

School Year: _____ Student-Athlete: _____

Birthdate: _____ Age: _____ Grade: _____ Physical Date: _____

Parent/Guardian Name: _____ Phone: _____

JCPS Middle School Athletic Participation Folder

Tryout Requirements:

Please note that all student-athletes must have a **current physical that will not expire until after season** on the NCHSAA Sports Physical form (posted on NCHSAA.org) on file with the Athletic Department in addition to other required paperwork completed and turned in prior to tryouts.

Require forms in this document:

- | | |
|--|---|
| _____ Athletics Participation Form | _____ Student & Parent Concussion Statement |
| _____ NCHSAA Physical Form (by doctor) | _____ \$10 Pay to Play (Due by first contest) |
| _____ Consent to Treat Form | _____ Sportsmanship Pledge (Signed by student and parent) |

Parental Permission: (To be completed by the parent or guardian) In accordance with the rules of **JCPS, NCDPI** and the **NCHSAA**, I hereby give my consent for the participation of my student-athlete named above for the following activities **circled below**:

Fall

Football
Cross Country
Soccer
Volleyball

Winter

Men's Basketball
Women's Basketball
Wrestling
Cheer

Spring

Baseball
Softball
Track

* Weightlifting may be a required component of conditioning for any sport.

Eligibility: I have read and reviewed the general requirements for middle school athletic eligibility and I have discussed these requirements with my student-athlete. Student-athletes are required to be in attendance 85% of each semester. To be eligible, a student-athlete cannot miss more than 13.5 school days during a semester (excused or unexcused). I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director, or coach.

Quitting: Student-athletes are strongly discouraged from quitting an athletic team and is not a trait we wish to endorse. A student who quits or is removed from a sport cannot participate in another sport during the season they quit and will not be allowed to participate in the following season until the current season is completed.

Residence: 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. I further acknowledge I must not falsify any official eligibility information such as residency/address. Penalty for such acts will result in loss of eligibility for 365 days. All other information contained on this form is accurate and current.

Physical Address of Parent/Guardian:

Risk: 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

Insurance: My child is covered by insurance or I will personally assume responsibility for full coverage for any accident or injury which may occur during participation in the program. Jackson County Public Schools provides each athlete with a supplemental insurance policy designed to help in case of injury. The supplemental policy is not designed, nor will it take the place of your primary insurance policy. I understand it is my responsibility to secure needed forms immediately from my student athlete's school in the event of an accident

Parent/Guardian Signature _____ Date _____

Parent Consent for Examination and Treatment (Medical Authorization)

PRE-SCREENING PHYSICAL: I hereby give my informed consent for the participating physician(s) to perform a pre-participation screening physical examination on my child. I realize that this screening is only an examination; it does not take the place of a complete examination. During a screening examination, the physician is not responsible for any ongoing medical care or treatment of any injuries that occur on the day of the exam or subsequently. My child has **no known serious medical conditions** that would prevent him/her from participating in sports that I am aware of. I agree to follow up with my local physician if anything preventing participation is found by this screening. I understand that my child will be prescreened to provide the physician with **base line data** in the event of a head injury and return to play criteria.

TRAUMATIC BRAIN INJURY: I understand and give my permission for my child to take a computer test of single questions in order to provide base line data for a doctor to review in the unlikely event that a head injury might occur while participating in a sports activity. This computer test will become a part of your child's medical information and will not be shared with anyone except the child's parents and the medical team. It will allow better decision making in your child's health and return to sport.

EMERGENCY TREATMENT: In the event of a medical emergency, every attempt to notify the parent or guardian will be made. However, if you cannot be reached, we ask that you grant permission for your child to be treated for a medical emergency by a licensed physician or other persons trained in emergency care. In the event that I cannot be reached, I grant permission to the school to provide emergency medical treatment to my son or daughter by a licensed medical physician.

PRACTICE, TRAINING ROOM, GAME & INJURY CLINIC TREATMENT CONSENT: Local, licensed physicians will be serving as our team physicians. We ask that you sign and give permission to these physicians to treat your son/daughter for any sports related injury. I understand that no elective surgical procedure will be performed on my child without my further involvement and written consent. Furthermore, I understand that I can decide to have my child treated elsewhere.

ATHLETIC TRAINING SERVICES CONSENT: Nationally certified and state licensed athletic trainers will be providing prevention and care of athletic injuries to Jackson County Public Schools student athletes. The prevention of athletic injuries may include the taping, wrapping, padding or bracing of involved/injured areas. The treatment and care of athletic injuries may include the use of therapeutic modalities. Modalities available for use by the athletic trainers include: ice, moist heat pack, therapeutic ultrasound and electrical stimulation. Your signature below gives permission to the athletic trainer to provide athletic training services to provide care and treatment for any sports related injury.

HIPAA/FERPA RELEASE: The above named student-athlete has opted his/her rights under the US Department of Health and Human Resources guidelines. By signing this release, the student-athlete allows sharing of medical information between the Sports Medicine Staff (team physicians and medical staff, athletic trainers, and student assistants), the school athletic staff (Athletic Director and Coaches), school administration and his/her medical provider(s). In the event of an emergency situation, information may be shared with emergency medical personnel. Every reasonable effort will be made to protect this information. It is understood that once this medical information is disclosed, it is no longer protected under the HIPAA/FERPA guidelines.

Athlete's Name: _____ Age: _____ Grade: _____ Student ID#: _____

Insurance Company: _____ Policy Number: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Parent/Guardian Signature _____ Phone: _____ Date _____

Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the provided information sheet, I am aware of the following information:

Student-Athlete Initials (Each Box)		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/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 this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/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 on the Concussion Information Sheet.	
	If diagnosed with a concussion, I cannot return to play without a Return to Play form (RTP) signed by a physician.	

We, the undersigned student-athlete and parent/guardian, have read this document and understand all of these requirements for athletic participation in Jackson County Schools, and agree to comply with the requirements set forth in this document.

Name of Student-Athlete	Signature	Date

Name of Parent/Legal Custodian	Signature	Date

Address of Parent/Guardian: _____

Code of Sportsmanship: It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athlete ejected from an athletic contest.

NCHSAA Sportsmanship/Ejection Policy—We acknowledge that we, both the student and parent whose names appear herein, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an official ejection:

- 1st ejection: 2 game suspension in all sports *except* 1 game for football.
- 2nd ejection: Suspended for remainder of sport season.
- 3rd ejection - Suspended from ALL athletic competition for 365 days from date of 3rd ejection.

NCHSAA Regulations Student Athlete Pledge— As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

NCHSAA Parent Pledge— As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school, our conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Transportation for Athletic Events— All student-athletes who travel with a team to an away athletic event must return to the school with the team. The only exception to this policy is when both the coach and parent/legal custodian agree for the student athlete to ride home with the parent/legal custodian. **Student athletes are not to ride home from athletic events with any other person without a form signed by parent and principal.**

If student transportation is by a Jackson County system-owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must have private vehicle North Carolina state required insurance coverage.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____