

## ■ 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 form completed: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_



How do you identify your gender (optional)? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (optional; check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (optional; 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	0	1	2	3
Not being able to stop or control worrying	0	0	1	2	3
Little interest or pleasure in doing things	0	0	1	2	3
Feeling down, depressed, or hopeless	0	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 (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		Yes	No
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 (CONTINUED)		Yes	No	
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?				





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### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- 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?
- 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



## ■ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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.*

## 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

## **ELIGIBILITY, CONSENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, LIABILITY WAIVER, AND RELEASE**

**The student-athlete and the student-athlete's parent(s)/legal custodian(s) must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed.**

**This document must be signed by the student-athlete of an NCHSAA member school and the student-athlete's parent(s)/legal custodian(s) before participation. Student-athletes may not participate without the signature of the student-athlete and the student-athlete's parent(s)/legal custodian(s).**

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) have read and understood the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA). We understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or athletic director, that the Handbook is available on the NCHSAA's website (nchsaa.org) at no cost, and that we may review it in its entirety if we so choose. We know that our 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, rules adopted by the State Board of Education, and the rules of the NCHSAA. We agree to follow the rules of our school and the NCHSAA and to abide by the school's and the NCHSAA's decisions. We acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. We understand that classroom performance, dropping a class, or taking coursework through other educational options could affect eligibility to participate in athletics.

### **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.

### **LIABILITY WAIVER AND RELEASE**

#### **PLEASE READ CAREFULLY BEFORE SIGNING**

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, death, serious neck, head, and spinal injuries that may result in complete or partial paralysis, serious injury to internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury to or impairment of other aspects of the body, or effects on the general health and well-being of the child. Although death and serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, we recognize the importance of the student-athlete following coaches' instructions regarding playing techniques, training, and other team rules. We recognize that we have a responsibility to help reduce that risk. We 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 we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) understand that all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, we 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. We also acknowledge that we have received, read, and signed the Gfeller-Waller Concussion Information Sheet, and that we have viewed the CrashCourse concussion education video.

\* \* \*

**I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) hereby irrevocably and unconditionally release, acquit, and forever discharge the NCHSAA, its member schools, and the directors, officers, agents, attorneys, representatives, and employees of the NCHSAA and its member schools (collectively, the "Releasees" and each individually a "Releasee"), from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature whatsoever (including attorneys' fees) that the student-athlete and/or the student-athlete's parent[s]/legal custodian[s] incur or sustain to person, property, or both that arise out of, result from, occur during, or are otherwise connected with or related to the student-athlete's participation in interscholastic athletics, if due to the ordinary negligence of any Releasee(s).**

\* \* \*

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) hereby consent to allow the student-athlete to receive medical treatment that may be deemed advisable by the NCHSAA, its member schools, or member school representatives in the event of injury, accident, or illness while participating in interscholastic athletics, including, but not limited to, the transportation of the student-athlete to a medical facility. We consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a contest. We 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. We further authorize the use or disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary. We agree that we have received adequate notice of health care services as required by N.C. Gen. Stat. § 115C-76.45(1) and that our consent herein to such services is sufficient to satisfy N.C. Gen. Stat. §§ 90-21.10B, 115C-76.45(1).

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) give the NCHSAA, its member schools, and member school representatives permission to use and disclose the necessary personally identifiable information from the student-athlete's education records including academic, financial, and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staff, NCHSAA legal counsel, and the media, for the purpose of receiving proper/necessary medical care and complying with the NCHSAA rules, State Board of Education rules, and any applicable laws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. **We further release the NCHSAA, its member schools, and the directors, officers, agents, attorneys, representatives, and employees of the NCHSAA and its member schools from any and all claims arising out of the use and disclosure of said necessary personally identifiable information.**

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) give the NCHSAA, its member schools, and member school representatives permission to release the student-athlete's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight, year in school, participation history, and other performance-based statistics) and other information as may be requested or presented. We agree that the student-athlete may be photographed or otherwise digitally or electronically captured during school-based competition, and that such product may be used in the course of normal NCHSAA business including commercial and internet-based video and still images. We acknowledge and agree that any of this material may be used without permission or compensation specifically related to the NCHSAA and its events,

without such use constituting a violation of rights under the Family Educational Rights and Privacy Act. We consent to the use of the student-athlete's name, image, likeness, and athletic-related information in reports of contests, promotional literature of the NCHSAA, 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.

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 \_\_\_\_\_

**READ THE ABOVE FORM COMPLETELY AND CAREFULLY.**

**YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION AND ITS MEMBER SCHOOLS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN ATHLETIC PARTICIPATION THAT CANNOT BE AVOIDED OR ELIMINATED.**

**BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, ITS MEMBER SCHOOLS, AND ANY DIRECTOR, OFFICER, AGENT, ATTORNEY, REPRESENTATIVE, OR EMPLOYEE OF THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION OR ITS MEMBER SCHOOLS IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD (INCLUDING DEATH), OR FOR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE INHERENT IN ATHLETIC PARTICIPATION. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION HAS THE RIGHT TO REFUSE TO ALLOW YOUR CHILD TO PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

Signature of Parent or Legal Custodian \_\_\_\_\_ Date \_\_\_\_\_

# **CATAWBA COUNTY SCHOOLS**

## **ATHLETIC PARTICIPATION APPLICATION AND CONSENT**

*This form is to be filled out completely and filed in the office of the principal before the student can participate in the school athletic programs.*

<b>Date:</b>			
<b>Student's Full Name:</b>			
<b>School:</b>	<b>Age:</b>	<b>Date of Birth:</b>	<b>Grade:</b>
<b>Student's Address:</b>			
<b>Name of Parent/Legal Guardian/Legal Custodian/Person enrolling pursuant to Affidavit of Hardship:</b>			
<b>Address of Parent/Legal Guardian/Legal Custodian/ Person enrolling pursuant to Affidavit of Hardship:</b>			
<b>Home Phone:</b>		<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Student's Family Physician:</b>		<b>Student's Physician's Address:</b>	<b>Student's Physician's Phone:</b>

### **PARENTAL PERMISSION, ACKNOWLEDGMENT AND RELEASE**

1. **PARENT/LEGAL CUSTODIAN/LEGAL GUARDIAN VERIFICATION.** The undersigned parent/legal custodian/legal guardian or person enrolling student pursuant to an Affidavit of Hardship hereby certifies that he/she is the biological parent, legal custodian or legal guardian of Student or person enrolling Student pursuant to an Affidavit of Hardship and that, immediately upon request by Catawba County Board of Education or its employees [herein "CCBOE"], he/she shall provide any and all documentation requested by CCBOE to verify his/her relationship to Student. The undersigned further acknowledge and agree that in the event sufficient and satisfactory documentation is not provided to CCBOE, Student may be removed or excluded from participation in interscholastic athletic events, practices and play.
  
2. **PROGRAM COMPLIANCE.** The undersigned hereby certify that the information contained in this application and completed North Carolina High School Athletic Association Sport Pre-participation Examination Form is true and correct. The undersigned further agrees to immediately notify the Principal of Student's school in the event of either of the following: a) there is a change in Student's medical condition; the Student begins taking any medications; and c) any change in the Student's residence or domicile. The undersigned further agree that they have reviewed, understand and agree to abide by all of the rules and regulations governing Student's participation in interscholastic athletic events and competitions, including but not limited to, codes of conduct, policies and eligibility rules and regulations governing athletics as set forth by state and federal law, Catawba County Board of Education, North Carolina State Board of Education and the Athletic Association to which Student's school is a member. The undersigned acknowledges that in the event any information contained in this document or the North Carolina High School Athletic Association Sport Pre-participation Examination Form is determined to be false, Student shall become immediately ineligible to participate in any interscholastic athletic events for a minimum of 365 days.
  
3. **PERMISSION TO PARTICIPATE:** The undersigned hereby consent and grant permission for Student to participate in the following sports sponsored by the school in which Student is enrolled:
 

☐ Baseball      ☐ Basketball      ☐ Cross Country      ☐ Football      ☐ Softball      ☐ Golf      ☐ Indoor Track  
☐ Outdoor Track      ☐ Soccer      ☐ Cheerleading      ☐ Swimming      ☐ Tennis      ☐ Volleyball      ☐ Wrestling  
☐ Lacrosse
  
4. **EXPENSES.** The undersigned hereby acknowledge that Student's participation in interscholastic athletic events, practice and play may involve costs and expenses which are the Student's responsibility. The undersigned further agrees to pay and assume full responsibility for the payment of these costs and expenses.
  
5. **INSURANCE.** The undersigned acknowledge and agree that students who participate in interscholastic athletic events shall, at all times during which Student is participating in the same, maintain and have in effect medical, health or accident insurance coverage. The undersigned parent/legal custodian/legal guardian hereby acknowledges and certifies that Student is and will, during the entire period of Student's participation in interscholastic athletic events, be enrolled in and covered under the medical, health or accident insurance plan identified herein. At all times during Student's enrollment and participation in interscholastic athletic events, the undersigned shall immediately notify the Principal of Student's school of any change in the foregoing medical, health or accident insurance coverage.
  
6. **TRANSPORTATION.** The undersigned acknowledge and agree that while enrolled in and participating in interscholastic athletic events, practices and competitions, the undersigned shall be responsible for transportation of Student to and from the practices, events and competitions. The undersigned parent/legal custodian/legal guardian hereby grant unrestricted permission for Student to travel to interscholastic athletic events, practices and competitions and all other activities related to Student's participation in interscholastic athletics. In the event transportation to and from practices, events, and competitions is provided by the school, the undersigned consents to Student being transported by the school.

7. **IMAGE RELEASE.** The undersigned assign, transfer and grant to CCBOE and its agents, employees, successors, assigns and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to make photographic, video and audio recordings of student's image, likeness and voice and to use, disseminate, copyright, print, reproduce and publish for any and all trade, commercial or other advertising or public purposes, and in any all advertising, publicity, display, publication or media, for such purposes as CCBOE deems appropriate, student's name, signature, likeness, portraits, pictures, photographic prints, videos, audio tapes, tracks or text or other representations of student or in which student may appear or any reproductions or sketches thereof or parts thereof, with such additions, deletions, alterations or changes therein as CCBOE may make, either separately or together with student's name, or a fictitious name or the name of another person, with or without, any statements or testimonials made or authorized by the undersigned which CCBOE may, in its discretion, prepare for use in connection therewith. The undersigned have not limited or restricted the use of Student's name or photograph to any entity or person.

8. **CONSENT FOR RELEASE OF RECORDS AND INFORMATION** Pursuant to 20 U.S.C §1232g; 34 CFR Part 99 (FERPA). The undersigned hereby acknowledge and agree that the educational records and other records or information relating to Student, including personally identifiable information from Student's records, may be protected pursuant to the Family Education Rights and Privacy Act (20 U.S.C. §1232g and 34 CFR Part99) and, therefore, may not be released by any school officials of CCBOE without the written consent and permission of the Student and Parent/Legal Custodian/Legal Guardian. CCBOE and its employees and officials are hereby authorized to the release, disclose and share the following records and information relating to Student with and to College or University Athletic Recruiters, Scouts or Coaches for the purpose of enhancing the possibility of scholarship assistance for further education of said student and encouraging, supporting and fostering said student's career in college and professional sports: Physical and athletic abilities and limitations, academic ability, academic progress and standing, official grades and academic scores, potential athletic ability, leadership ability, attitude, past behavior, behavioral characteristics, medical condition, medical history, medical records and information and identification of said student's participation in sporting events. CCBOE and its employees and officials are hereby authorized to the release, disclose and share the following records and information relating to Student with and to Members of the Media, including but not limited to, Newspaper and Television Reporters for the purpose of providing information, tracking information and clarification of activities and the condition of Student to interscholastic sports fans who support, encourage and follow interscholastic athletics: Medical condition, status, treatment and progress of injuries which may affect the performance of Student in interscholastic athletic events, training, practice and competition and the identification of said Student's participation in interscholastic athletic events. The undersigned hereby acknowledge that each has the right to 1) refuse to sign this Consent, 2) revoke this Consent, in writing, by sending written notification to CCBOE, and 3) inspect and copy the personally identifiable information and records to be disclosed. By their signatures affixed below, Student and Legal Custodian/Legal Guardian hereby consent to the release, disclosure and sharing of information and records relating to Student as set forth herein.

9. **RELEASE OF LIABILITY:** The undersigned hereby give consent and permission for Student to practice and play in interscholastic athletic events for Catawba County Board of Education. The undersigned further agree that it is necessary for Student to undergo a medical examination to determine whether he or she is medically qualified or not medically qualified to participate in the above-named interscholastic sports. The undersigned further agree that Student's participation in interscholastic athletic events subjects Student to the possibility of physical illness or injury (including minimal, serious, catastrophic and/or death) and that the undersigned are assuming the risk of such illness or injury by Student's participation in interscholastic athletics practice, play and competitions. The undersigned hereby grant permission for Student to receive treatment from medical providers which is deemed necessary for a condition, illness or injury arising during practice or play of the interscholastic athletics, including, but not limited to, medical or surgical treatment recommended by a medical doctor. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned does hereby, for their heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge Catawba County Board of Education, and its agents, employees, servants, successors, attorneys and all other persons, corporations, firms, associations, or partnerships claiming by, through, or under it, of and from any and all claims, claims for negligence, actions, causes of action, demands, rights, damages, costs, losses of service, expenses, and compensation whatsoever which the undersigned now has or which may hereafter accrue with respect to Student's participation in interscholastic athletics, events, practice, play and competitions, including transportation to and from such activity, and further including any and all known and unknown, foreseen and unforeseen, damage and the consequences thereof resulting or to result, or arising out of or through, any and all actual, alleged, or implied rights, claims, actions, or causes of action which the undersigned may have or which may hereafter accrue against Catawba County Board of Education. The undersigned further declare and represent that no promise, inducement, or agreement not herein expressed has been made to the undersigned.

#### STUDENT'S INSURANCE INFORMATION

(All participants in interscholastic athletics must be enrolled in an accident insurance policy through Student's school or must have independent medical insurance coverage.)

**Is Student enrolled in an accident insurance policy through the Student's school?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**ATTACH COPY OF INSURANCE CARD**

**Is Student enrolled in an independent medical insurance policy?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**ATTACH COPY OF INSURANCE CARD**

**If yes, please provide:**

\_\_\_\_\_  
**Name of Medical Insurance Company**

\_\_\_\_\_  
**Insurance Company Address**

\_\_\_\_\_  
**Policy No.**

I certify that the information contained in this Athletic Participation Application and Consent and the information contained in the North Carolina High School Athletic association Sport Pre-participation Examination Form is true and accurate with regard to Student.

Signature of Student: \_\_\_\_\_

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

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

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.

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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.

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Student Athlete's Parent Signature

Date