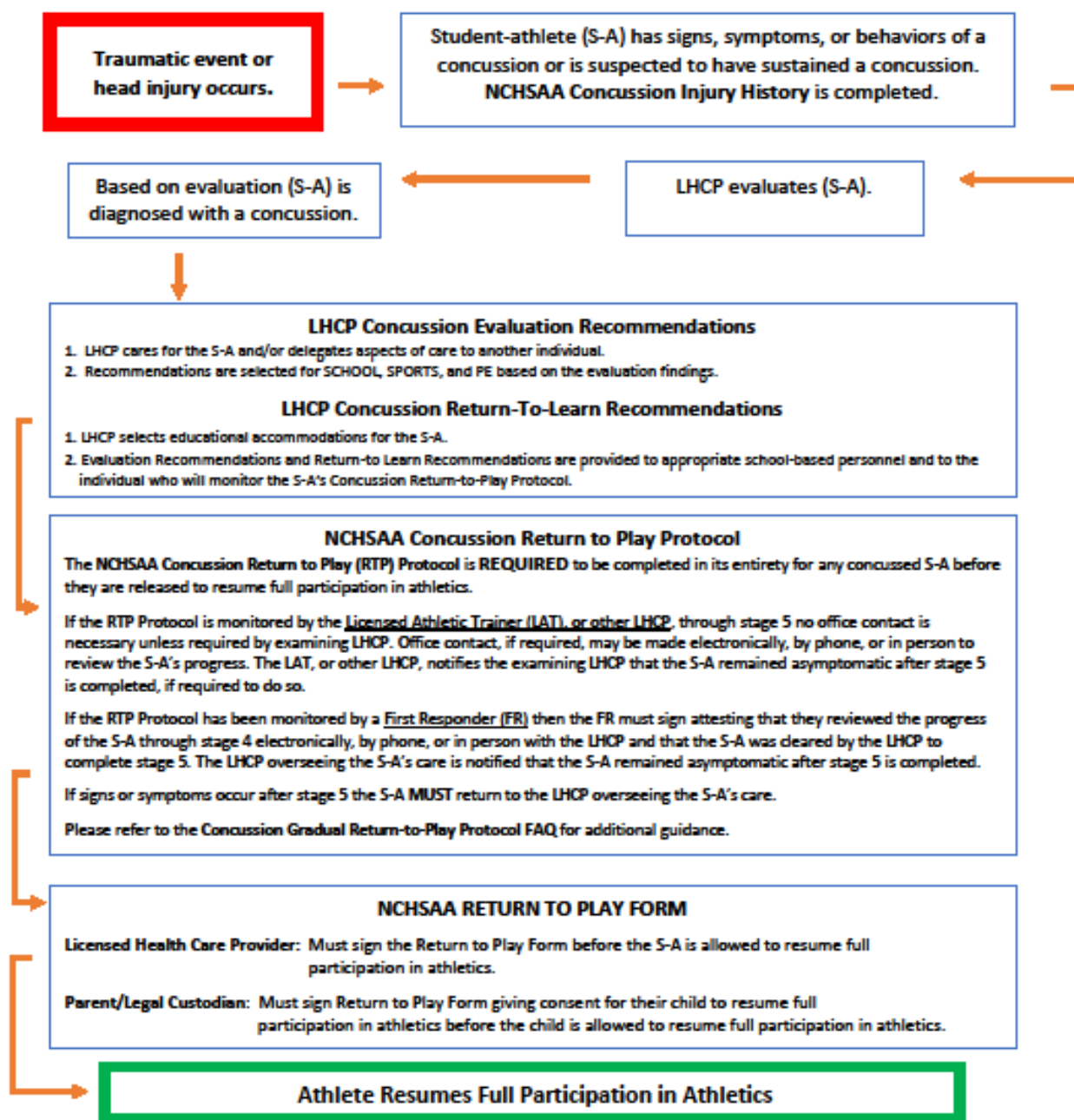
### Key Tenets of Concussion Management

1. No athlete with a suspected concussion is allowed return to practice or play the same day that his or her head injury occurred.
2. It is not feasible for a Licensed Health Care Provider (LHCP) to both diagnose an acute concussion and provide clearance on the same day.
3. Athletes should never return to play or practice if they still have ANY symptoms.
4. More than one evaluation is typically necessary for medical clearance for concussion. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians typically should not make clearance decisions at the time of first visit.
5. A concussion is a traumatic brain injury that can present in several ways and with a variety of signs, symptoms, and neurologic deficits that can present immediately or evolve over time.
6. Both academic and cognitive considerations should be addressed when managing a student-athlete with a concussion. The NC Dept. of Public Instruction now requires a "Return to Learn" plan for students with suspected head injury. Also, consider guidance on proper sleep hygiene, nutrition, and hydration.
7. The NCHSAA **STRONGLY RECOMMENDS** that all member school student-athletes have a Licensed Physician's (MD/DO) signature on the Return to Play Form and/or the Licensed Health Care Provider Concussion Evaluation Recommendations Form. Remember that the Licensed Physician (MD/DO) signing the RETURN TO PLAY FORM and/or the Licensed Health Care Provider Concussion Evaluation Medical Recommendation Form is required to be licensed under Article 1 of Chapter 90 of the General Statutes and have had training in concussion management.
8. The student-athlete must be completely symptom-free both at rest AND with cognitive stress, then with full physical exertion before being cleared to resume full participation in athletics (The NCHSAA Concussion Return to Play Protocol has been designed with this in mind).
9. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion Return to Play Protocol, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to full participation in athletics.



## NCHSAA Student-Athlete Concussion Management Algorithm

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.







## Licensed Athletic Trainer Quick Guide for Management of a Concussed Student-Athlete



Concussion Injury History  
is filled out on behalf of  
student-athlete (S-A).



S-A is referred to the Licensed Health Care  
Provider (LHCP) for evaluation.  
**LHCP Concussion Evaluation Recommendations  
and LHCP Concussion Return to Learn  
Recommendations** completed by LHCP.  
Licensed Athletic Trainer (LAT) is  
selected by the LHCP to monitor the  
S-A's Return to Play Protocol.



### RETURN TO PLAY (RTP) PROTOCOL

The RTP Protocol is monitored by the LAT through stage 5 with no office contact necessary unless required by examining LHCP. Office contact, if required, may be made electronically, by phone, or in person to review the S-A's progress. The LAT notifies the examining LHCP that the S-A remained asymptomatic after stage 5 is completed, if required to do so.

If signs or symptoms occur after stage 5 the S-A **MUST** return to the LHCP overseeing the S-A's care.



### RETURN TO PLAY FORM

The Return to Play (RTP) Form **MUST** be signed before the S-A is allowed to resume full participation in athletics. The RTP Form may be signed by either the examining LHCP or the LAT if selected to do so by the LHCP that signed the S-A's LHCP Concussion Evaluation Recommendations Form.

The student-athlete's parent/legal custodian **MUST** sign the RTP Form giving their consent before their child resumes full participation in athletics.

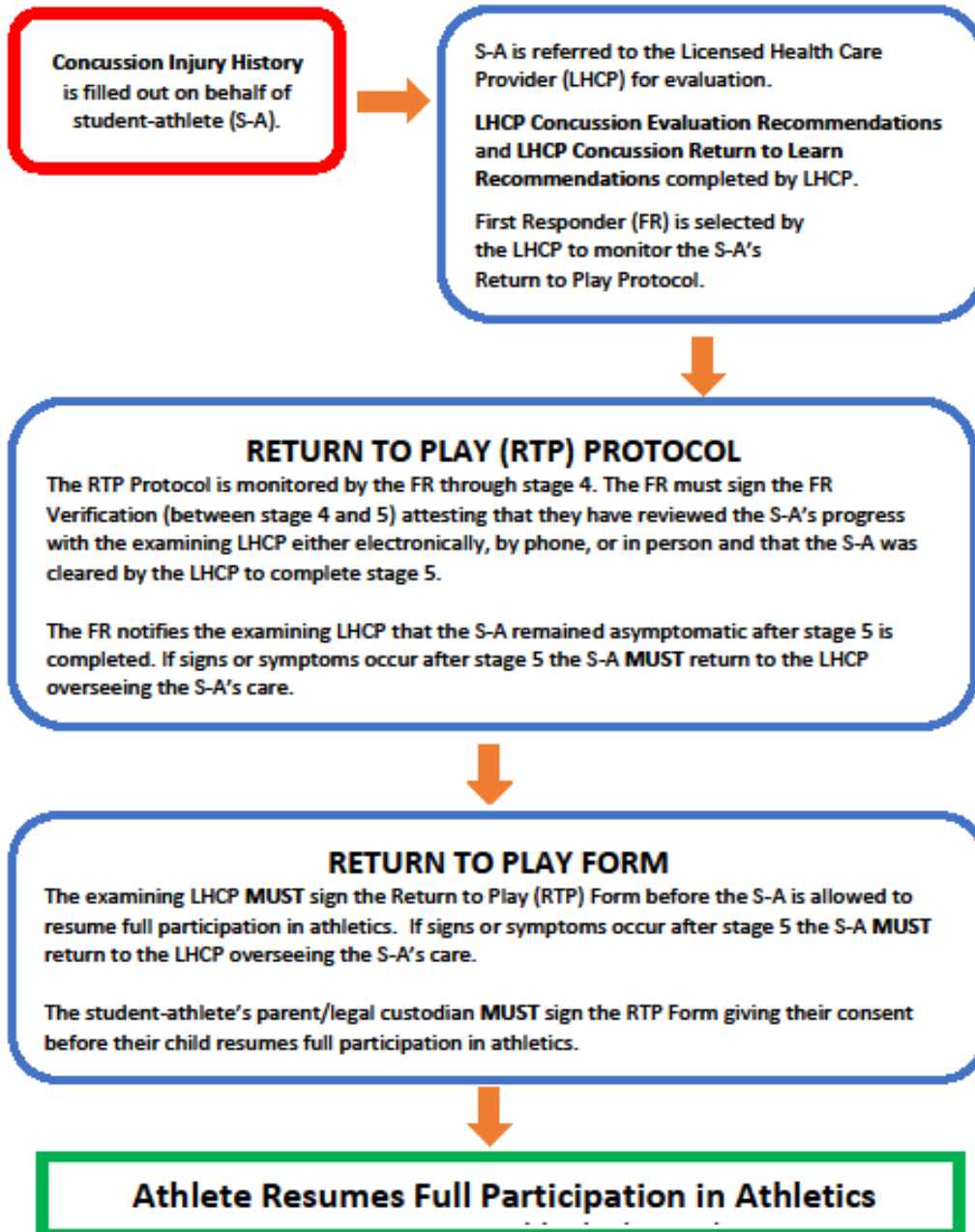


**Athlete Resumes Full Participation in Athletics**





## First Responder Quick Guide for Management of a Concussed Student-Athlete





## Concussion Gradual Return-to-Play (RTP) Protocol FAQ



### Who must go through the RTP Protocol?

All student-athletes diagnosed with a concussion are required to complete a Return-to-Play Protocol that proceeds in a step-by-step fashion with gradual, progressive stages.

### Can a student-athlete engage in physical activity/exercise prior to starting Stage 1?

A qualified yes; keeping in mind that the physical activity/exercise should involve **NO** risk of head trauma and should occur only under direct orders of the treating Licensed Health Care Provider (LHCP) who has evaluated the student-athlete. This light exertion can be started before a student-athlete is entirely asymptomatic. There is evidence that "sub-symptom threshold exercise" (i.e. light exertion that does not cause new or worsen existing symptoms) is safe and may be helpful in concussion recovery.

### How will I know if the student-athlete is symptom free and ready to begin the RTP Protocol?

Once a student-athlete is completely free of both documented clinical signs and symptoms at rest and classroom induced signs and symptoms (caused by cognitive stimulation such as reading, computer work, and schoolwork) a gradual Return-to-Play (RTP) progression can be started.

### Who can monitor the RTP Protocol?

LHCPs which includes the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist who has examined the student-athlete can monitor the student-athlete. If one of these LHCPs is not accessible, the school's first responder may monitor the RTP.

### How long is a stage?

The length of time for each stage is at least 24 hours.

### What activities are included in the RTP Protocol stages?

The RTP Protocol begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary bicycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition.

### How does the student-athlete know if he/she is ready to advance to the next stage?

After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity.

### What should the student-athlete do if signs and/or symptoms return?

If signs/symptoms occur with exercise, the student-athlete should stop and rest. Once free of signs/symptoms for 24 hours, the student-athlete returns to the previously completed stage of the protocol that was completed without recurrence of signs/symptoms and progresses forward in the protocol. During this process, it is important that student-athletes pay careful attention to note any return of concussion signs/symptoms (headache, dizziness, vision problems, lack of coordination, etc.) both during and/or in the minutes to hours after each stage. In the event that signs/symptoms are experienced, they should be reported to the individual monitoring the student-athlete's RTP Protocol.

### What should be done if the student-athlete is unable to complete a stage successfully after two attempts?

If a student-athlete is unable to complete a stage twice without return of signs/symptoms, consultation with the treating LHCP who has examined the student-athlete is advised. A student-athlete should be progressed to the next stage only if he/she does NOT experience any signs/symptoms with the prior stage.

### How long should the completed RTP Protocol form be kept on file?

The completed RTP Protocol form should remain on file at least until the student-athlete graduates from high school.

Rev June 2018



## NCHSAA Concussion Injury History



Student-Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

Date of Birth: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ School: \_\_\_\_\_

<u>Following the injury, did the athlete experience:</u>	<u>Circle one</u>	<u>Duration (write number/ circle appropriate)</u>	<u>Comments</u>
<i>Loss of consciousness or unresponsiveness?</i>	YES   NO	_____ seconds / minutes / hours	
<i>Seizure or convulsive activity?</i>	YES   NO	_____ seconds / minutes / hours	
<i>Balance problems/unsteadiness?</i>	YES   NO	_____ minutes / hrs / days / weeks /continues	
<i>Dizziness?</i>	YES   NO	_____ minutes / hrs / days / weeks /continues	
<i>Headache?</i>	YES   NO	_____ minutes / hrs / days / weeks /continues	
<i>Nausea?</i>	YES   NO	_____ minutes / hrs / days / weeks /continues	
<i>Emotional Instability (abnormal laughing, crying, anger?)</i>	YES   NO	_____ minutes / hrs / days / weeks/ continues	
<i>Confusion?</i>	YES   NO	_____ minutes / hrs / days / weeks /continues	
<i>Difficulty concentrating?</i>	YES   NO	_____ minutes / hrs / days / weeks /continues	
<i>Vision problems?</i>	YES   NO	_____ minutes / hrs / days / weeks /continues	
<i>Other</i> _____	YES   NO	_____ minutes / hrs / days / weeks /continues	

Describe how the injury occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Name of person completing Injury History: \_\_\_\_\_

Contact Information: Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Injury History Section completed by:** Licensed Athletic Trainer, First Responder, Coach, Parent, Other (Please Circle)

Rev June 2017



## Licensed Health Care Provider Concussion Evaluation Recommendations

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

All NCHSAA member school student-athletes diagnosed with a concussion are **STRONGLY RECOMMENDED** to have input and signature from a physician (MD/DO who is licensed under Article 1 of Chapter 90 of the General Statutes and has expertise and training in concussion management) before being cleared to resume full participation in athletics. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol.) The recommendations indicated below are based on today's evaluation.

### RETURN TO SCHOOL:

PLEASE NOTE

#### SCHOOL (ACADEMICS):

(LHCP identified below should check all recommendations that apply.)

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the LHCP Concussion Return to Learn Recommendations page.

- ☐ Out of school until \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date). LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Return for further evaluation on \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date). LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ May return to school on \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date) with accommodations as selected on the LHCP Concussion Return to Learn Recommendations page. LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ May return to school now with no accommodations needed. LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### RETURN TO SPORTS:

PLEASE NOTE

#### SPORTS & PHYSICAL EDUCATION:

(LHCP identified below should check all recommendations that apply.)

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion Return to Play (RTP) Protocol, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety by any concussed student-athlete before they are released to full participation in athletics.

- ☐ Not cleared for sports at this time.
- ☐ Not cleared for physical education at this time.
- ☐ May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- ☐ May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
- ☐ Must return to the examining LHCP for clearance before returning to sports/physical education.
- ☐ May start the RTP Protocol under monitoring of **First Responder**. The examining LHCP must review progress of student-athlete through stage 4 and before beginning stage 5 either electronically, by phone, or in person and an additional office visit is not required unless otherwise indicated by the LHCP. If the student-athlete has remained free of signs/symptoms after stage 5 is completed, the LHCP must then sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.
- ☐ May start the RTP Protocol under monitoring of **LHCP** and progress through all five stages with no office contact necessary unless required by examining LHCP. If student-athlete remains free of signs/symptoms the LHCP must sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.

Comment: \_\_\_\_\_

Signature of MD, DO, LAT, PA, NP, Neuropsychologist (Please Circle) \_\_\_\_\_

Please Print Name \_\_\_\_\_

Office Address \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number \_\_\_\_\_

The Licensed Health Care Provider above has delegated aspects of the student-athlete's care to the individual designated below.

Signature of LAT, NP, PA-C, Neuropsychologist, First Responder (Please Circle) \_\_\_\_\_

Please Print Name \_\_\_\_\_

Office Address \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number \_\_\_\_\_





## Licensed Health Care Provider Concussion Return-To-Learn Recommendations

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Licensed Health Care Providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

Educational accommodations that may be helpful are listed below.

### Return to school with the following supports:

#### Length of Day

- ☐ Shortened day. Recommended \_\_\_\_\_ hours per day until re-evaluated or (date) \_\_\_\_\_.
- ☐ ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- ☐ Shortened classes (i.e. rest breaks during classes). Maximum class length of \_\_\_\_\_ minutes.
- ☐ Use \_\_\_\_\_ class as a study hall in a quiet environment.
- ☐ Check for the return of symptoms when doing activities that require a lot of attention or concentration.

#### Extra Time

- ☐ Allow extra time to complete coursework/assignments and tests.
- ☐ Take rest breaks during the day as needed (particularly if symptoms recur).

#### Homework

- ☐ Lessen homework by \_\_\_\_\_ % per class, or \_\_\_\_\_ minutes/class; or to a maximum of \_\_\_\_\_ minutes nightly, no more than \_\_\_\_\_ minutes continuous.

#### Testing

- ☐ No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- ☐ Limited classroom testing allowed. No more than \_\_\_\_\_ questions and/or \_\_\_\_\_ total time.
  - ☐ Student is able to take quizzes or tests but no bubble sheets.
  - ☐ Student able to take tests but should be allowed extra time to complete.
- ☐ Limit test and quiz taking to no more than one per day.
- ☐ May resume regular test taking.

#### Vision

- ☐ Lessen screen time (SMART board, computer, videos, etc.) to a maximum \_\_\_\_\_ minutes per class AND no more than \_\_\_\_\_ continuous minutes (with 5-10 minute break in between). This includes reading notes off screens.
- ☐ Print class notes and online assignments (14 font or larger recommended) to allow to keep up with online work.
- ☐ Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

#### Environment

- ☐ Provide alternative setting during band or music class (outside of that room).
- ☐ Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- ☐ Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- ☐ Provide alternative location to eat lunch outside of cafeteria.
- ☐ Allow the use of earplugs when in noisy environment.
- ☐ Patient should not attend athletic practice
- ☐ Patient is allowed to be present but not participate in practice, limited to \_\_\_\_\_ hours

#### Additional Recommendations:

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## NCHSAA Concussion Return to Play Protocol

\*The NCHSAA Concussion Return to Play (RTP) Protocol is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to resume full participation in athletics. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion (RTP) Protocol has been designed using this step-by-step progression.

\*The NCHSAA Concussion (RTP) Protocol can be monitored by any of the following Licensed Health Care Providers (LHCP): Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, or a Licensed Neuropsychologist. A First Responder may monitor the RTP Protocol if a LHCP is unavailable.

\*After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity. The length of time for each stage is at least 24 hours.

Name of Student-Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female \_\_\_\_\_

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

STAGE	EXERCISE	GOAL	DATE COMPLETED	COMMENTS	MONITORED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (e.g. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity			
First Responder Verification	If the RTP Protocol has been monitored by a First Responder (FR) then the FR must sign below attesting that they have reviewed the progress of this student-athlete (S-A) through stage 4 electronically, by phone, or in person with the Licensed Health Care Provider (LHCP) and that the S-A was cleared by the LHCP to complete stage 5. <div style="display: flex; justify-content: space-between;"> <span>FR Signature: _____</span> <span>Date: _____</span> </div>				
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
LHCP signs RTP Form	The LHCP overseeing the student-athlete's (S-A) care is notified that the S-A remained asymptomatic after stage 5 was completed. The Return to Play (RTP) Form <b>MUST</b> be signed before the S-A is allowed to resume full participation in athletics. If signs or symptoms occur after stage 5 the S-A <b>MUST</b> return to the LHCP overseeing the S-A's care.				

The individual who monitored the student-athlete's (RTP) Protocol **MUST** sign and date below when stage 5 is successfully completed.

By signing below, I attest that I have monitored the above named student-athlete's return to play protocol through stage 5.

\_\_\_\_\_  
 Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,  
 Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name

Approved for 2020-2021 School Year



## NCHSAA Virtually Monitored Concussion Return to Play Protocol

Circumstances may arise when there is no LHCP or first responder readily available to supervise a student-athlete's Concussion Return to Play (RTP) Protocol (in-person). In those instances, the NCHSAA Virtually Monitored Concussion RTP V-Monitored Concussion RTP Protocol offers a reasonable alternative to ensure safe progression of a student-athlete through the concussion RTP protocol.

- The NCHSAA Concussion Return to Play (RTP) Protocol (in-person) OR the NCHSAA Virtually Monitored Concussion RTP is **REQUIRED** to be completed in its entirety for any concussed student-athlete (SA) before they are released to resume participation in athletics. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. Both the NCHSAA Concussion (RTP) Protocol and NCHSAA Virtually Monitored Concussion (RTP) Protocol have been designed using this step-by-step progression.
- The NCHSAA Virtually Monitored Concussion (RTP) Protocol can be monitored by any of the following LHCP: Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner or a Licensed Neuropsychologist.
- The LHCP may elect to use a combination of in-person monitoring and virtual monitoring to complete the required stages within the RTP progression. Both in-person and virtual stage monitoring outcomes can be documented on this form.
- After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity. The length of time for each stage is at least 24 hours. A separate stage specific in-person/virtual consult checklist is to be completed for each RTP stage.
- An adult observer must be present with the SA during each stage to provide consent and assist with emergency care if needed.

Stage	Activity	Objective	Stage Specific Virtual Consult Checklist Completed/ In-Person Monitored
1	20-30 min of cardio activity: walking, stationary bike	Perceived intensity/exertion: Light Activity	<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> YES    In-Person Monitored
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. Push-ups, lunge walks) with minimum head rotation x25 each.	Perceived intensity/exertion: Moderate Activity	<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> YES    In-Person Monitored
3	30 min of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (e.g. Sit-ups, push-ups, lunge walks) x 50 each. Sport specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard activity, changes of direction with increased head and eye movement	<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> YES    In-Person Monitored
4	Participate in non-contact practice drills. Warm-up and stretch x10 min. Intense, non-contact, sport specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity	<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> YES    In-Person Monitored
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.		<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> YES    In-Person Monitored
Final LHCP Virtual Visit	The LHCP overseeing the SA's care will review RTP in its entirety (including Stage 5). If any concussion signs or symptoms occur during stage 5, the SA is required to return to the treating LHCP. <u>The Virtually Monitored RTP Packet and the RTP Form MUST be signed by supervising LHCP before the SA is allowed to resume full participation in athletics.</u>		<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> YES    In-Person Monitored

**The LHCP who monitored the student athlete's RTP Protocol MUST sign and date below when stage 5 is successfully completed.** By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol through stage 5.

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Athletic trainer, Licensed Physician Assistant,  
Licensed Nurse Practitioner, Licensed Neuropsychologist (please circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name





## NCHSAA Virtually Monitored Concussion RTP Protocol - VIRTUAL CONSULT CHECKLIST – STAGE 1

STUDENT-ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADULT OBSERVER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MONITORED BY: \_\_\_\_\_ (circle one) MD/DO, LAT, PA, NP Licensed Neuropsychologist

- ☐ Conducted through a video telemedicine source with double identification verified. Athlete & adult voice understanding and consent to proceed with exertional stage via interactive audio and video telemedicine source.
- ☐ Review of athlete's overall function with activities of daily living (cognitive and physical): \_\_\_\_\_ % normal

Comment:

☐ **Pre-Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing in the last 24 hours **BEFORE** starting RTP stage
- If athlete reports symptoms **BEFORE** or **DURING** exercise, session should **NOT** continue. Notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					

**Monitored Observation of RTP Stage – Light Activity**

20-30 minutes of cardio activity (walking/stationary bike):

☐ **Post-Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing **AFTER** completing RTP stage.
- If athlete reports symptoms **AFTER** exercise or 24 hours following, notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Comment:		
Sensitivity to light			Confusion					

- ☐ Education on monitoring for red flags
- ☐ Establish plan for next virtually supervised visit – DATE \_\_\_\_\_ TIME \_\_\_\_\_ CONFIRMED BY \_\_\_\_\_





## NCHSAA Virtually Monitored Concussion RTP Protocol - VIRTUAL CONSULT CHECKLIST – STAGE 2

STUDENT-ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADULT OBSERVER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MONITORED BY: \_\_\_\_\_ (circle one) MD/DO, LAT, PA, NP Licensed Neuropsychologist

- ☐ Conducted through a video telemedicine source with double identification verified. Athlete & adult voice understanding and consent to proceed with exertional stage via interactive audio and video telemedicine source.
- ☐ Review of athlete's overall function with activities of daily living (cognitive and physical): \_\_\_\_\_% normal

Comment:

☐ **Pre-Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing in the last 24 hours BEFORE starting RTP stage
- If athlete reports symptoms BEFORE or DURING exercise, session should NOT continue. Notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					

☐ **Monitored Observation of RTP Stage – Moderate Activity**

30 min of cardio activity (jogging at medium pace):

Body weight resistance exercise with minimum head rotation [e.g. Push-ups, lunge walks]:

☐ **Post- Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing AFTER completing RTP stage.
- If athlete reports symptoms AFTER exercise or 24 hours following, notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Comment:		
Sensitivity to light			Confusion					

- ☐ Education on monitoring for red flags
- ☐ Establish plan for next virtually supervised visit – DATE \_\_\_\_\_ TIME \_\_\_\_\_ CONFIRMED BY \_\_\_\_\_



### NCHSAA Virtually Monitored Concussion RTP Protocol - VIRTUAL CONSULT CHECKLIST – STAGE 3

STUDENT-ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADULT OBSERVER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MONITORED BY: \_\_\_\_\_ (circle one) MD/DO, LAT, PA, NP Licensed Neuropsychologist

- ☐ Conducted through a video telemedicine source with double identification verified. Athlete & adult voice understanding and consent to proceed with exertional stage via interactive audio and video telemedicine source.
- ☐ Review of athlete's overall function with activities of daily living (cognitive and physical): \_\_\_\_\_ % normal

Comment:

☐ **Pre-Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing in the last 24 hours BEFORE starting RTP stage
- If athlete reports symptoms BEFORE or DURING exercise, session should NOT continue. Notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					

- ☐ **Monitored Observation of RTP Stage** - Hard activity, changes of direction with increased head and eye movement

30 min of cardio activity: (running at fast pace, incorporate intervals)

Increase repetitions of body weight resistance exercise (e.g. Sit-ups, push-ups, lunge walks):

Sport specific agility drills in three planes of movement:

☐ **Post- Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing AFTER completing RTP stage.
- If athlete reports symptoms AFTER exercise or 24 hours following, notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					

- ☐ Education on monitoring for red flags

- ☐ Establish plan for next virtually supervised visit – DATE \_\_\_\_\_ TIME \_\_\_\_\_ CONFIRMED BY \_\_\_\_\_



## NCHSAA Virtually Monitored Concussion RTP Protocol - VIRTUAL CONSULT CHECKLIST – STAGE 4

STUDENT-ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADULT OBSERVER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MONITORED BY: \_\_\_\_\_ (circle one) MD/DO, LAT, PA, NP Licensed Neuropsychologist

- ☐ Conducted through a video telemedicine source with double identification verified. Athlete & adult voice understanding and consent to proceed with exertional stage via interactive audio and video telemedicine source.
- ☐ Review of athlete's overall function with activities of daily living (cognitive and physical): \_\_\_\_\_ % normal

Comment:

☐ **Pre-Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing in the last 24 hours **BEFORE** starting RTP stage
- If athlete reports symptoms **BEFORE** or **DURING** exercise, session should **NOT** continue. Notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					

☐ **Monitored Observation of RTP Stage – High/Maximum Effort Activity**

Warm-up and stretch x10 min:

Participate in non-contact practice drills. Intense, non-contact, sport specific agility drills x 30-60 minutes:

**Post- Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing **AFTER** completing RTP stage.
- If athlete reports symptoms **AFTER** exercise or 24 hours following, notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Comment:		
Sensitivity to light			Confusion					

- ☐ Education on monitoring for red flags
- ☐ Establish plan for next virtually supervised visit – DATE \_\_\_\_\_ TIME \_\_\_\_\_ CONFIRMED BY \_\_\_\_\_



## NCHSAA Virtually Monitored Concussion RTP Protocol - VIRTUAL CONSULT CHECKLIST – STAGE 5

STUDENT-ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADULT OBSERVER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MONITORED BY: \_\_\_\_\_ (circle one) MD/DO, LAT, PA, NP Licensed Neuropsychologist

- ☐ Conducted through a video telemedicine source with double identification verified. Athlete & adult voice understanding and consent to proceed with exertional stage via interactive audio and video telemedicine source.
- ☐ Review of athlete's overall function with activities of daily living (cognitive and physical): \_\_\_\_\_ % normal

Comment:

☐ **Pre-Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing in the last 24 hours **BEFORE** starting RTP stage
- If athlete reports symptoms **BEFORE** or **DURING** exercise, session should **NOT** continue. Notification of and consultation with supervising physician is recommended.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					

- ☐ **Monitored Observation of RTP Stage 5** – Participate in full practice. SPORT: \_\_\_\_\_
- ☐ A "Stage 5 equivalent" workout that incorporates high intensity, high heart rate activity that challenges the vestibular, visual, and cognitive systems can be substituted when there is not an opportunity to participate in a team-based practice.

Please describe in detail the practice/workout activities that the athlete participated in.

**Post- Exercise Symptom Questionnaire**

- Review and report symptoms the athlete is experiencing **AFTER** completing RTP stage.

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Comment:		
Sensitivity to light			Confusion					

\*If athlete reports symptoms **AFTER** exercise or 24 hours following, notification of supervising physician is recommended.





## NCHSAA Virtually Monitored Concussion RTP Protocol – FINAL VIRTUAL CONSULT CHECKLIST

(To be completed by supervising LHCP)

STUDENT-ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADULT OBSERVER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MONITORED BY: \_\_\_\_\_ (circle one) MD/DO, LAT, PA, NP Licensed Neuropsychologist

- ☐ Conducted through a video telemedicine source with double identification verified. Athlete & adult voice understanding and consent to proceed with visit via interactive audio and video telemedicine source.
- ☐ Review of athlete's overall function with activities of daily living (cognitive and physical): \_\_\_\_\_% normal

Comment:

### ☐ Symptom Questionnaire

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					

- ☐ Review of RTP Stage 5 – Participate in Full Practice

Comment:

### ☐ Additional Comments:

- ☐ Athlete has successfully completed all 5 stages of the RTP protocol without recurrence of concussion related symptoms.
- ☐ Athlete has returned to pre-injury function level and reports no concussion related clinical signs and symptoms at rest and with cognitive stimulation (schoolwork, reading, computer work).
- ☐ NCSHAA Gfeller-Waller Virtually Monitored RTP Protocol Packet completed and kept on file.
- ☐ The [RETURN TO PLAY FORM: Concussion Medical Clearance Releasing the Student-Athlete to Resume Full Participation in Athletics](#) is completed and kept on file with a copy provided to the student-athlete's parent/legal custodian



**CONCUSSION RETURN TO PLAY FORM:**  
**MEDICAL CLEARANCE RELEASING THE**  
**STUDENT-ATHLETE TO**  
**RESUME FULL PARTICIPATION IN ATHLETICS**



This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) identified in the Gfeller-Waller Concussion Awareness Act before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist. This form must be signed by the student-athlete's parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

This is to certify that the above-named student-athlete has been evaluated and treated for a concussion and that the Return to Play Protocol was monitored by:

\_\_\_\_\_ at \_\_\_\_\_  
 (Print Name of Person and Credential) (Print Name of School)

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all clinical signs and reports he/she is entirely symptom-free at rest and with both full cognitive and full exertional/physical stress and that the above-named student-athlete has successfully completed the required NCHSAA Concussion Return to Play Protocol through stage 5. By signing below therefore, I give the above-named student-athlete consent to resume full participation in athletics.

**It is critical that the medical professional ultimately releasing this student-athlete to return to athletics after a concussion has appropriate expertise and training in concussion management. The NCHSAA, therefore, STRONGLY RECOMMENDS that in concussion cases, Licensed Athletic Trainers, Licensed Physician Assistants, Licensed Nurse Practitioners, consult with their supervising physician before signing this Return To Play Form, as per their respective state statutes.**

Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,  
 Licensed Nurse Practitioner, Licensed Neuropsychologist (Please Circle)

Date

\_\_\_\_\_  
 Please Print Name

\_\_\_\_\_  
 Please Print Office Address

\_\_\_\_\_  
 Phone Number

\*\*\*\*\*

**Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics**

I am aware that the NCHSAA **REQUIRES** the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been evaluated and treated for a concussion. I acknowledge that the Licensed Health Care Provider above has overseen the treatment of my child's concussion and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

\_\_\_\_\_  
 Signature of Parent/Legal Custodian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name and Relationship to Student-Athlete



**ILLNESS RETURN TO PLAY FORM:**  
**Medical Clearance Releasing the Student-Athlete to Resume  
Full Participation in Athletics After an Illness**

Before the student-athlete will be allowed to resume full participation in athletics, this form must be signed by one of the following Licensed Health Care Providers: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP) and the student-athlete's parent/legal custodian.

Name of Student-Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Date Symptoms Resolved: \_\_\_\_\_

**I release the above-named student-athlete to resume full participation in athletics.**

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Physician Assistant,  
Licensed Nurse Practitioner (Please Circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Office Address

\_\_\_\_\_  
Phone Number

\*\*\*\*\*

**Parent/Legal Custodian Consent**

- I am aware that the North Carolina High School Athletic Association **REQUIRES** that student-athletes absent from athletic practice for five (5) or more consecutive days due to illness receive a medical release by either a physician licensed to practice medicine or his/her designee (licensed nurse practitioner, or licensed physician's assistant) before readmittance to practice or contests.
- I acknowledge that the Licensed Health Care Provider listed above has provided medical care to my student-athlete.
- I acknowledge that the Licensed Health Care Provider listed above has released my student-athlete to resume full participation in athletics.

By signing below, I hereby give my consent for my child to resume full participation in athletics.

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name and Relationship to Student-Athlete



**INJURY RETURN TO PLAY FORM:**  
**Medical Clearance Releasing the Student-Athlete to Resume  
 Full Participation in Athletics After an Injury**

Before the student-athlete will be allowed to resume full participation in athletics, this form must be signed by one of the following Licensed Health Care Providers: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), Licensed Athletic Trainer (LAT) and the student-athlete's parent/legal custodian.

Name of Student-Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Date Symptoms Resolved: \_\_\_\_\_

**I release the above-named student-athlete to resume full participation in athletics.**

\_\_\_\_\_  
 Signature of Licensed Physician, Licensed Physician Assistant,  
 Licensed Nurse Practitioner, Licensed Athletic Trainer (Please Circle)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name

\_\_\_\_\_  
 Please Print Office Address

\_\_\_\_\_  
 Phone Number

\*\*\*\*\*

**Parent/Legal Custodian Consent**

- I am aware that the North Carolina High School Athletic Association **REQUIRES** that student-athletes absent from athletic practice for five (5) or more consecutive days due to injury receive a medical release by either a physician licensed to practice medicine or his/her designee (licensed nurse practitioner, licensed physician's assistant, or licensed athletic trainer) before readmittance to practice or contests.
- I acknowledge that the Licensed Health Care Provider listed above has provided medical care to my student-athlete.
- I acknowledge that the Licensed Health Care Provider listed above has released my student-athlete to resume full participation in athletics.

By signing below, I hereby give my consent for my child to resume full participation in athletics.

\_\_\_\_\_  
 Signature of Parent/Legal Custodian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name and Relationship to Student-Athlete



## **Gfeller-Waller NCHSAA School & Athletic Personnel Concussion Information Sheet**

**What is a concussion?** A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

**How do I recognize a concussion?** There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Nausea/Vomiting	More emotional than normal	Trouble falling asleep
Difficulty remembering new information	Dizziness	Feeling nervous or anxious	
	Balance problems	Crying more	
	Sensitivity to noise or light		

*Table from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think a student-athlete has sustained a concussion?** If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

**What are the warning signs that a more significant head injury may have occurred?** If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

**What are some of the long-term or cumulative issues that may result from a concussion?** Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

**How do I know when it's ok for a student-athlete to return to participation after a suspected concussion?** Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

**No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms following rest or activity.**

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

## Gfeller-Waller NCHSAA School & Athletic Personnel Concussion Statement Form

***\*\*Please initial beside each statement, indicating that you have read and understand the following information \*\****

Initial  
Here

	A concussion is a brain injury.
	A concussion can affect a student-athlete's ability to perform everyday activities, their ability to think, their balance and their classroom performance.
	I realize I cannot see a concussion, but I might notice some of the signs of a concussion in a student-athlete right away. However, other signs/symptoms can show-up hours or days after the injury
	If I suspect a student-athlete has a concussion, I am responsible for removing them from the activity and referring them to a medical professional trained in concussion management.
	I will not allow any student-athlete to return to play or practice if I suspect that he or she has received a blow to the head or body that resulted in signs or symptoms consistent with a concussion.
	I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day.
	I acknowledge that student-athletes must receive written clearance from a medical professional, trained in concussion management, in order to return to play or practice after a concussion.
	I acknowledge that following concussion, the brain needs time to heal. I understand that student-athletes are more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.
	In rare cases, repeat concussions can cause serious and long-lasting problems.
	I have read the Concussion Information Sheet including, but not limited, to the signs and symptoms of a concussion.

TM

I Am A(n):      **Athletic**      **Coach**      **Athletic**      **First**      **School**      **Volunteer**  
 (please circle)      **Director**           **Trainer**      **Responder**      **Nurse**

**By signing below, I agree that I have read the NCHSAA School and Athletic Personnel Concussion Statement Form and have signaled my understanding by initialing appropriately beside each statement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

Rev May 2016

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



## 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.*

**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.

## NCHSAA/Gfeller-Waller Concussion Awareness Act Seasonal Compliance Checklist

This checklist is designed to help your school work toward compliance with the Gfeller-Waller Concussion Awareness Act. *According to the law, "each school shall maintain complete and accurate records of its compliance with the requirements ..."* Beside each component is a checkbox you can use indicating compliance steps are completed.

### Educational Compliance

1. ☐ Concussion Information Sheet distributed to student-athletes and parent/ legal custodian
2. ☐ Concussion Statement Forms signed and collected from student-athletes and parent/ legal custodian
3. ☐ Concussion Information Sheet distributed to head and assistant coaches/athletic trainers/first responders/school nurses/volunteers
4. ☐ Concussion Statement Forms signed and collected from head and assistant coaches/athletic trainers/first responders/school nurses/volunteers

### Post-Concussion Protocol/Plan Compliance

A Post Concussion Plan in place that at a minimum includes:

- a. ☐ No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion
- b. ☐ Student-athlete exhibiting signs and symptoms consistent with concussion must complete a Return to Play Protocol
- c. ☐ Return to Play Form completed by a medical professional trained in concussion management prior to return-to-play/practice for any student-athlete exhibiting signs and symptoms consistent with concussion

### Emergency Action Plan Compliance

1. ☐ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Licensed (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs an LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee.
2. ☐ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport.
3. ☐ The Emergency Action Plan must be in writing.
4. ☐ The Emergency Action Plan must be provided to all coaches, administrators, volunteers, etc. involved in interscholastic athletics.
5. ☐ The Emergency Action Plan must be posted conspicuously at all venues.
6. ☐ The Emergency Action Plan must be annually reviewed and rehearsed by all licensed athletic trainers (LAT), first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletics.
7. ☐ The Emergency Action Plan must be approved by the school principal.

\*\*\*\*\*

☐ CONCUSSION STATEMENT FORMS HAVE BEEN CHECKED AGAINST BOTH TEAM AND STAFF ROSTERS AND ARE CURRENTLY ON FILE WITH \_\_\_\_\_.

(NAME OF SCHOOL OFFICIAL RESPONSIBLE FOR COMPLIANCE)

☐ FALL ☐ WINTER ☐ SPRING

PRINCIPAL'S SIGNATURE (OR DESIGNEE): \_\_\_\_\_ DATE: \_\_\_\_\_

## WEATHER CONDITIONS

Date	Time	Wet Bulb Temp	Location of Reading	Signature

## HEAT INDEX PREVENTION THE 3% LIMIT

<u>Weight</u>	<u>Less 3%</u>	<u>Weight</u>	<u>Less3%</u>	<u>Weight</u>	<u>Less 3%</u>	<u>Weight</u>	<u>Less 3%</u>	<u>Weight</u>	<u>Less 3%</u>
100	97.00	151	146.47	202	195.94	253	245.41	304	294.88
101	97.97	152	147.44	203	196.91	254	246.38	305	295.85
102	98.94	153	148.41	204	197.88	255	247.35	306	296.82
103	99.91	154	149.38	205	198.85	256	248.32	307	297.79
104	100.88	155	150.35	206	199.82	257	249.29	308	298.76
105	101.85	156	151.32	207	200.79	258	250.26	309	299.73
106	102.82	157	152.29	208	201.76	259	251.23	310	300.70
107	103.79	158	153.26	209	202.73	260	252.20	311	301.67
108	104.76	159	154.23	210	203.70	261	253.17	312	302.64
109	105.73	160	155.20	211	204.67	262	254.14	313	303.61
110	106.70	161	156.17	212	205.64	263	255.11	314	304.58
111	107.67	162	157.14	213	206.61	264	256.08	315	305.55
112	108.64	163	158.11	214	207.58	265	257.05	316	306.52
113	109.61	164	159.08	215	208.55	266	258.02	317	307.49
114	110.58	165	160.05	216	209.52	267	258.99	318	308.46
115	111.55	166	161.02	217	210.49	268	259.96	319	309.43
116	112.52	167	161.99	218	211.46	269	260.93	320	310.40
117	113.49	168	162.96	219	212.43	270	261.90	321	311.37
118	114.46	169	163.93	220	213.40	271	262.87	322	312.34
119	115.43	170	164.90	221	214.37	272	263.84	323	313.31
120	116.40	171	165.87	222	215.34	273	264.81	324	314.28
121	117.37	172	166.84	223	216.31	274	265.78	325	315.25
122	118.34	173	167.81	224	217.28	275	266.75	326	316.22
123	119.3 1	174	168. 78	225	218.25	276	267.72	327	317.19
124	120.28	175	169.75	226	219.22	277	268.69	328	318.16
125	121.25	176	170.72	227	220.19	278	269.66	329	319.13
126	122.22	177	171.69	228	221.16	279	270.63	330	320.10
127	123.19	178	172.66	229	222.13	280	271.60	331	321.07
128	124.16	179	173.63	230	223.10	281	272.57	332	322.04
129	125.13	180	174.60	231	224.07	282	273.54	333	323.01
130	126.10	181	175.57	232	225.04	283	274.51	334	323.98
131	127.07	182	176.54	233	226.01	284	275.48	335	324.95
132	128.04	183	177.51	234	226.98	285	276.45	336	325.92
133	129.01	184	178.48	235	227.95	286	277.42	337	326.89
134	129.98	185	179.45	236	228.92	287	278.39	338	327.86
135	130.95	186	180.42	237	229.89	288	279.36	339	328.83
136	131.92	187	181.39	238	230.86	289	280.33	340	329.80
137	132.89	188	182.36	239	231.83	290	281.30	341	330.77
138	133.86	189	183.33	240	232.80	291	282.27	342	331.74
139	134.83	190	184.30	241	233.77	292	283.24	343	332.71
140	135.80	191	185.27	242	234.74	293	284.21	344	333.68
141	136.77	192	186.24	243	235.71	294	285.18	345	334.65
142	137.74	193	187.21	244	236.68	295	286.15	346	335.62
143	138.71	194	188.18	245	237.65	296	287.12	347	336.59
144	139.68	195	189.15	246	238.62	297	288.09	348	337.56
145	140.65	196	190.12	247	239.59	298	289.06	349	338.53
146	141.62	197	191.09	248	240.56	299	290.03	350	339.50
147	142.59	198	192.06	249	241.53	300	291.00	351	340.47
148	143.56	199	193.03	250	242.50	301	29197	352	341.44
149	144.53	200	194.00	251	243.47	302	292 94	353	342.41
150	145.50	201	194.97	252	244.44	303	293.91	354	343 38

# SPORTS MEDICINE INJURY REPORT FORM

NAME \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF INJURY \_\_\_\_/\_\_\_\_/\_\_\_\_ SPORT: \_\_\_\_\_ CLASS OF: \_\_\_\_\_

TYPE OF INJURY: \_\_\_\_\_ ACUTE: \_\_\_\_\_ CHRONIC: \_\_\_\_\_

SITE OF INJURY: Right: \_\_\_\_\_ Left: \_\_\_\_\_ Medial: \_\_\_\_\_ Lateral: \_\_\_\_\_  
Anterior: \_\_\_\_\_ Posterior: \_\_\_\_\_ Superior: \_\_\_\_\_ Inferior: \_\_\_\_\_

AREA OF INJURY:

_____ Knee	_____ Low Back	_____ Abdomen	_____ Shoulder
_____ Lower leg	_____ Groin	_____ Chest	_____ Elbow
_____ Ankle	_____ Buttocks	_____ Neck	_____ Wrist
_____ Foot	_____ Quadriceps	_____ Head	_____ Hand
_____ Toes	_____ Hamstrings	_____ Face	_____ Fingers
Other/Specific _____			

HISTORY (How, When, Where, Mechanism): \_\_\_\_\_

\_\_\_\_\_

PHYSICAL EXAM:

Bleeding: \_\_\_\_\_ Deformity: \_\_\_\_\_

Swelling/Effusion: \_\_\_\_\_ Pain: \_\_\_\_\_

Range of Motion: (ROM): \_\_\_\_\_

Strength: \_\_\_\_\_

Ligamentous/Specialty Stability: \_\_\_\_\_

Functional: \_\_\_\_\_

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

\_\_\_\_\_

IMPRESSION: \_\_\_\_\_

DISPOSITION:

_____ ICE, PIE	_____ Contrast	_____ Non-weight bearing
_____ Ice Massage	_____ Moist Heat	_____ No activity
_____ Ice Slush	_____ ROM, Stretch	_____ Rehab
_____ Cryocuff	_____ EMS	_____ EMS Transport/ER
_____ Whirlpool	_____ Ultrasound	_____ Referred to Physician

Other \_\_\_\_\_

EXAMING TRAINER: \_\_\_\_\_



Lee County School  
Athletic Transportation Request

Name of student: \_\_\_\_\_

School: \_\_\_\_\_

Date of athletic contest: \_\_\_\_\_

Location of athletic contest: \_\_\_\_\_

Teams travel on system activity buses to and from athletic contests that are not on the school's campus. I request that my child not ride home from the game on the date listed above with the team. I am assuming all responsibilities for my child during this transportation time. I release Lee County Schools of any and all responsibilities and liabilities during this transportation.

Name of person my child will ride home with: \_\_\_\_\_.

This person must be present and identified by the coach after the game, and before the activity bus leaves. Your child must ride home on the bus if the person has not been located/identified by the time the bus is ready to leave.

Name of parent (printed): \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal/Coach signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lee County Sheriff's Department  
Special Event's Pay Chart

Event	Payment	Hours Required	Security	Officers Needed	Comments
<b>High School</b>					
Varsity Football	\$30.00 per hour	4-hour minimum (Additional hourly rate after)	<b>Required</b>	6 officer minimum Additional depending on school	
JV Football	\$30.00 per hour	4-hour minimum (Additional hourly rate after)	<b>Required</b>	4 officer minimum Additional depending on school	
Soccer	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
Volleyball	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
Varsity Basketball	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	<b>Required</b>	4 officer minimum Additional depending on school	
JV Basketball	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	<b>Required</b>	2 officer minimum Additional depending on school	
Wrestling	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
Track	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
VARSITY BASEBALL	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
JV-Baseball	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
Varsity Softball	\$30.00 per hour	3-Hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
JV-Softball	\$30.00 per hour	3-Hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
Baseball/Softball Together	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	If one officer covers both events- \$137.50
<b>Middle School</b>					
Football	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	<b>Required</b>	1 officer minimum Additional depending on school	
Softball	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
Boys' Soccer Volleyball	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	One fee combined to monitor between events
Basketball	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	<b>Required</b>	1 officer minimum Additional depending on school	
Baseball Girls' Soccer	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	One fee to monitor between events
Wrestling (3 Matches)	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
All other sporting events	\$30.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	
Dance	\$30.00 per hour	2-hour minimum (Additional hourly rate after)	Principal's Discretion	Middle School- 1 officer minimum	High School- 2 officer minimum
Board of Education Meeting	\$30.00 per hour	2-hour minimum (Additional hourly rate after)	<b>Required</b>	2 officer minimum	
Prom	\$30.00 per hour	4-hour minimum (Additional hourly rate after)	<b>Required</b>	4 officer minimum	
Graduation	\$30.00 per hour	4-hour minimum (Additional hourly rate after)	<b>Required</b>	10 officer minimum	
Metal Detectors	<b>Sworn officers--</b> \$20.00 per hour	3-hour minimum (Additional hourly rate after)	Principal's Discretion	1 officer minimum Additional depending on school	<b>Non-sworn officers--</b> \$20.00 per hour

08/12/2022

## **GUIDELINES FOR PAYMENT TO OFF DUTY LAW ENFORCEMENT OFFICERS**

1. Payment is based upon each event per school level per law enforcement officer.
2. Payment is based upon a flat fee for athletic events and per hour pay for special events.
3. Payment is made at the end of the event upon clearance from the principal or designee (for all flat fee events/athletic events). All law enforcement officers should remain at the site's event until ALL spectators have departed the school premises.
4. Payment is made within a week after the event for the special events that are based upon per hour wage.
5. All law enforcement officers must sign in and out before payment is made.
6. The principal or designee must sign and date the time sheet/sign in/sign out form before payment is made to the law enforcement officer.
7. All appropriate paperwork must be turned in to the bookkeeper (at the school site) the following school day.
8. The "required" statement in the Security column on the (Lee County Sheriff's Department Special Events Pay Chart) spread sheet refers to mandated coverage at the athletic events.
9. The "Principal's discretion" statement in the Security column on the (Lee County Sheriff's Department Special Events Pay Chart) spreadsheet refers to the principal having the flexibility to use paid off-duty officers or to use administrative personnel to cover the athletic and/or special event for security.

## ***Off-Duty Responsibilities and Agreement for Police Officers***

### ***Duties of off-duty officers working security for Lee County Schools ball games and Special Events***

On occasion, the Lee County Schools will need local law enforcement officers (namely off-duty officers from the Sanford Police Department and/or the Lee County Sheriff's Office) to assist with security at ball games and other special events at the schools. When needed, this request comes from the school principal to the school site's School Resource Officer and/or the Lee County Sheriff's Department or the Sanford City Police. The School Resource Officers will then work with designated department personnel to get security for the requested event.

The officers designated for such events will work at the direction of the on-duty School Resource Officer and/or the school administrator(s). Specific job assignments will be made at the event, to include details such as whether an officer is to work the gate, the visitor's side, the home side, or patrol the parking areas. Sworn officers, who are working security, will be paid a flat fee for ball games and special events. This is for a time period expected to last three to three- and-one-half hours. If an event lasts longer than the 3.5-hour time slot, the officers will be paid at a pro-rated basis for the extra time. All time has to be verified by the principal or his/her designee.

The general job description is:

1. Officers will assist with crowd control for the duration of the event, until released by the principal or his/her designee.
2. Officers will work in conjunction with the on-duty SRO and school administration to make sure that the event is safe and orderly.
3. Officers will be on patrol at the event- looking for subjects who are violating the law, who are creating a disturbance, or who may be wanted subjects.
4. Officers will make periodic checks in restrooms, parking lots and other out-of-the-way areas where persons may congregate.
5. Officers will not congregate together in groups during the event unless responding to a specific situation.
6. Officers will be dressed in attire approved by their agency, which clearly identifies them as a law enforcement officer. Dress uniforms or business appropriate clothing is preferred.
7. Officers will carry only those weapons or instruments which they are allowed to carry on duty with their specific agency.
8. Officers will promptly inform the on-duty SRO of any problems that occur or any arrests that are made at an event.
9. Officers who cannot perform in a manner consistent with school expectations will not be used again.
10. The duties and responsibilities assigned by Lee County Schools principal /designee or Lead SRO at the school site will not interfere nor inhibit the oath of office for any law enforcement officer.
11. Any other duty assigned by the Lee County Schools principal/designee or Lead SRO at the school site pertaining to the security of the extra-curricular or special event.

## Off-Duty Responsibilities and Agreement Police Officers

I, \_\_\_\_\_, have read and understand the duties expected of me when working security for Lee County Schools.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OFF-DUTY RESPONSIBILITIES FOR PERSONS WORKING THE METAL DETECTORS AT LEE COUNTY ATHLETIC AND SPECIAL EVENTS

### ***Duties of persons working the metal detectors for Lee County Schools ball games and special events***

On occasion, the Lee County Schools will need to hire personnel to run the metal detectors at ball games and other special events at the schools. When needed, this request comes from the school principal to the school site's School Resource Officer and/or the Lee County Sheriff's Department or the Sanford City Police. The School Resource Officers will then be responsible for finding persons to work the metal detectors for the requested event.

The persons designated for such events will work at the direction of the on-duty School Resource Officer and/or the school administrator. The persons working the metal detectors will be paid a flat fee of \$50 for ballgames and special events. This is for a time period expected to last two-and-one-half to three hours. If an event lasts longer than the three-hour time slot, the officers will be paid at a pro-rated basis for the extra time.

The general job description is:

1. The metal detector operator will run the metal detector (either stationary or a hand-held wand at the entry gates for the specified event.
2. The operator will make sure that persons coming to the event go through the metal detector and that any bags (bookbags, purses, etc.) being carried also are checked for contraband.
3. The operator will work in conjunction with the on-duty SRO and school administration to make sure that no one enters the event carrying any item of contraband.
4. The operator will promptly inform the on-duty SRO of any contraband or any problems that occur at the entry to the event.
5. The operator will be dressed in a well-maintained manner and will not be armed.
6. The operator will assist with the set up and take down of the metal detector checkpoint.
7. Operators who cannot perform in a manner consistent with school expectations will not be used again.

I, \_\_\_\_\_, have read

and understand the duties expected of me when operating the metal detectors for

Lee County Schools.

Signature: \_\_\_\_\_

Date.: \_\_\_\_\_

# 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 tryout.**

# LEE COUNTY SCHOOLS LISTA DE VERIFICACION ATLETICA

Nombre de atleta \_\_\_\_\_

Deporte \_\_\_\_\_

Año escolar \_\_\_\_\_

\_\_\_\_\_Página A Nombre, edad y sexo en la parte superior de la página. Respuestas a todas las preguntas. Padres y atleta firman el formulario en la parte inferior de la página.

\_\_\_\_\_Página B Cumplido por un médico.  
Muestra la fecha del examen y la casilla **"Cleared" (Aprobado)** está marcada. El doctor ha firmado la parte inferior.

\_\_\_\_\_Página C Formularios de Autorización para Tratamiento Médico/Comunicado de Prensa están completos y firmados por padres. Todos los espacios deben tener respuesta.

\_\_\_\_\_Página D Hoja de Autorización de Elegibilidad de la NCHSAA (Asociación de Atletismo), firmada por el alumno y el padre.

\_\_\_\_\_Página E Incluye compañía de seguros y el número de póliza.  
El nombre del estudiante está en la parte inferior y el padre ha firmado abajo.

\_\_\_\_\_Página F Incluye toda la información del seguro médico.  
El estudiante y el padre han firmado la parte inferior.

\_\_\_\_\_Página G El alumno ha leído y firmado el Compromiso/Promesa de los estudiantes atletas.

\_\_\_\_\_Página H Padres han leído y firmado el Compromiso/Promesa de padres del estudiante atleta.

\_\_\_\_\_Página I El formulario de Permiso de Padres ha sido completado y padres han firmado.

\_\_\_\_\_Página J Contrato de Jugador de Equipo (opcional)

\_\_\_\_\_Página K **El** nombre del atleta y padres se encuentran en la parte superior de la página. **El** atleta ha leído cada declaración y puso sus iniciales en todas las casillas en el lado izquierdo. Los padres han leído cada declaración y firmaron con sus iniciales en todas las casillas que aplican en el lado derecho.  
El atleta y padres han firmado y fechado la parte inferior de la página.

**El atleta debe entregar el paquete completo a su entrenador ANTES de que se le permita participaren las pruebas de selección o en el equipo.**



## Instructions for completing the NCHSAA Student-Athlete Pre-Participation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must complete a pre-participation physical evaluation (PPE) and provide medical eligibility documentation to the school.

There are three sections that need to be completed:

1. History Form (Pages 1-2)
  - a. This form is completed by the student-athlete and his / her parent or guardian.
  - b. Both the athlete and a parent or guardian shall sign this form.
2. Physical Examination Form (Page 3)
  - a. This section is completed by and signed by a licensed medical professional (MD, DO, NP, or PA-C).
  - b. The physical exam should include a thorough review of the history form. The licensed medical professional should ask any clarifying questions or discuss any areas left blank on the medical history during the physical exam.
  - c. This form should be signed on the date that the physical examination was completed.
3. Medical Eligibility (Page 4)
  - a. This section is completed by and signed by the licensed medical professional who reviewed the history form and completed the physical exam.
  - b. The licensed medical provider should complete the Shared Emergency Information based on findings from the history form and the physical examination.
  - c. This form should also be signed on the date that the physical examination was completed.

Instrucciones para rellenar la evaluación física de estudiantes deportistas de la NCHSAA antes de participar en los deportes (PPE, por sus siglas en inglés)

Para calificar médicamente para participar en la práctica o en competencias deportivas interescolares, un estudiante debe rellenar una evaluación física previa a la participación (PPE) y proporcionar la documentación médica adecuada a la escuela.

Hay tres secciones que deben rellenarse:

1. Formulario de historia (páginas 1-2)
  - a. El estudiante-deportista y su padre/madre/tutor deben rellenar este formulario.
  - b. Tanto el estudiante-deportista como su padre/ madre/ tutor deben firmar este formulario.
2. Formulario de examen físico (página 3)
  - a. Un profesional médico autorizado (MD, DO, NP o PA-C) debe rellenar y firmar esta sección.
  - b. El examen físico debe incluir una revisión exhaustiva del formulario de antecedentes. El profesional médico matriculado debe hacer preguntas aclaratorias o discutir cualquier área que haya quedado en blanco en el historial médico durante el examen físico.
  - c. El profesional médico debe firmar este formulario en el momento que realiza el examen físico.
3. Elegibilidad médica (página 4)
  - a. El profesional médico autorizado que relleno el formulario de antecedentes y realizó el examen físico debe rellenar y firmar esta sección.
  - b. El proveedor médico con licencia debe rellenar la Información de emergencia compartida en función de los resultados del formulario de historial y el examen físico.
  - c. El profesional médico también debe firmar este formulario en el momento que realiza el examen físico.



## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

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

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

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

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots  
☐ Three shots ☐ Booster date(s) \_\_\_\_\_

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? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge 0	<input checked="" type="radio"/> 0	1	2	3
Not being able to stop or control worrying 0	<input checked="" type="radio"/> 0	1	2	3
Little interest or pleasure in doing things 0	<input checked="" type="radio"/> 0	1	2	3
Feeling down, depressed, or hopeless 0	<input checked="" type="radio"/> 0	1	2	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
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			
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		Yes	No	
(CONTINUED)				
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		Unsure	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?				







## ■ EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN (orientación provisional)

### FORMULARIO DE HISTORIAL CLÍNICO

Nota: Complete y firme este formulario (con la supervisión de sus padres si es menor de 18 años) antes de acudir a su cita.

Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Fecha del examen médico: \_\_\_\_\_ Deporte(s): \_\_\_\_\_

Sexo que se le asignó al nacer (F, M o intersexual): \_\_\_\_\_ ¿Con cuál género se identifica? (F, M u otro): \_\_\_\_\_

¿Ha tenido COVID-19? (elijá una opción) ☐ Sí ☐ No

¿Ha recibido la vacuna contra el COVID-19? (elijá una opción): ☐ Sí ☐ No Si la respuesta es sí, usted recibió: ☐ Una dosis ☐ Dos dosis  
☐ Tres dosis ☐ Fecha de la dosis de refuerzo \_\_\_\_\_

Mencione los padecimientos médicos pasados y actuales que haya tenido. \_\_\_\_\_

¿Alguna vez se le practicó una cirugía? Si la respuesta es afirmativa, haga una lista de todas sus cirugías previas. \_\_\_\_\_

Medicamentos y suplementos: Enumere todos los medicamentos recetados, medicamentos de venta libre y suplementos (herbolarios y nutricionales) que consume. \_\_\_\_\_

¿Sufre de algún tipo de alergia? Si la respuesta es afirmativa, haga una lista de todas sus alergias (por ejemplo, a algún medicamento, al polen, a los alimentos, a las picaduras de insectos). \_\_\_\_\_

#### Cuestionario sobre la salud del paciente versión 4 (PHQ-4)

Durante las últimas dos semanas, ¿con qué frecuencia experimentó alguno de los siguientes problemas de salud? (Encierre en un círculo la respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
Se siente nervioso, ansioso o inquieto 1 <input checked="" type="radio"/>	0	1	2	3
No es capaz de detener o controlar la preocupación 1 <input checked="" type="radio"/>	0	1	2	3
Siente poco interés o satisfacción por hacer cosas 1 <input checked="" type="radio"/>	0	1	2	3
Se siente triste, deprimido o desesperado 1 <input checked="" type="radio"/>	0	1	2	3

(Una suma  $\geq 3$  se considera positiva en cualquiera de las subescalas,

[preguntas 1 y 2 o preguntas 3 y 4] a fin de obtener un diagnóstico).

PREGUNTAS GENERALES			
(Dé una explicación para las preguntas en las que contestó "Sí", en la parte final de este formulario. Encierre en un círculo las preguntas si no sabe la respuesta).		Sí	No
1. ¿Tiene alguna preocupación que le gustaría discutir con su proveedor de servicios médicos?			
2. ¿Alguna vez un proveedor de servicios médicos le prohibió o restringió practicar deportes por algún motivo?			
3. ¿Padece algún problema médico o enfermedad reciente?			
PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR		Sí	No
4. ¿Alguna vez se desmayó o estuvo a punto de desmayarse mientras hacía, o después de hacer, ejercicio?			

PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR (CONTINUACIÓN)		Sí	No
5. ¿Alguna vez sintió molestias, dolor, compresión o presión en el pecho mientras hacía ejercicio?			
6. ¿Alguna vez sintió que su corazón se aceleraba, palpitaba en su pecho o latía intermitentemente (con latidos irregulares) mientras hacía ejercicio?			
7. ¿Alguna vez un médico le dijo que tiene problemas cardíacos?			
8. ¿Alguna vez un médico le pidió que se hiciera un examen del corazón? Por ejemplo, electrocardiografía (ECG) o ecocardiografía.			
9. Cuando hace ejercicio, ¿se siente mareado o siente que le falta el aire más que a sus amigos?			
10. ¿Alguna vez tuvo convulsiones?			

PREGUNTAS SOBRE LA SALUD CARDIOVASCULAR DE SU FAMILIA		No está seguro/a	Si	No
11.	¿Alguno de los miembros de su familia o pariente murió debido a problemas cardíacos o tuvo una muerte súbita e inesperada o inexplicable antes de los 35 años de edad (incluyendo muerte por ahogamiento o un accidente automovilístico inexplicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	¿Alguno de los miembros de su familia padece un problema cardíaco genético como la miocardiopatía hipertrófica (HCM), el síndrome de Marfan, la miocardiopatía arritmogénica del ventrículo derecho (ARVC), el síndrome del QT largo (LQTS), el síndrome del QT corto (SQTS), el síndrome de Brugada o la taquicardia ventricular polimórfica catecolaminérgica (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	¿Alguno de los miembros de su familia utilizó un marcapasos o se le implantó un desfibrilador antes de los 35 años?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES		Si	No	
14.	¿Alguna vez sufrió una fractura por estrés o una lesión en un hueso, músculo, ligamento, articulación o tendón que le hizo faltar a una práctica o juego?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	¿Sufre alguna lesión ósea, muscular, de los ligamentos o de las articulaciones que le causa molestia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREGUNTAS SOBRE CONDICIONES MÉDICAS		Si	No	
16.	¿Tose, sibila o experimenta alguna dificultad para respirar durante o después de hacer ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	¿Le falta un riñón, un ojo, un testículo (en el caso de los hombres), el bazo o cualquier otro órgano?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	¿Sufre dolor en la ingle o en los testículos, o tiene alguna protuberancia o hernia dolorosa en la zona inguinal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	¿Padece erupciones cutáneas recurrentes o que aparecen y desaparecen, incluyendo el herpes o Staphylococcus aureus resistente a la meticilina (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREGUNTAS SOBRE CONDICIONES MÉDICAS (CONTINUACIÓN)		Si	No
20.	¿Alguna vez sufrió un traumatismo craneoencefálico o una lesión en la cabeza que le causó confusión, un dolor de cabeza prolongado o problemas de memoria?	<input type="checkbox"/>	<input type="checkbox"/>
21.	¿Alguna vez sintió adormecimiento, hormigueo, debilidad en los brazos o piernas, o fue incapaz de mover los brazos o las piernas después de sufrir un golpe o una caída?	<input type="checkbox"/>	<input type="checkbox"/>
22.	¿Alguna vez se enfermó al realizar ejercicio cuando hacía calor?	<input type="checkbox"/>	<input type="checkbox"/>
23.	¿Usted o algún miembro de su familia tienen el rasgo o la enfermedad de las células falciformes?	No está seguro/a	<input type="checkbox"/>
24.	¿Alguna vez tuvo o tiene algún problema con sus ojos o su visión?	<input type="checkbox"/>	<input type="checkbox"/>
25.	¿Le preocupa su peso?	<input type="checkbox"/>	<input type="checkbox"/>
26.	¿Está tratando de bajar o subir de peso, o alguien le recomendó que baje o suba de peso?	<input type="checkbox"/>	<input type="checkbox"/>
27.	¿Sigue alguna dieta especial o evita ciertos tipos o grupos de alimentos?	<input type="checkbox"/>	<input type="checkbox"/>
28.	¿Alguna vez sufrió un desorden alimenticio?	<input type="checkbox"/>	<input type="checkbox"/>
PREGUNTAS SOBRE EL PERIODO MENSTRUAL		N/A	Si No
29.	¿Ha tenido al menos un periodo menstrual?	<input type="checkbox"/>	<input type="checkbox"/>
30.	¿A los cuántos años tuvo su primer periodo menstrual?		
31.	¿Cuándo fue su periodo menstrual más reciente?		
32.	¿Cuántos periodos menstruales ha tenido en los últimos 12 meses?		

Proporcione una explicación aquí para las preguntas en las que contestó "Si".

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**Por la presente declaro que, según mis conocimientos, mis respuestas a las preguntas de este formulario están completas y son correctas.**

Firma del atleta: \_\_\_\_\_

Firma del padre o tutor: \_\_\_\_\_

Fecha: \_\_\_\_\_



## ■ PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

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

## PHYSICIAN REMINDERS

1. 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?
2. 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>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
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>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
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>		

<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 of exam: \_\_\_\_\_

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

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

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## 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 of exam: \_\_\_\_\_

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

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

### SHARED EMERGENCY INFORMATION

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

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

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

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



**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 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

**LCS Información de emergencia/Autorización para tratamiento médico/Autorización de Fotos y Comunicado de Prensa**

**Información de emergencia:**

Nombre del estudiante: \_\_\_\_\_ Edad: \_\_\_\_\_

Padre//tutor Nombre: \_\_\_\_\_ Fecha de nacimiento: \_ \_

**Dirección:** \_\_\_\_\_

Teléfono de Hogar: \_\_\_\_\_ Teléfono de Trabajo: \_\_\_\_\_

En caso de emergencia, póngase en contacto con: \_\_\_\_\_ Segura proporcionado por: \_\_\_\_\_

Nombre de Segura \_\_\_\_\_ Número de Contrato o Grupo \_\_\_\_\_

Alergias (si tiene): \_\_\_\_\_

Médico de familia: \_\_\_\_\_ Nombre Teléfono# \_\_\_\_\_

**En caso de una emergencia médica durante mi ausencia, yo autorizo a** \_\_\_\_\_

High School que siga con servicios médicos de emergencia que considere necesario para mi hijo,

\_\_\_\_\_  
Nombre del niño

**Autorización para tratamiento médico:** \_\_\_\_\_ es un atleta estudiantil en las escuelas del condado de Lee y puede, de vez en cuando, requerir tratamiento para una enfermedad o lesión. En el interés de proporcionar atención médica de calidad en forma oportuna y eficiente para dicho estudiante atleta, el firmante de este documento autoriza a los agentes y empleados de las escuelas del condado de Lee para obtener servicios médicos urgentes o emergentes de cualquier tipo o clase que se consideran necesarios para el beneficio y bienestar de dicho estudiante atleta, incluido los cuidados prestados por el entrenador certificado de la escuela. Se entiende y está de acuerdo que los agentes o empleados de las Escuelas del Condado Lee quedan autorizados a obtener atención médica y tratamiento para el estudiante atleta, y en el caso que cirugía sea necesaria, usaran medias razonables de comunicación para ponerse en contacto con los familiares del estudiante atleta antes de autorizar dicha cirugía. Queda entendido y acordado, sin embargo, que en el caso que los familiares de dicho estudiante atleta no están disponibles o no pueden estar presentes para autorizar dicha cirugía y tratamiento, mediante la ejecución de este acuerdo, dicho familiares del estudiante atleta autorizan los agentes y empleados de las escuelas del condado de Lee para solicitar y autorizar la cirugía y tratamiento médicos relacionados para el estudiante atleta. También queda entendido y acordado que el firmante concede a los agentes y empleados de las Escuelas del Condado Lee discreción en la selección de médicos, hospitales o clínicas para el tratamiento de dicho estudiante atleta en el evento de una emergencia.

**Autorización de Fotos Y Comunicado de Prensa:** Yo concedo a las escuelas del condado de Lee el derecho ilimitado para utilizar y/o reproducir fotografías, o la voz de mi hijo en cualquier forma legal y para la promoción interna y externa y actividades de información de las escuelas del condado de Lee. También estoy de acuerdo en permitir que se entreviste y/o se le tome fotografías por representantes de medios externos en relación con cualquier y toda cobertura de las escuelas del condado de Lee en el que están involucrados. También estoy de acuerdo en permitir que mi hijo y/o fotografía sea publicada en las páginas web del Internet/Intranet y/o publicaciones de LCS. Además, entiendo que, al firmar este comunicado, renuncio a cualquiera y todos los presentes o futuros derechos de compensación a la utilización de los materiales antes mencionados(s).

\_\_\_\_\_  
Firma de padre/tutor

\_\_\_\_\_  
Fecha

## 2023-2024 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

## FORMULARIO DE ELEGIBILIDAD, CONSENTIMIENTO PARA PARTICIPAR Y AUTORIZACIÓN DE TRATAMIENTO DE LA NCHSAA DEL 2022-2023

ESTE DOCUMENTO DEBE SER FIRMADO POR EL ESTUDIANTE-ATLETA DE LA ESCUELA MIEMBRO DE LA NCHSAA Y POR EL PADRE/ MADRE/ TUTOR LEGAL DEL ESTUDIANTE ANTES DE QUE EL ESTUDIANTE PARTICIPE. LOS ESTUDIANTES NO PUEDEN PARTICIPAR SIN LA FIRMA DEL ESTUDIANTE Y DEL PADRE/ MADRE/ TUTOR LEGAL.

Reconozco (el estudiante-atleta y el padre/madre/ tutor) que he leído y entendido las Reglas de Elegibilidad de la Asociación Atlética de las Escuelas de Secundaria Superior de Carolina del Norte (NCHSAA, por sus siglas en inglés). Entiendo que una copia del Manual de la NCHSAA está archivada con el director y/o el director deportivo de la escuela miembro, y que puedo revisarla, si así lo deseo. Sé que mi escuela es un miembro de la NCHSAA y debe adherirse a todas las regulaciones que rigen los programas deportivos interescolares, incluyendo, pero no limitado a, las leyes federales y estatales, las regulaciones locales y las impuestas por la NCHSAA. Entiendo que las reglas locales pueden ser más estrictas que las de la NCHSAA y estoy de acuerdo en seguir las reglas de mi escuela y de la NCHSAA, y acatar sus decisiones. Reconozco y entiendo que la participación en el atletismo interescolar es un privilegio, no un derecho. Entiendo que el desempeño en el salón de clases, retirar una clase o tomar cursos a través de otras opciones educativas podría afectar la elegibilidad y el cumplimiento de los estándares académicos de la NCHSAA.

### CÓDIGO DE RESPONSABILIDAD DEL ESTUDIANTE

Como un estudiante-atleta, entiendo y acepto las responsabilidades siguientes:

**Respetaré los derechos y creencias** de los demás y trataré a los demás con cortesía y consideración. Seré totalmente responsable de mis acciones y de las consecuencias de mis acciones.

**Respetaré la propiedad** de los demás.

**Respetaré y obedeceré las normas** de mi escuela y las leyes de mi comunidad, estado y país.

**Mostraré respeto a los responsables de hacer cumplir las normas** de mi escuela y las leyes de mi comunidad, estado y país.

**Entiendo que un estudiante cuya personalidad o conducta viole** el código de atletismo o el código de responsabilidad de la escuela podría ser considerado no calificar para participar en los deportes por un período de tiempo determinado por el director o la administración del sistema escolar.

**LOS PADRES, TUTORES LEGALES O ESTUDIANTES QUE NO DESEAN ACEPTAR EL RIESGO DESCRITO EN ESTA ADVERTENCIA NO DEBEN FIRMAR ESTE FORMULARIO.**

Reconozco (el estudiante-atleta y el padre/madre/ tutor) que la participación en los deportes interescolares implica algunos riesgos inherentes de lesiones potencialmente graves incluyendo, pero no limitado a, lesiones graves en el cuello, la cabeza y la columna vertebral, lesiones graves virtualmente a todos los huesos, articulaciones, ligamentos, músculos, tendones, y otros aspectos del sistema músculo-esquelético, lesiones graves o deterioro de otros aspectos del cuerpo, o efectos sobre la salud general y el bienestar del niño, y en casos raros, la muerte. Aunque las lesiones graves no son comunes en los programas deportivos escolares supervisados, es imposible eliminar todo riesgo. Debido a estos riesgos inherentes, el estudiante y su padre / madre/ tutor legal tienen la responsabilidad de ayudar a reducir ese riesgo. Los participantes deben obedecer todas las reglas de seguridad, informar todos los problemas físicos y de higiene a sus entrenadores, seguir un programa de acondicionamiento adecuado e inspeccionar su propio equipo diariamente.

Autorizo (el estudiante-atleta y el padre/madre/ tutor) el tratamiento médico, en caso de que surja la necesidad de tal tratamiento, mientras que el/la estudiante-atleta esté bajo la supervisión de la escuela miembro. Doy **consentimiento para tratamiento médico** para el estudiante-atleta después de una lesión o enfermedad sufrida durante la práctica y/o un juego/competencia. Entiendo que en el caso de una **herida o enfermedad que requiera tratamiento médico y transporte a un centro de salud**, que se hará un intento razonable por contactar al padre / madre/ tutor legal, en caso que el estudiante-atleta sea menor de edad, pero que si es



necesario, el estudiante-atleta recibirá tratamiento y será llevado en ambulancia al hospital más cercano. Además autorizo el uso o divulgación de la información de salud personal de mi estudiante-atleta, si el tratamiento por enfermedad o lesión es necesario.

Entiendo (el estudiante-atleta y el padre/ madre/ tutor) que **todas las concusiones (golpes en la cabeza) son potencialmente serias** y pueden resultar en complicaciones incluyendo daño cerebral prolongado y muerte, si no se identifica y maneja correctamente. Además, entiendo que si el/la estudiante-atleta es sacado de una práctica o competencia, debido a la sospecha de una concusión cerebral, él/ella no podrá volver a participar en las actividades deportivas ese día. Después de ese día, él/ella deberá presentar una autorización escrita de un médico (M.D. O D.O.) o un entrenador atlético, que trabaje bajo la supervisión de un médico, antes de que pueda volver a participar. También reconozco que he **recibido, leído y firmado la hoja de información de concusión de Gfeller-Waller, así como visto el vídeo de educación de la concusión cerebral de Crash Course.**

Yo (el estudiante-atleta y el padre/ madre/ tutor) **doy consentimiento para que la NCHSAA use el nombre del estudiante**, imagen, gustos, y la información atlética en los informes de las competencias, la literatura promocional de la Asociación y otros materiales y comunicados relacionados con los deportes interescolar; y le doy a la NCHSAA el derecho de fotografiar y/o filmar al participante, y seguir utilizando la cara del participante, voz y apariencia en relación con exposiciones, publicidad, materiales promocionales y comerciales sin reserva ni limitación. Sin embargo, la NCHSAA no tiene ninguna obligación de ejercer dichos derechos en este documento. Asimismo, autorizo la divulgación, por parte de la escuela miembro, a la NCHSAA, a su solicitud, de todos los registros relacionados con la elegibilidad atlética del estudiante-atleta incluyendo, pero no limitado a, sus registros relacionados con la matrícula, asistencia, nivel académico, edad, disciplina, finanzas, residencia y aptitud física. El estudiante y padre / madre/ tutor legal individualmente y en nombre del estudiante, por la presente irrevocablemente, e incondicionalmente liberan de responsabilidad, sin limitación, a la NCHSAA, sus oficiales, agentes, abogados, representantes y empleados (colectivamente, los "Releasees") de todas las pérdidas, reclamos, demandas, acciones y causas de acción, obligaciones, daños y costos o gastos de cualquier naturaleza (incluyendo honorarios de abogado) que el estudiante y/o el tutor legal incurran o sostienen a una persona, a una propiedad o a ambos, Que surgen de, resulten de, ocurren durante o están conectados de otra manera con la participación del estudiante en las actividades de atletismo interescolar, debido a la negligencia ordinaria de los "Releasees".

**Al firmar este documento, reconocemos que hemos leído la información anterior y que estamos de acuerdo con que este estudiante participe. Entendemos que las autorizaciones y derechos otorgados en este documento son voluntarios y que podemos revocarlos en cualquier momento presentando dicha revocación por escrito a la escuela miembro del participante. Al hacerlo, sin embargo, entendemos que el participante ya no calificará para participar en los deportes interescolar,**

_____ Firma del estudiante	_____ Fecha de nacimiento	_____ Nivel de grado en la escuela	_____ Fecha
_____ Firma del padre/ madre/ tutor legal			_____ Fecha

**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.)

**LEE COUNTY SCHOOLS**  
**ELEGIBILIDAD DEPORTIVA - ESCUELA MEDIA**

**D**

Nombre del Estudiante, \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Sexo    M    F  
Escuela \_\_\_\_\_ Domicilio/Dirección, \_\_\_\_\_

ATENCION DEPORTISTA DE LA ESCUELA MEDIA - PROTEGE TU ELEGIBILIDAD - La responsabilidad de educar y orientar al alumno que practica deportes en cuanto a la reglamentación que gobierna la elegibilidad deportiva interescolar será de los directores de cada escuela, El estudiante deportista y su padre comparten la responsabilidad del cumplimiento de todo reglamento referido a la participacion en deportes interescolares,

**Requisitos de Participación en Deportes:**

1. Residir en la zona de asistencia escolar de la escuela a la que asiste,
2. Estudiante no debe faltar más de 8 días del semestre anterior.
3. Mínimo de 3 de las 4 clases principales y 1 de las 2 otras aprobadas del semestre anterior.
4. No podrá participar en un equipo de séptimo u octavo grado el alumno que cumpla 15 años antes del o el 31 de agosto del año en cuestión.
5. Una vez elegible, el estudiante puede participar síes (6) semestres consecutivos en deportes interescolares del nivel medio escolar.
6. El estudiante del octavo grado que exceda la edad de participacion en escuela media, será\ elegible para la participacion en el nivel de escuela secundaria.
7. A fin de participar en las pruebas de seleccion, el estudiante debe tener un certificado de examen médico cada 395 días finado por un médico con licencia/matricula que lo habilite en su profesion.
8. Todo futuro deportista debe presentar certificado de seguro médico o firmar un acuerdo de aceptacion de riesgo y eximicion de responsabilidad de gastos médicos de Lee County Schools.
9. El estudiante debe ser amateur.
10. El comité del Programa de Educación Especial determinara la elegibilidad del estudiante ubicado en el Programa de Educacion Especial.

(Números 1, 2, 3, y 9 alcanzan al rol de administrador, estadista y demás roles de apoyo.)

He leído y comprendo los requisitos generales de elegibilidad deportiva arriba mencionados y los he transmitido al estudiante deportista a mi cargo. Comprendo que existen otras reglas y disposiciones que regulan la actividad deportiva por las que asumo responsabilidad. Me comunicare con el director de la escuela, director deportivo o entrenador en caso de necesitar mayor información.

Reconozco la posibilidad de riesgo de lesión que implica la actividad deportiva. Incluso bajo el mejor entrenamiento, uso de equipo de protección más avanzado y respeto más estricto de las reglas, entiendo que la posibilidad de lesión existe, y que en ciertos casos de poca ocurrencia la misma puede resultar en discapacidad total, parálisis e incluso la muerte. Se trata este de un riesgo imposible de eliminar,

De conformidad con las reglas y disposiciones referidas a la actividad deportiva interescolar de la Junta de Educación de Carolina del Norte, doy mi consentimiento para la participación del estudiante, de quien soy supadre/tutor, en las actividades deportivas interescolares para las que ha sido autorizado.

\_\_\_\_\_  
Nombre del Estudiante (Imprenta)

\_\_\_\_\_  
Firma del Estudiante

\_\_\_\_\_  
Firma del Padre/Tutor

\_\_\_\_\_  
Fecha

(El presente formulario debe archivar en la oficina del director atlético; es válido por un año escolar.)

Servicios Auxiliares de LCS - 8/1/10

## 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



IMPORTANTE: LA PRESENTE NOTIFICACION DEBE SER FIRMADA Y ENTREGADA ANTES DE QUE SU RIJO PUEDA PARTICIPAR EN ESTE PROGRAMA.

E

PARA: Los padres del Estudiante que Practica Deportes

FECHA Ano Escolar 20\_\_\_\_ - 20\_\_\_\_

ASUNTO: Seguro Médico para Estudiantes que Practican Actividad Deportiva

ESCUELA: \_\_\_\_\_

La Junta de Lee County Schools requiere que todo estudiante que participe en actividades deportivas en el nivel de escuela medio o secundario reciba una cobertura contra accidentes. Por lo tanto, la Junta de Lee County Schools ha comprado una póliza de seguro *secundaria* que brinda cobertura limitada al estudiante que participe en deportes escolares.

Asegúrese de entender la información que aparece aquí abajo antes de autorizar la participación de su hijo o hija:

1. La cobertura es provista por la empresa Mega Life and Health Insurance Company.
2. La cobertura contra accidentes para estudiantes que participen en deportes es limitada. No siempre cubrirá el **accidente. Automáticamente la cobertura primaria será la provista por los padres. De no tener otro seguro vigente, la provista por la Junta será la primaria.**
3. Ni la Junta de Lee County Schools ni ninguno de sus empleados asumirá responsabilidad alguna por reclamos que resultaran de la lesión del estudiante por su participación en el programa de deportes. Esto significa que el padre será responsable del pago de cualquier tipo de tratamiento que su hijo/a necesitará, que no fuera cubierto por el Seguro contra Accidentes del distrito o el seguro personal que el padre pudiera tener.

A título informativo le pedimos que seleccione una de las opciones que aparecen abajo y regrese esta hoja a la brevedad:

\_\_\_\_\_ Tengo una póliza de seguro personal apropiada y eximo de toda responsabilidad en este asunto ala Junta de Educación de Lee County y sus empleados.

Nombre de la Empresa Aseguradora: \_\_\_\_\_

Dirección de la Empresa Aseguradora: \_\_\_\_\_

Nombre/Numero de Grupo y Numero de la Póliza: \_\_\_\_\_

Nombre del Titular de la Póliza: \_\_\_\_\_

\_\_\_\_\_ No tengo otro seguro, pero entiendo que seré responsable del pago de todo costo no cubierto por la poliza escolar.

Otorgo por la presente autorización para procurar la ayuda médica o cirugía menor, toma de placas de rayos X e inmunizaciones que pudieran ser necesarias para el estudiante cuyo nombre aparece más abajo. En el caso de enfermedad grave, necesidad de cirugía mayor o lesión/herida grave por accidente, entiendo que el medico a cargo hará el intento de contactarme de la forma más expeditiva. Si el medico no pudiera comunicarse conmigo, se podrá brindar al estudiante el tratamiento necesario en pos de su mayor beneficio.

Como parte de los requisitos de elegibilidad para participar en actividades deportivas interescolares, cada año escolar (una vez cada 365 días), todo estudiante deportista deberá someterse a EXAMEN MEDICO hecho por profesional con licencia/matricula que lo habilite para el ejercicio de la medicina. Por la presente, dejo constancia de que mi hijo/a ha cumplido con este requisito y que estoy de acuerdo en que participe en actividades deportivas.

OMBRE COMPLETO DEL ESTUDIANTE \_\_\_\_\_

DIRECCION/DOMICILIO \_\_\_\_\_

FIRMA DEL PADRE/TUTOR LEGAL \_\_\_\_\_

FECHA: \_\_\_\_\_

# 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 \_\_\_\_\_

LEE COUNTY SCHOOLS INFORMACIÓN SOBRE EL SEGURO MEDICO/ACUERDO DE EXENCIÓN  
Información sobre el seguro médico

Nombre de la Empresa Aseguradora: \_\_\_\_\_  
 Dirección de la Empresa \_\_\_\_\_  
 Nombre y Número del Grupo \_\_\_\_\_  
 Número de la Póliza o Certificado \_\_\_\_\_  
 Titular de la Póliza de Seguro \_\_\_\_\_  
 Fecha de Vigencia de la Cobertura \_\_\_\_\_

La Junta de Educación de Lee County Schools aprueba las siguientes disposiciones para el año escolar 20\_\_ - 20\_\_

1. La Junta de Educación de Lee County provee al estudiante un seguro contra “accidentes” de cobertura limitada sin costo para sus padres. El seguro del padre será siempre el primario, mientras que la cobertura escolar sólo secundaria. La empresa aseguradora se llama Mega Life and Health Insurance Company.
2. Todo estudiante deportista (tanto de las escuelas del nivel medio como de Lee County High School y Southern Lee High School) queda cubierto bajo el plan *All Athletic Plan* de Mega Life and Health Insurance Company.

Riesgo de Lesión: Reconocemos y comprendemos el riesgo de lesión involucrado en la actividad deportiva. Entendemos que el estudiante estará bajo la supervisión y dirección de un entrenador de deportes de Lee County Schools. Nos comprometemos a seguir las reglas del deporte y las instrucciones del entrenador a fin de reducir toda posibilidad de riesgo de lesión. Sin embargo, reconocemos y comprendemos que ni el entrenador ni Lee County Schools pueden eliminar el riesgo de lesión existente en la práctica deportiva. Las lesiones pueden y han de ocurrir. Una lesión puede ser severa y en algunos casos causar discapacidad permanente o incluso la muerte. Con plena conciencia, libertad y voluntad aceptamos y asumimos el riesgo de lesión existente en la práctica de actividades deportivas.

Exención: En cumplimiento de los requisitos de participación del estudiante deportista en actividades deportivas de Lee County Schools, acordamos liberar de toda responsabilidad por y contra cualquier posibilidad de demanda, juicio o acción legal a Lee County Schools, entrenadores deportivos y demás personal en caso de lesión que pudiera sufrir el estudiante deportista por su participación en deportes, excepto cuando la misma resultara de negligencia grave o deliberada. He leído y comprendo la información sobre la póliza de seguro médico para estudiantes deportistas de Lee County Schools del año escolar 20\_\_/20\_\_.

Firma del Estudiante \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del Padre/Tutor Legal \_\_\_\_\_ Fecha \_\_\_\_\_

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.

---

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.

---

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.

## Permiso de Padres/Tutor

(Padres o tutor deben completar este formulario)

He leído y revisado los requisitos generales de elegibilidad atlética en la high school y he compartido estos requisitos con mi estudiante-atleta. Entiendo que preguntas adicionales o circunstancias específicas deben ser dirigidas al director de la escuela, director atlético, o entrenador de mi estudiante.

Como padres, certifico que la dirección del domicilio que se muestra a continuación es mi (mi) domicilio auténtico y yo notificaré al director de la escuela inmediatamente de cualquier cambio de domicilio, ya que dicha mudanza puede alterar el estatus de elegibilidad de mi estudiante-atleta. El resto de la información contenida en este formulario es exacta y actual.

También reconozco que hay cierto riesgo de lesiones con participación atlética; incluso aun con el mejor entrenamiento, utilización del equipo de protección más avanzado, la estricta observancia de normas, las lesiones son todavía una posibilidad y en raras ocasiones, estas pueden ser tan severas como para resultar en la incapacidad total, parálisis o incluso la muerte. Es imposible eliminar este riesgo.

A conformidad con las normas de la NCHSAA, doy mi consentimiento para participación de mi estudiante-atleta nombrado(a) a continuación en las actividades encerradas siguientes:

Béisbol (Baseball)	Golf	Natación (Swimming)
Baloncesto (Basketball)	Atletismo a pista cubierta (Indoor Track)	Tenis
Campo Traviesa (Cross Country)	Atletismo al aire libre (Outdoor Track)	Voleibol (Volleyball)
Fútbol Americana (Football)	Fútbol (Soccer)	Lucha (Wrestling)
Softball	Porras (Cheerleading)	

Otros: (Escuela pueda hacer lista): \_\_\_\_\_

Fecha: \_\_\_\_\_ Firma de padre/tutor: \_\_\_\_\_

Nombre de estudiante-atleta (letra de molde): \_\_\_\_\_

Nombre de padre/tutor (letra de molde): \_\_\_\_\_

Domicilio de padre/tutor: \_\_\_\_\_

\*NOTA: Esta declaración debe mantenerse en el archivo en la oficina del director es válido solamente por un año escolar.



# TEAM PLAYER CONTRACT

**J**

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)<br>*TEAM CONSEQUENCES-Crabbing                 | SPRINT "The Ladder"<br>50 Yard Crab with 10 Push-ups every 10 yards BIG-24  |
| 2. Late to practice or a game ( 11 minutes-Half of practice)<br>*TEAM CONSEQUENCES-Crabbing | SPRINT "The Ladder"<br>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*

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

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 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.*

**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.



## Hoja informativa de concusión del estudiante- atleta y padre de familia/ tutor legal de Gfeller-Waller de NCHSAA

**¿Qué es una concusión?** Una concusión cerebral es una lesión cerebral causada por un golpe directo o indirecto en la cabeza. Tiene como resultado que el cerebro no funcione como debería. Puede o no causar un bloqueo o desmayo. Puede suceder por una caída, un golpe en la cabeza, o un golpe en el cuerpo que haga que la cabeza y el cerebro se muevan rápidamente hacia atrás y hacia adelante.

**¿Cómo sé si tengo una concusión?** Hay muchos signos y síntomas que se pueden presentar después de una concusión cerebral. Una concusión cerebral puede afectar la forma de pensar, la manera cómo se siente tu cuerpo, el estado de ánimo, o el sueño. Aquí está lo que debes buscar:

Pensar/ Recordar	Físicos	Emocional/ Estado de ánimo	Dormir
Dificultad para pensar claramente	Dolor de cabeza	Irritabilidad- las cosas te molestan más fácilmente	Dormir más de lo usual
Necesitar más tiempo para resolver las cosas	Visión borrosa	Tristeza	Dormir menos de lo usual
Dificultad para concentrarse	Dolor/ malestar estomacal	Estar más temperamental	Problemas para quedarse dormido(a)
Dificultad para recordar información nueva	Vómito	Sentirse nervioso o preocupado	Sentirse cansado(a)
	Mareo	Llorar más	
	Problemas de equilibrio		
	Sensibilidad al ruido o la luz		

*La tabla es una adaptación de los Centros para Control y Prevención de Enfermedades (<http://www.cdc.gov/concussion/>)*

**¿Qué debo hacer si creo que tengo una concusión?** Si tienes cualquiera de los signos o síntomas mencionados anteriormente, debes informarle a tu padre/ madre, entrenador, entrenador de atletismo o enfermera de la escuela, para que puedan obtener la ayuda que necesitas. Si los padres notan estos síntomas, ellos deben informarle a la enfermera o al entrenador de atletismo.

**¿Cuándo debería estar particularmente preocupado(a)?** Si tienes un dolor de cabeza que empeora con el tiempo, eres incapaz de controlar tu cuerpo, vomitas repetidamente o te sientes cada vez más enfermo(a) del estómago, o estás hablando chistoso/ arrastrado, entonces debes informarle inmediatamente a un adulto como tu padre/madre, entrenador o maestro, para que puedan obtener la ayuda que necesitas antes que las cosas empeoren.

**¿Cuáles son algunos de los problemas que me puede afectar después de una concusión?** Puedes tener problemas en algunas de tus clases en la escuela o incluso con actividades en casa. Si sigues jugando o vuelves a jugar demasiado pronto con una concusión cerebral, puedes tener problemas a largo plazo para recordar cosas o prestar atención, los dolores de cabeza pueden durar mucho tiempo, o pueden ocurrir cambios de personalidad. Una vez hayas teniendo una concusión, eres más propenso(a) a tener otra concusión cerebral.

**¿Cómo sé si está bien volver a tener actividades físicas y/o participar en deportes después de una concusión?** Después de hablarle dicho que piensas que tienes una concusión a tu entrenador, tu padre/ madre, y un personal médico cercano, es probable que seas visto por un médico capacitado en ayudar a las personas con concusiones cerebrales. Tu escuela y tus padres pueden ayudarte a decidir quién es el mejor para tratarte y ayudarte a tomar la decisión sobre cuándo debes volver a tener actividades / juegos o prácticas. Tu escuela tendrá una política sobre cómo tratar las concusiones cerebrales. No debes volver a jugar o practicar el mismo día que sospeches que tienes una concusión cerebral.

***Cuando vuelvas a jugar, no debes haber tenido ningún síntoma en reposo o durante / después de actividad, ya que esto es una señal que tu cerebro no se ha recuperado de la lesión.***

*Esta información es proporcionada por el centro de UNC Matthew Gfeller Sport-Related TBI Research Center, la Sociedad Médica de Carolina del Norte, la Asociación de Lesiones Cerebrales de Entrenadores Deportivos de Carolina del Norte, Asociación de Lesiones Cerebrales de Carolina del Norte, la Sociedad neuropsicológica de Carolina del Norte, y la Asociación de Atletismo de las Escuelas de Secundaria Superior de Carolina del Norte.*



## Formulario de declaración de concusión de Gfeller-Waller de NCHSAA del estudiante- atleta y padre de familia/ tutor legal

**K**

Instrucciones: El estudiante- atleta y su padre / madre o tutor legal, deben poner sus iniciales al lado de cada declaración reconociendo que han leído y entendido la declaración correspondiente. El estudiante-atleta debe poner sus iniciales en la columna izquierda y el padre o tutor legal debe poner sus iniciales en la columna derecha. Algunas declaraciones son pertinentes sólo al estudiante-atleta y sólo deben ser inicializadas por el estudiante-atleta. Este formulario debe ser completado para cada estudiante-atleta, incluso si hay varios estudiantes-atletas en el hogar.

Nombre del estudiante-atleta: (letra de molde) \_\_\_\_\_

Nombre(s) del padre/madre/tutor: (letra de molde) \_\_\_\_\_

Iniciales del  
estudiante-atleta

Iniciales del padre/ madre/ tut

	Una concusión es una lesión cerebral, que debe ser informada a mi padre/ madre/ tutor legal, mi o el entrenador(es) de mi hijo(a), o un profesional médico, si hay uno disponible.	
	Una concusión no se puede "ver". Algunos de los signos y síntomas pueden presentarse de inmediato; sin embargo, otros síntomas pueden aparecer horas o días después de una lesión.	
	Les diré a mis padres, mi entrenador y / o un profesional médico acerca de mis lesiones y enfermedades.	No es pertinente
	Si creo que un compañero de equipo tiene una concusión, debo hablarle de la concusión a mi(s) entrenador(es), padre/ madre/ tutor legal o profesional médico.	No es pertinente
	Yo, o mi hijo(a), no volveré a jugar en un partido o en la práctica, si un golpe me causa, o a mi hijo(a), síntomas relacionados con una concusión.	
	Yo, o mi hijo(a), necesitaré el permiso por escrito de un profesional médico capacitado en el manejo de concusiones cerebrales para volver a jugar o practicar después de una concusión.	
	Teniendo en cuenta los últimos datos, la mayoría de las concusiones toman días o semanas para sanarse. Una concusión no puede desaparecer de forma inmediata. Soy consciente que resolver una concusión es un proceso que puede requerir más de una visita médica.	
	Soy consciente que los médicos de la Sala de Emergencia / Cuidado de Urgencia no podrán ofrecer permiso para volver a jugar o practicar, si me ven inmediatamente o poco después de la lesión.	
	Después de una concusión, el cerebro necesita tiempo para sanar. Entiendo que yo, o mi hijo(a), es mucho más propenso a tener otra concusión o una lesión cerebral más grave si vuelvo a jugar o practicar antes que los síntomas de la concusión desaparezcan.	
	A veces, las concusiones repetidas pueden causar problemas graves y de larga duración.	
	He leído los síntomas de concusión que aparecen en la hoja informativa de concusión del estudiante- atleta y padre de familia/ tutor legal.	
	Le he pedido a un adulto y/o profesional médico que me explique cualquier información que no entendí del formulario de declaración de concusión del estudiante- atleta y padre de familia/ tutor legal.	

**Al firmar a continuación, estamos de acuerdo con que hemos leído y entendido la información contenida en el formulario de declaración de concusión del estudiante- atleta y padre de familia/ tutor legal, y he inicializado apropiadamente al lado de cada declaración.**

\_\_\_\_\_  
Firma del estudiante- atleta

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del padre/madre/tutor

\_\_\_\_\_  
Fecha

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