



# Cabarrus County Schools ~ Athletic Participation Packet 2016 - 17

Name: \_\_\_\_\_

## ATHLETE INFORMATION:

Fall Sport: \_\_\_\_\_ Winter Sport: \_\_\_\_\_ Spring Sport: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Known Allergies/Illnesses: \_\_\_\_\_

Current Medications Taken: \_\_\_\_\_

## PARENT INFORMATION:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

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

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**DOMICILE:** *I certify the address shown below is our sole, bona fide domicile. This domicile is within the assigned school boundary for my child's athletic participation. I also agree that I will notify the school immediately of any domicile changes, since a move or change may affect eligibility status. Falsifying information will result in a student losing his/her athletic eligibility for up to the remainder of his/her school tenure in Cabarrus County Schools.*

Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSURANCE:** Student Accident Insurance must be taken unless the insurance waiver option is checked below by the parent indicating adequate personal insurance and releasing the Board of Education and its employees from responsibility for any claim due to injuries received while participating in a school-sponsored athletic program. This requirement also includes team tryouts and out of season workouts.

- There are limitations in the Student Accident Insurance coverage. It will not always pay all charges for every accident. Read the description of the current Student Accident Insurance carefully and be sure that you understand
- Neither the Board of Education nor any of its employees will assume responsibility for claims resulting from injury to your child while he or she is participating in this program. This means that you will have to pay for any necessary medical treatment not covered by the Student Accident Insurance or any personal insurance coverage that you might have.
- School Board Policy requires that all students who participate in athletics be adequately covered by medical or accident insurance.

**Select one of the following options:**

- (a) I have adequate personal insurance and release the Board of Education and its employees from any responsibility in this matter.
- (b) My Son/Daughter is already enrolled in the Student Accident Insurance Program and has coverage appropriate for his/her sports. I understand that I am responsible for payment of any charges not covered by this policy.
- (c) I need to purchase Student Accident Insurance. Information can be obtained online at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) or requested at the school. Additional insurance information sheet is also included in this packet. Football players, grades 9-12, choosing this option, must take the HS Football Coverage Plan.

## MEDICAL AUTHORIZATION:

- Permission is hereby granted to the Athletic Director, Athletic Trainer, or Coaching staff at our Cabarrus County School to proceed with **ANY** needed medical treatment, ambulance notification, and/or x-ray for the above named student. In the event of serious illness or injury, need of surgery, or accidental occurrences, I understand that an attempt will be made by the coaching or medical staff to contact me by phone. If unsuccessful, needed emergency treatment may be given as necessary for the best interest of the student and a copy of this permission will be furnished to the doctor in charge.
- I also grant permission for the treating physician to release health related information to the athletic director, athletic trainer, and coaches as needed to care for my child.

## This packet contains additional information about policies and regulations for Cabarrus County Schools Student Athletes.

- |   |   |                                      |
|---|---|--------------------------------------|
| ➤ <i>G-W Concussion Statement &amp; Information</i> | ➤ <i>NCHSAA Parent Pledge</i>                 | ➤ <i>Football Assumption of Risk</i> |
| ➤ <i>Student Athlete Contract</i>                   | ➤ <i>NCHSAA Sportsmanship/Ejection Policy</i> | ➤ <i>High School Eligibility</i>     |
| ➤ <i>Felony Policy</i>                              | ➤ <i>Transportation Information</i>           | ➤ <i>Middle School Eligibility</i>   |
| ➤ <i>Criminal Charges Policy</i>                    | ➤ <i>Residency Requirements</i>               | ➤ <i>Insurance information sheet</i> |
| ➤ <i>NCHSAA Student Athlete Pledge</i>              | ➤ <i>Assumption of Risk</i>                   | ➤ <i>Heads Up Football waiver</i>    |

Your signature below certifies that you have received, discussed, and reviewed this packet of information with your student athlete. It also certifies that you understand the information and agree to abide by the rules therein.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Grade: \_\_\_\_\_

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

**Patient's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

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

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

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

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Elaborate on any positive (yes) answers:** \_\_\_\_\_

**If additional space is needed attach a separate sheet**

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

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

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

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

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

Optional Examination Elements – Should be done if history indicates			
HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

**Clearance:**

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

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

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

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_

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

Phone \_\_\_\_\_

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

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.  
This form is current as of April 2016

## 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 left 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

Last Updated May 2016

## 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.*

Last Updated May 2016



## **Athletic Insurance Information for Parents**

### **Cabarrus County Schools**

**2016-2017**

Dear Parents:

Your school district offers an inexpensive insurance plan for students and student/athletes. This insurance plan is underwritten by Nationwide Insurance, an "A" rated company. It is serviced by American Advantage Marketing Group, Inc. Our plans are endorsed by NCHSAA, NCSBA, and NCADA. **Cabarrus County Schools DOES NOT furnish insurance for athletes or other students.** It is strongly recommended that you purchase the student accident insurance to supplement or increase your own personal insurance plans. You may choose from 3 benefit levels, Low, Middle, and High, depending on your wishes and your budget.

**Athletics:** Most athletics will be covered with purchase of the At School Plan or the 24-Hour Plan. The At School Plan starts as low as \$9.00 per school year for the Low Option, however higher benefit levels are recommended for athletes. **HIGH SCHOOL FOOTBALL, grades 9-12, REQUIRES an additional premium due to higher risk of injury.** Premiums for Football Plans start at \$96.00 for the Low Option.

***This plan is a Limited Benefit Policy.*** This means it has maximum limits on benefit categories. **This plan may not pay 100% of the medical bills for an athletic injury, or even the balance after your primary insurance pays.** Please review the benefits to be sure you are purchasing enough coverage. The lists of benefits for all benefit levels may be seen at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com).

You may purchase the student insurance online at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com).

#### ***How to File a Claim for an Athletic Injury:***

1. The student **MUST** see a doctor within **60 days** of the injury.
  2. Obtain a claim form from the school or download a claim form from the company web site at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). (Click on "**File a Claim**") at the left of the screen.) Print out the 2 page claim form. **The claim cannot be processed without this claim form.**
  3. Follow the instructions included at the top of the claim form. Fill in all the information on the claim form and **SIGN IT.** A school official **must also** complete and sign a portion of the claim form. Send the claim form and itemized bills to the claims address at the top. **Send the form within 90 days of the injury.**
  4. Send Itemized Bills (Forms UB04, UB92, or HCFA1500) with CPT/Diagnostic Codes from each provider. CPT codes are required for processing.
  5. **Keep a copy of all paperwork for your records.**
- \*\* Filing a claim after an injury is YOUR responsibility. Do not assume that the provider or a school official will do this for you. Under HIPAA privacy laws, the school or agent cannot obtain claim information from an insurance company or provider without your written permission.**

We are happy to be selected as your insurance agents for the 2016-2017 school year and will do all that we can to be sure that you receive the best possible service. If at any point you have a question or need additional information, just call us tollfree at 800-232-9601. We will be happy to assist you.

Sincerely,  
*Lawrence Braxton, Fritzie Wise, Steve Leonard*



## STUDENT ATHLETE CONTRACT CABARRUS COUNTY SCHOOLS

I understand participating in athletics is a privilege and not a right. I have certain responsibilities that I must maintain since I will be representing my school.

### Conditions for participating in athletics are as follows:

- I will meet ALL eligibility requirements set forth by the North Carolina High School Athletic Association.
- DRUG and ALCOHOL - I commit to staying drug and alcohol free.
  - “Charged” or “School Related/Violation of CCS Student Code of Conduct” Alcohol/Drug Offenses:
    - 1<sup>st</sup> Offense – Suspension from participation for the remainder of the current season or off-season. All court consequences must be resolved before petitioning to return to the athletic program.  
\*See Criminal Charges Policy located on *Athletic Pledges and Additional Policies Page*.
    - 2<sup>nd</sup> Offense – 365 days suspension from athletic participation
    - 3<sup>rd</sup> Offense – Suspension from athletic participation for the remainder of the student’s high school career
  - Any student who has continuing charges or unresolved court consequences on the first day of tryouts for that particular season will NOT be allowed to participate for that season.
  - “Non-Charged” or “Non-School Related” Alcohol/Drug Offenses:
    - Suspension from participation for the remainder of the current season. When “out of season”, any student involved with drugs or alcohol will not be allowed to participate in off season workouts for that current season.
    - If a second offense occurs within a one year time period of the first offense, the student athlete will be suspended from ALL athletic participation for 365 days.
- I understand that my participation is governed by Board of Education Policy 3620 and that my participation may be restricted if I (1) am charged with criminal conduct; (2) violated the student conduct standards found in the 4300 series of policies; or (3) have violated school rules for conduct.
  - Any student who has continuing charges or unresolved court consequences on the first day of tryouts for that particular season will NOT be allowed to participate for that season.
- I represent the athletic department and my actions reflect on the school, community, and my family. Any actions that bring discredit to me or these institutions will be dealt with by the administration and the athletic department and may include dismissal from the team. THIS INCLUDES ALL SOCIAL MEDIA SITES.
- I commit myself to continuously working toward the goal of being a contributing member of an athletic team at my school.
- Once I begin a sport, I may not try-out for any other sport until that team’s season is completed.
- If I decide to quit a sport, I must immediately notify the coach and return all uniforms/equipment issued. I will be charged for all uniforms/equipment not returned and prevented from entering the next sport.
- If I quit a team during a contest, I will be suspended from that team for the remainder of the season. I may also be suspended from athletics for up to one year and must have the permission from the principal and athletic director to rejoin the athletic program.
- I understand that to letter in a sport I must fulfill all requirements of the athletic department and the head coach.
- I must be counted “present” at school for at least half a day on game day/practice day.  
Exception: Under extraordinary circumstances, the parent can petition the school (Principal/A.D.) in writing for permission to play. (e.g. Immediate family funeral; College/University visit)
- I must ride to and from the game in which an activity bus is provided. (Athletes are to ride back after the contest under the supervision of the coach unless their parent(s) receive permission from the head coach (in person) at the end of the contest to ride with them. Parents must sign off that their child is riding with them).
- I pledge to be a positive role model to my fellow student athletes/teammates and help them abide by all of the athletic department’s rules and policies.
- If I am removed from a team for disciplinary reasons, I may be prohibited to return to any event involving that team or sport for the remainder of the season.

In keeping with the sportsmanship and team spirit/chemistry necessary to have a successful season, it is of the utmost importance that all athletes conduct themselves in a positive manner supporting their team. If deemed that any actions are considered detrimental to the success of the team, that athlete may face disciplinary action as deemed fit by the coach including removal from the team. In signing off on this statement you are assuring Cabarrus County Schools that you will be a positive team player and will support the team in all your actions.



## ATHLETIC PLEDGES & ADDITIONAL POLICIES

**NCHSAA Student Athlete Pledge** - As a student-athlete, I am a role model. I understand the spirit of fair play while working 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. I accept my responsibility to model good sportsmanship that comes from being 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 from all players, coaches, spectators and support groups. I will participate in cheers that support, encourage and uplift teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship our school and conference and the NCHSAA expect. I hereby accept my responsibility to be a role model of good sportsmanship that comes with being the parent of a student athlete. I certify that the home address as parents shown in this document is my sole bona fide residence, and I will notify the school principal immediately of any change of residence, since such a move may alter the eligibility status of my student/athlete. All other information contained in this form is accurate and current.

**NCHSAA Sportsmanship/Ejection Policy** - We acknowledge that we, both the student and parent, 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, flagrant contact.

- 1st ejection: 2 game suspension in all sports except 1 game in football
  - Ejection for fighting doubles the penalty: 4 games in all sports except football, which is a 2 game suspension
- 2nd ejection: Suspended for remainder of sport season.
- 3rd ejection: Suspended from ALL athletic competition for 365 days from date of 3rd ejection.

**Felony Policy** - The NCHSAA Policy on felony charges states that any student who is subject to the 8 semester rule who (1) Is convicted of a crime classified as a felony under North Carolina or federal law **or** (2) is adjudicated delinquent for an offense that would be a felony if convicted by an adult; is not eligible to participate in the NCHSAA sports program effective immediately through the end of the students high school career.

**Criminal Charges Policy** - As the parent of a student-athlete, I certify that there are no pending criminal charges against my child. If at any time during the school year, my child is charged with a crime, I must immediately notify the school which he/she attends. Failure to do so will result in the student-athlete losing his/her athletic eligibility for up to the remainder of his/her school tenure with Cabarrus County Schools.

- According to CCS Board Policy 3620, student participation in extracurricular activities may be restricted due to criminal charges (other than minor traffic violations). If the student is acquitted of the charge(s) or the charge is dismissed, he/she may apply to the principal for reinstatement of the privilege to participate in extracurricular activities.
- Suspension from extracurricular activities for criminal charges shall continue until court involvement is completed, including but not limited to the following: **Charge is dismissed; Student is acquitted; or Court consequence(s) are completed (probation is completed; fines are paid; community service is completed)**
- In addition, suspension from extracurricular activities for subsequent criminal charges shall result in the following consequences if student was convicted of prior charges:
  - 2<sup>nd</sup> Offense (if convicted) – 365 day suspension from extracurricular activities
  - 3<sup>rd</sup> Offense (if convicted) – suspension from extracurricular activities for the remainder of the student's high school career

**Transportation To/From Extra-Curricular Activities** - Students must ride to and from the event in which an activity bus is provided.

- **EXCEPTION:** With prior written permission and the coach's permission, parent/guardian may take his/her student home from the event. Parents and students are responsible for providing their own transportation to and from all practices and events where an activity bus or other school vehicle is not offered or available. Coaches and staff members shall not transport students in their own private vehicles.

**Residency Requirements** - A student is eligible to participate at the school to which he or she is assigned by the local board of education, within the administrative unit of residence.

"Residence" as used for athletic eligibility purposes is defined as the equivalent of the term "domicile" as applied by the courts of North Carolina. Under no circumstances can a student have more than one residence for eligibility purposes. It is the obligation of the school to know the residence status of each athlete and to require compliance with these requirements.

Except as otherwise provided, the residence of any student shall be deemed to be (a) that of his or her parents (if he/she lives with both parents); (b) that of the sole parent (if he/she lives with only one parent); (c) that of the parent with whom he/she spends the majority of nights during the school calendar year (if he/she has two parents who do not live together); or (d) that of the legal custodian if his/her custody has been awarded to a non-parent by a court of competent jurisdiction.

In the event the parents are separated or divorced, the residence of the student shall be that of the parent or other adult to whom primary physical custody has been awarded by a court of competent jurisdiction. If no custody order has been entered, the residence shall be deemed to be that of the parent with whom the student spends the majority of nights during the school calendar year.

Any change in residence must be bona fide. Determination of what constitutes a bona fide change of residence depends upon the facts of each case. In order for a change of residence to be considered bona fide at least the following facts must exist: (1) The original residence must be abandoned as a residence; that is sold, rented or disposed of as a residence, and must not be used as residence by any member of the family; (2) The entire family must make the change and take with them the household goods and furniture appropriate to the circumstances; (3) The change must be made with the intent that it is permanent.

No non-parental guardianship will be recognized where a student has a living parent unless: there has been a determination of abandonment of the student by such parent(s) or a determination that the student is a dependent juvenile as defined in G.S.7A-5 17(13) or comparable statute by a court of competent jurisdiction; or the student has been judicially declared a ward of the court or has been identified as an orphan or placed in a foster home by the Division of Social Services (or a comparable agency if out of state) and custody (not guardianship) has been determined by the court or social service agency. A student whose custody has been established by court order or social services agency decision is eligible for participation at the school to which he or she is assigned by the Board of Education of the local unit where the custodian resides.

The residence of a student who is emancipated shall continue to be his or her residence as of the time of emancipation, unless an exception is granted under the procedures established by the Hardship Rule.

A student who resides out of state but attends a member high school could be eligible, if the student attends a member non-boarding parochial school or is a member of a parochial church and submits an authorized pastor verification form; or if the out-of-state student is attending a member school as an employee benefit because a parent is working at the school, the school must request a hardship waiver of the residence rule with appropriate documentation as a result of the employee status.

The residence of a student who is in an organized and recognized foreign exchange program shall be considered to be the place to which he or she is assigned by that program, and is participate at the school to which he or she is assigned by the local education agency. Foreign students who are not part of an organized and recognized foreign exchange program must present extenuating circumstances through the procedure established in the Hardship Rule. A foreign exchange student is eligible only during the first year of residence in the United States. With the exception of this residence rule, foreign exchange students are subject to all other eligibility requirements, including but not limited to, the prohibition on participation after graduation or eligibility for graduation from high school.

In no case will any exception be made to the following principles:

- No student may participate at a second school in the same sport during the same sport season, except in the event of a bona fide change in residence of the parent(s) or legal custodian; change of schools must be contemporaneous with change in residence.
- Documents purporting to establish guardianship or custody issued by a notary public, an attorney, a clerk of court, or any entity other than a court of record with competent jurisdiction will not be accepted.
- Documents purporting to establish guardianship or custody issued by a notary public, an attorney, a clerk of court, or any entity other than a court of record with competent jurisdiction will not be accepted.





## **ASSUMPTION OF RISK INFORMATION** **WARNING TO STUDENTS AND PARENTS**

The following is in compliance with requirements to inform all athletes that any activity involves the potential of injury, which is inherent in sports. I/We acknowledge that even, with the best coaching, use of the most advanced equipment and strict observance of the rules, injuries are still a possibility. On rare occasions these injuries can be severe as to result in total disability, paralysis or even death. I/We acknowledge have read and understand the warning.

### **SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION**

By its nature, competitive athletics may put students in situations in which **SERIOUS, CATASTROPHIC and perhaps FATAL ACCIDENTS may occur.**

Athletics can be one of the most rewarding aspects of any student's scholastic career. We are proud that your son/daughter has chosen to be a student-athlete and has accepted the responsibility of that **DUAL ROLE**. It is our hope that you will share in your son/daughter's athletic experience as a spectator and, more importantly, as a source of encouragement at home.

Many forms of athletic competition result in violent physical content among players, the use of equipment which may result in accidents, strenuous physical exercise, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile it involves choice of risk, athletic participation by middle/junior and senior high students may also be inherently dangerous. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your child to participate in athletic competition, you, the parent or guardian acknowledge that such a risk exists.

By choosing to participate, you, the student, acknowledge that such a risk exists.

Students will be instructed in the proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students **must** adhere to that instruction and utilization and **must** refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury. If any of the foregoing is not completely understood, please contact your school principal, athletic director, coach or athletic trainer for further information.

### **ASSUMPTION OF RISK - FOOTBALL ONLY**

Football is a contact sport and injuries will occur. The coaches working in our program are well-qualified professional people. Fundamentals related to playing football will continually and repeatedly be emphasized on and off the field. The information contained within the list of rules and procedures is to inform the young men/women in our football programs of the proper techniques to practice for maximum safety in the contact phase of the game.

Serious head and neck injuries leading to death, permanent brain damage or quadriplegia (extensive paralysis from injury to the spinal cord at the neck level occurs each year in football. The toll is relatively small (less than one fatality for every 100,000 players and an estimated one non-fatal severe brain and spinal cord injury for every 100,000 players) but persistent. They cannot be completely prevented due to the tremendous forces occasionally encountered in football collisions; they can be minimized by the manufacturer, coach, and the player compliance with safety standards.

#### **TACKLING, BLOCKING AND RUNNING THE BALL**

By rule, the helmet is not to be used as a "ram". Initial contact is not to be made with the helmet. It is not possible to play the game safely or correctly without making contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important to prevention of injuries.

Tackling and blocking techniques are basically the same. Contact is to be made above the waist but not initially with the helmet. The player should always be in a position of balance, knees bent, back straight, body slightly bent forward, HEAD UP, target area as near to the body as possible with the main contact being made with the shoulder.

Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as separation or a pinched nerve in the neck area. The dangers of not following the proper techniques can be from minor to disabling to even death. The reason for following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury.

If the head is bent downward the cervical (neck) vertebrae are in a bind and contact on the TOP OF THE HELMET could result in a dislocation, nerve damage, paralysis or even death. If the back is not straight, the thoracic (mid back) and lumbar vertebrae are also vulnerable to injury with similar results if contact again is made to the TOP OF THE HELMET. Cabarrus County's daily football workout includes exercises to develop strength in the neck muscles. Strengthening the neck muscles is one of the best methods of preventing neck injury and enabling an individual to hold his head up even after getting tired during the workout or contest.

#### **BASIC HITTING (CONTACT) POSITION AND FUNDAMENTAL TECHNIQUE**

If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally, a player should be in the proper hitting position at all times during live ball play and this point will be repeated continually during practice. The danger is anything from strained muscles, to ankle injuries, to serious knee injuries with may require surgery. The rules have made blocking below the waist (outside the two-yard by four-yard area next to the football at the line of scrimmage) illegal. Cleats have been restricted to no more than ½ inch to help further prevent knee injuries. A runner with the ball however, may be tackled around the legs.

In tackling, the rules prohibit initial contact with the helmet or grabbing the facemask or edge of the helmet. These restrictions were placed in the rules because of serious injuries resulting from Non-compliance to these safety precautions. Initial helmet contact could result in a bruise, dislocation, broken bone, head injury, internal injury such as kidneys, spleen, bladder, etc. Grabbing the facemask or helmet edge could result in a neck injury, which could be anything from a muscle strain to a dislocation, nerve injury, spinal column damage causing paralysis or death.

Illegal play by participating athletes shall not be tolerated and all players are repeatedly reminded of the dangers of unsportsmanlike acts.

#### **FITTING AND USE OF THE EQUIPMENT**

Shoulder pads, helmets, hip pads, pants, including high pads and kneepads, must have proper fitting and use. Shoulder pads which are too small will leave the shoulder point vulnerable to bruises and separation; it could also be too tight in the neck area, will slide on the shoulders making them vulnerable to bruises and separations.

Helmets must fit snugly at the contact points: front, back and top of the head. The helmet must be safety approved "NOCSAE" stamped (certified seal); the chin straps must have four contact points to the helmet and must be fastened, and the cheek pads must be the proper thickness. On contact, too tight a helmet could result in a headache. Too loose a fit could result in headaches, concussion, and a face injury such as a broken nose or cheek bone; a blow to the back of the neck causing a neck injury could possibly be quite serious such as paralysis or death.

This report does not cover all potential injury possibilities in playing football, but it is an attempt to make the players aware that fundamentals, coaching and proper fitting equipment is important to the safety of those playing football in Cabarrus County.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper technique while participating in the football program. I understand not to use the helmet to butt, ram, and spear an opposing player. This is a violation of the football rules and such use can result in severe head or neck injury, paralysis, or death and possible injury to opponents. **NO** helmet can prevent all head or neck injuries a player might receive while participating in football.

#### **HEADS UP FOOTBALL WAIVER**

Cabarrus County Schools is participating in the Heads Up Football(r) program, a coach education program created by USA Football, Inc and operated by Heads Up Football(r), LLC, that instructs coaches in concussion education, Heat and hydration education, cardiac arrest, equipment fitting, Heads Up Tackling and Heads Up Blocking. I understand that although safety is highly emphasized, participation in Heads Up Football(r) activities in Cabarrus County Schools will expose my child to the risk of serious injury. Students who participate do so at their own risk. My child and I accept that risk and release USA Football and Heads Up Football(r) LLC from any claims of liability.



## MIDDLE SCHOOL ATHLETIC PARTICIPATION and REQUIREMENTS

### Protect Your Eligibility; Know the Rules:

- Academics:** In grades seven and eight, the student must pass at least one less course than the number of required core courses each semester and meet promotion standards established by the LEA. If an athlete is "academically eligible" or "academically ineligible" at the beginning of any semester, that status is retained throughout the full semester. It is the responsibility of the school principal to check the academic status of each student/athlete enrolled in school at the beginning and close of a semester. No student may be eligible to participate at the middle school level for a period lasting longer than four (4) consecutive semesters, beginning with the student's entry into seventh grade. The principal shall have evidence of the date of each player's entry into the seventh grade and monitor the four (4) consecutive semesters.
- Age:** In grades seven and eight, a student may not participate on a team if the student becomes 15 years of age on or before August 31 of that school year. Per Conference by-laws, a 7<sup>th</sup> grader cannot be 14 on or before August 31 and be eligible to play 7<sup>th</sup> grade sports.
- Attendance:** A player must attend school at least 85% of the previous semester. A student must, at any time of any game in which he or she participates, be a regularly enrolled member of the school's student body, according local policy. Local LEA requires that the student must be present for a minimum of 50% of the student day on the day of an athletic contest or practice in order to participate in the event.
- Domicile:** The student must meet the residence criteria of G.S. 115C-366(a). The student may participate only at the school to which the student is assigned by the LEA.
- Medical Exam:** In order to be eligible for practice or participation in interscholastic athletic contests, the student must receive a medical examination once every 365 days by a duly licensed physician, nurse practitioner, or physician assistant, subject to the provisions of G.S. 90-9, 90-18.1, and 90-18.2. Students absent from athletic practice for five (5) or more consecutive days due to illness or injury must receive a medical release from a physician licensed to practice medicine before remittance to practice or contest.
- NOTE:** **An athlete becomes eligible or ineligible on the first day of the new semester. Coaches are asked to make certain that athletes are aware of the regulations.**

Eligibility requirements for middle and high school athletes are as stated in the North Carolina High School Athletic Association Handbook. Eligibility requirements for middle school athletes are also addressed in the North Carolina Public Instruction publication "Middle/Junior High School Athletic Manual."

The manual can be viewed at the following web address.

<http://www.ncpublicschools.org/docs/curriculum/healthfulliving/athletics/middle-athletics-manual.pdf>