

High School Athletic Participation Requirements

Rowan Salisbury Schools	Parent Permission Interscholastic Athletics
Name of Parent/Guardian:	Student-Athlete:
Street Address:	School: Grade:
City: State: Zip Code:	Date of Birth: Phone: Home- Work- Cell- Emergency Contact Name: Phone:
Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:	
<input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Swimming <input type="checkbox"/> Wrestling <input type="checkbox"/> Baseball <input type="checkbox"/> Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Cheerleading <input type="checkbox"/> Soccer <input type="checkbox"/> Track <input type="checkbox"/> Cross Country <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball	
General Requirements: We have read and discussed the general requirements for high school athletic eligibility. We understand that additional questions or specific circumstances should be directed to my student's coach, athletic director or principal.	
Athletic Eligibility - Academics: Must have passed a minimum academic load during the previous semester, and met local promotion standards. NCHSAA scholastic requirements are located in the Rowan-Salisbury Schools Athletic Handbook. Rising 9 th graders enter with academic and attendance exemptions for the 1 st semester.	
Athletic Eligibility - Attendance: Must be a properly enrolled student at the time you participate, must be enrolled no later than the 15 th day of the present semester; and must be in regular attendance at that school. <input type="checkbox"/> Must comply with Rowan-Salisbury Schools' board policy on attendance. <input type="checkbox"/> Must not have exceeded eight consecutive semesters of attendance or have participated more than four seasons in any sport since first entering grade 9.	
Athletic Eligibility - Change of Residence or Special Transfer: Must live with your parents or legal custodian within the school administrative unit (exceptions must be approved by your principal and the NCHSAA). A student is eligible if he has attended school within that unit the previous two semesters (if eligible in all other respects). <input type="checkbox"/> Must not falsify any official eligibility information such as residency/address. Penalty for such acts will result in loss of eligibility for 365 days.	
Risk of injury: By the nature, participation in Interscholastic Athletics includes risk of injury which range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. By signing this form, I acknowledge that I have read the above information. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THIS RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.	

Certification and Medical Authorization: We certify that all of the information provided by us on this form is correct. If the student athlete is injured while participating in athletics and the Rowan-Salisbury Schools is unable to contact the parent, we grant the Rowan-Salisbury Schools permission and the authority to obtain necessary medical care and/or treatment for the student's injury, including first aid, medical or surgical treatment recommended by a physician and we accept financial responsibility for such medical care or treatment.

Insurance: NCHSAA requires that all students who participate in athletics be adequately covered by medical or accident insurance. We certify that we have purchased and will maintain in full force and following insurance policy during the student athlete's participation in athletics.

Check one: School Accident Insurance Name of Other Insurance Company

Insurance Company Name: _____

Policy Number: _____ Group Number: _____ Policy Term: From _____ To _____

Photographic/Videotaping Permission: The Rowan-Salisbury Public School System uses photographs, slides, videos or illustrations of the students for many purposes. Such photographs, videos, or other illustrating material may be used in newsletters or publications produced by the school system, in slide presentations and/or videos about the schools, by the news media in school related news coverage, in video productions aired on television produced by the school system or in similar forms of communication. This form allows you as a parent or guardian to choose whether your child may be in a video, photograph or other illustration used by the Rowan-Salisbury School System or news media.

_____ I give my permission to the Rowan-Salisbury Public Schools School System or the news media to make photographs, slides, videos, or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.

_____ I do not give permission for my child to be included in presentations by the Rowan-Salisbury Public Schools System or the news media.

NCHSAA Regulations Student Athlete Pledge: As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship my school, my conference, and the NCHSAA expects of its members. 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 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 the good sportsmanship our school, our conference and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student athlete. I certify that the home address as parents/guardians shown in this document 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 in this form is accurate and current.

I, the undersigned student and parent, have read the high school athletic handbook and understand all of the expectations for athletic participation at my high school.

Student's Signature:

Date:

Parent's/Guardian's Signature:

Date: