

ONslow COUNTY SCHOOLS ATHLETIC PARTICIPATION PARENTAL PERMISSION FORM

Student-Athlete:			Name of Parent/Guardian:	
Street Address:			School:	Grade:
City:	State:	ZIP:	Date of Birth:	Home Phone: Work Phone:

Request for Permission to Participate: We, the undersigned student and student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling | <input type="checkbox"/> _____ |

1. The Onslow County Board of Education requires that all students participating in middle or high school athletics have adequate health and hospitalization insurance coverage. Student Accident Insurance is offered for those students who do not have adequate health and hospitalization insurance or for those parents who elect to purchase additional insurance coverage. Student Accident Insurance can be purchased through the school and is **mandatory** unless adequate proof of existing health and hospitalization insurance is presented **and** the parent/guardian waives Student Accident Insurance.
2. There are limitations in the Student Accident Insurance coverage. It will not always pay all of the charges incurred for each accident. Read the description of the current Student Accident Insurance coverage carefully and be sure you understand it. **PLEASE NOTE** that Student Accident Insurance does **NOT** cover Varsity Football; however, insurance coverage for Varsity Football is available through the school. Please see your school's Athletic Director for more details.
3. Neither the Onslow County Board of Education nor any of its employees will be responsible for claims resulting from injury to your child while he/she is participating in any school athletic program. This means that you will be responsible for any and all necessary medical treatment not covered by the Student Accident Insurance or by your own health and hospitalization insurance.

Check the appropriate blank below:

- ___ 1. I have adequate personal health and hospitalization insurance covering my child and I release the Onslow County Board of Education and its employees from any responsibility as a result of any accident involving my child. I further agree to execute this Insurance Waiver. _____ is currently covered by comprehensive health and hospitalization insurance with _____ POLICY # _____ GROUP# _____
(Insurance Company) This the day of _____, 20__.
- ___ 2. My child is presently enrolled in the Student Accident Insurance program. I understand that I am responsible for the payment of any and all medical treatment and procedures not covered by this policy.

General Requirements: We have read and discussed the general requirements for athletic eligibility. We, the undersigned student and parent/guardian, understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal.

I know that athletic participation is a privilege which can be taken away if state, school or team rules are violated. I am aware of the risks involved in athletic participation. I understand that serious injury, paralysis, and even death, is possible as a result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with complete understanding of the risks involved.

Student Signature: _____ **Date:** _____

I/We, the parents/guardians, give consent for my son/daughter to participate in the identified school sports. I/We know of and acknowledge the risks involved in athletic participation. I/We also acknowledge that travel to and from athletic events also includes the risk of serious injury. With the full understanding that serious injury, paralysis, and even death, is possible in such participation, I/we release and hold harmless my school and its employees, the participating schools involved and their employees, and the NCHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation of my son/daughter.

Parent/Guardian Signature: _____ **Date:** _____

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I, the parent/guardian of the student named below, recognize that there is a risk of serious injury as a result of participation in interscholastic athletics. In the event that my child should require emergency medical care and the school is unable to contact me, I hereby consent in advance to such emergency or hospital care for my child.

Student-Athlete Name: _____ **Emergency Contact phone #** _____

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL HISTORY	Family Physician's Name:	
To be completed by parents and student together. A "YES" answer to any of the following questions will not automatically disqualify a student from participation in athletics.		Circle Answer
1. Has anyone in the athlete's family died suddenly before age 50?		1. YES NO
2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?		2. YES NO
3. Has the athlete ever been told that he/she has a heart murmur, heart trouble or high blood pressure?		3. YES NO
4. Has the athlete ever experienced chest pains with exercise or felt any extra strong or irregular heart beats?		4. YES NO
5. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?		5. YES NO
6. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to a joint?		6. YES NO
7. Has the athlete ever had a concussion (been knocked out)?		7. YES NO
8. Has the athlete ever suffered a heat related illness (heat stroke)?		8. YES NO
9. Does the athlete have a chronic medical problem or see a doctor regularly for a particular problem?		9. YES NO
10. Does the athlete have only one of any paired organ (If yes, circle: eye, ear, kidney, testicle, ovary)?		10. YES NO
11. Does the athlete wear eye glasses or contact lenses?		11. YES NO
12. Is the athlete regularly taking any medications?		12. YES NO
13. Is the athlete allergic to any medications, foods, or insects? (If yes, describe: _____)		13. YES NO
14. Has the athlete ever had any operations or surgery (If yes, describe: _____)		14. YES NO
15. Has the athlete had a tetanus booster in the last 10 years? (Date: _____)		15. YES NO
16. Does the athlete have anything he/she wants to discuss with the doctor?		16. YES NO
Please explain any "YES" answers:		

DOCTOR'S EXAMINATION

Height:	Weight:	Blood Pressure:	Pulse:
Vision Rt: 20/	Vision Lt: 20/	Vision Both: 20/	Optional- Body Fat %
ORGAN/ SYSTEM	NORMAL	ABNORMAL (Explain)	
Eyes/Pupils			
ENT			
Heart			
Lungs			
Abdomen			
Genitalia (if indicated)			
Musculoskeletal			
Neurological			
Skin			

LABORATORY (If indicated):

DOCTOR'S CERTIFICATION: I, the undersigned physician, certify that I have examined this student and find him/her medically () qualified, () qualified with conditions, or () unqualified to participate in athletics. The conditions for qualification or reasons for disqualification are stated below:

Physician's signature:	Street address:	Date:
Telephone:	City:	State: ZIP:

The following are considered disqualifying conditions until medical and/or parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, or testicle.

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CODE OF SPORTSMANSHIP

It is recognized that public school interscholastic athletic events should be conducted in such 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 NCHSAA Handbook will be adhered to for any athlete ejected from an athletic contest.

Protect Your Eligibility; Know The Rules; To represent your school in athletics, YOU:

1. **MUST** be a properly enrolled student at the time you participate, must be enrolled no later than the 15th school day of the present semester, and be in regular attendance at that school.
2. **MUST** have passed a minimum load of courses the previous semester (3 of 4 in high school) and have met standards for promotion to the next grade.
3. **MUST** have been in attendance at least 85% of the previous semester at an approved school, with no more than 13 absences.
4. **MUST** be under age 19 for high school, 15 for middle school, on or before October 16.
5. **MUST** not have exceeded eight (8) consecutive semesters of attendance or participated in more than four seasons since first entering 9th grade.
6. **MUST** live with your parents or legal custodian within the school administrative unit (exceptions must be approved by Onslow County Board of Education and the NCHSAA). A student meets this residence requirement if he/she has attended school within that same administrative unit for the previous two (2) semesters.
7. **SHOULD** attend school for a minimum of 50% of the student day on the day of an athletic contest in order to participate in that contest.
8. **MUST** have received a medical examination by a licensed physician within the past 365 days; if you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a physician before returning to practice or playing.
9. **MUST NOT** accept prizes, merchandise, money or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, services, etc.
10. **MUST NOT** have signed a professional contract, have played on a junior college team or be enrolled and attending classes in a college.
11. **MUST NOT** participate in any unsanctioned all-star or bowl games.
12. **MUST NOT** receive team instructions from your school's coaching staff during the school year outside your sports season (from first practice through the final game). Skill development instruction is limited to coach and one participant or small group settings as per NCHSAA guidelines for each specific sport.
13. **MUST NOT** dress out for and/or play in more than three (3) games in one sport per week (1 game in Football); and not more than one (1) contest per day in the same sport (exceptions to both limitations- Baseball, Softball & Volleyball).
14. **MAY NOT**, as an individual or a team, practice or play during the school day (from first practice through conference tournament), and **CANNOT** practice or assemble as a team with your coach on Sunday.
15. **MAY NOT** dress in uniform for a contest, sit on the bench, or practice if you are not eligible to participate.

FELONY POLICY

Any student who is: (A) convicted of a crime classified as a felony under North Carolina or federal law, **OR** (B) adjudicated delinquent for an offense that would be a felony if committed by an adult **IS NOT ELIGIBLE TO PARTICIPATE IN ANY NCHSAA SPORTS PROGRAMS**

ONSWLOW COUNTY SCHOOLS ATHLETIC PARTICIPATION FORM

DRUG POLICY

No student shall possess, use, sell, or transmit any drug, alcoholic beverage or any other controlled substance. Furthermore, students may not use or possess tobacco products on the campus of any Onslow County school or in any Onslow County Schools vehicle. The first violation of this policy by a student in grades 6-12 can result in the suspension of the student from the school system for five (5) days. Further measures may be taken by the local school. Also, the use of anabolic steroids and other performance enhancing drugs is neither condoned nor allowed. Violation of any aspect of this Drug Policy can result in permanent suspension from any athletic team.

NCHSAA EJECTION POLICY

We acknowledge that we, both student-athlete and parent/guardian whose signatures appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behaviors will result in an ejection from an athletic contest: fighting (including striking or attempting to strike, kick, punch, or bite an opponent), taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, and disrespectfully addressing or contacting an official. Penalty for an ejection for any of the above reasons:

- **1st EJECTION:** 2 game suspension in all sports except 1 game suspension in Football
- **2nd EJECTION:** suspension from participation in any contests for the remainder of that sports season
- **3rd EJECTION:** suspension from ALL athletic competition for 365 days from date of 3rd ejection

The NCHSAA requires all student-athletes and their parent to sign a Sportsmanship Pledge

STUDENT-ATHLETE PLEDGE

As a student-athlete, I am a role model. Using inappropriate language, taunting, the use of unwarranted physical contact or baiting directed at opposing players, coaches, fans, or game officials are actions that are contrary to the spirit of fair play and good sportsmanship that my school, conference and the NCHSAA expects of its members. Therefore, I accept my responsibility to model good sportsmanship that comes with being a student-athlete.

PARENT PLEDGE

As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the game officials, opposing players, coaches, spectators, and support groups. I will participate in cheers that support and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and good sportsmanship that our school, conference, and the NCHSAA expect of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student-athlete.

I certify that as the parent/guardian the home address as shown on this document is my sole bona fide residence and that I will notify the school principal immediately of any change in residence, since such a move may alter and affect the eligibility status of my student-athlete. I further certify that all other information contained in this form is accurate, current and truthful.

I, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school. I attest that all information contained in this form is accurate and current.

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

Home Address _____ Work Phone _____

Home Phone _____