

ATHLETIC PARTICIPATION PARENTAL PERMISSION FORM

Student-Athlete's Name: _____ Date of Birth: _____ Gender: M F

School: _____ Grade: _____ Student ID# _____

Father's Name: _____ Mother's Name: _____

Student resides with: _____ Phone #: _____

Street Address of Residence: _____ City: _____ ZIP: _____

If student resides with anyone other than parents, legal documentation **MUST** be provided to school administration.

Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility.

Alternate Emergency Contact Person: _____ Day phone: _____ cell: _____

Indicate any Medical Alerts and/or allergies: _____

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

- Basketball Football Soccer Track
- Baseball Golf Softball Volleyball
- Cheerleading Indoor Track Swimming Wrestling
- Cross Country Lacrosse Tennis _____

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

Insurance:

The Onslow County Board of Education requires that all students participating in middle or high school athletics have adequate health and hospitalization insurance coverage.

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

Check the appropriate blank below:

___ 1. I have adequate personal health and hospitalization insurance covering my child and I release the Onslow County Schools and its employees from any responsibility as a result of any accident involving my child. I further agree to execute this Insurance Waiver. The above named student is currently covered by comprehensive health and hospitalization insurance with

(Insurance Company Name) POLICY # _____ GROUP# _____
This the day of _____, 20__.

___ 2. My child is presently enrolled in the Student Accident Insurance program through the school. I understand that in the event of an injury I am responsible for submitting a complete Accident Claim Form directly to the Insurance carrier within 60 days and that I am responsible for payment of any and all medical treatment and procedures not covered by this policy.

Convictions: Check the box that applies to _____ (student's name)

Is not convicted of a felony in this or any other state OR adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

Is convicted of a felony in this or any other state.

Is adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

The following **MUST** be completed if the student is convicted of a felony or is adjudicated as a delinquent:

Convicted or adjudicated of: _____ (offense)

City and State _____ Date convicted/adjudicated _____

Description of Offense: _____

Court Counselor: _____ Telephone Number: _____

General Requirements

Eligibility: We, the undersigned student and parent/guardian, have read and discussed the general requirements for athletic eligibility as outlined by the NCHSAA and NC Department of Public Instruction and which can be found on the O.C.S. website. We understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal.

NCHSAA Sportsmanship/Ejection Policy: The policy applies to all persons involved in an athletic contest, including student-athletes, coaches, managers and game administrators. The following examples include behavior or conduct which will result in an ejection from a contest:

- 1) Fighting, which includes, but is not limited to, combative acts such as:
 - A) An attempt to strike an opponent with a fist, hands, arms, legs, or feet
 - B) An attempt to punch or kick an opponent, regardless of whether or not contact is made
 - C) An attempt to instigate a fight by committing any unsportsmanlike act toward an opponent that causes an opponent to retaliate
 - D) Leaving the bench area to participate in a fight (contact or no contact)
- 2) Biting observed by an official
- 3) Taunting, baiting, or spitting toward an opponent
- 4) Profanity, directed toward an official or opponent
- 5) Obscene gestures, including gesturing in a manner as to intimidate
- 6) Disrespectfully addressing an official (physically contacting an official is subject to automatic expulsion and can result in permanent ineligibility)

Penalty for an ejection for the above reasons:

Football-ejection from the contest and miss the next contest at that level and contests in the interim (EXCEPTION: fighting equals two missed contests)

All other sports-ejection from that contest; miss the next two contests at that level and all contests in the interim (EXCEPTION: fighting equals 4 missed contests)

Players receiving two ejections for unacceptable behavior as defined above will be suspended from all sports for the remainder of that sport season. Receiving a third ejection in a school year will result in suspension from athletics for a calendar year (365 days from the date of the third ejection).

Transportation for Athletic Events: Students are required to ride buses or vehicles owned by Onslow County Schools to and from all athletic events. Any departure from this requirement must be approved in advance by the school principal or designee and will release the Onslow County Schools and all its employees from any and all liability for any adverse results that may occur. Furthermore, the North Carolina High School Athletic Association's catastrophic insurance policy will not cover any student transported in a vehicle not owned by a public school unit.

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

Student Signature: _____ **Date:** _____

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

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

CONCUSSION AWARENESS

Your school and coach will provide the student-athletes and parents with information about signs and symptoms of concussions. Concussion information can also be found at on the O.C.S. website under **Student Services (Athletics)** and on the NCHSAA website at <https://www.nchsaa.org/parents-students/health-safety/concussion-awareness>

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.

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

North Carolina High School Athletic Association Eligibility and Authorization Statement

This document must be signed by the participant of an NCHSAA member school and by the participant's parent.

I have read, understand and acknowledge receipt of the eligibility rules of the North Carolina High School Athletic Association. I understand that a copy of the *NCHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All NCHSAA bylaws and regulations from the Handbook are also posted on the NCHSAA web site at www.nchsaa.org

I understand that an NCHSAA member school **must adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but local rules may be more stringent than NCHSAA rules. I understand that participation in interscholastic athletics is a privilege not a right.

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 laws of my community, state and country.
- I will show respect to those who are responsible for enforcing the rules of my school & 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.

I understand that if I drop a class, take course work through Post-Secondary Enrollment Option, or other educational options, this action could affect compliance with NCHSAA academic standards and impact my eligibility.

Informed Consent -- By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as MRSA, HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants 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. Also, be aware that Sudden Cardiac Arrest is the leading cause of death among student-athletes during exercise & can only be detected by cardiovascular screening. **PARENTS, LEGAL CUSTODIAN'S OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN NCHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.

I consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

I have received, read and signed the Gfeller-Waller Concussion Information Sheet.

I consent to the NCHSAA use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We (student and parents) certify that the home address shown in this document file is our student's sole bona fide domicile, and we will notify the school principal immediately of any change in domicile, since such a move may alter the eligibility status of the student athlete.

All information submitted in this form is accurate and correct.

We, the undersigned student and parent/guardian, have read this document permitting this student to participate in the OCS Athletic Program, understand all of these requirements for athletic participation at our high school, and agree to comply with the requirements set forth in this document and each team's individual policies. By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation.

Student Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

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	<input checked="" type="radio"/> 0	1	2	3
Not being able to stop or control worrying 0	<input checked="" type="radio"/> 0	1	2	3
Little interest or pleasure in doing things 0	<input checked="" type="radio"/> 0	1	2	3
Feeling down, depressed, or hopeless 0	<input checked="" type="radio"/> 0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		Yes	No
<i>(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)</i>			
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)				Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No	
25. Do you worry about your weight?				
26. Are you trying to or has anyone recommended that you gain or lose weight?				
27. Are you on a special diet or do you avoid certain types of foods or food groups?				
28. Have you ever had an eating disorder?				
MENSTRUAL QUESTIONS (optional)		N/A	Yes	No
29. Have you ever had a menstrual period?				
30. How old were you when you had your first menstrual period?				
31. When was your most recent menstrual period?				
32. How many periods have you had in the past 12 months?				

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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**■ PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM**

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. 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?
2. 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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
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 • Double-leg squat test, single-leg squat test, and box drop or step drop test		

^a 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

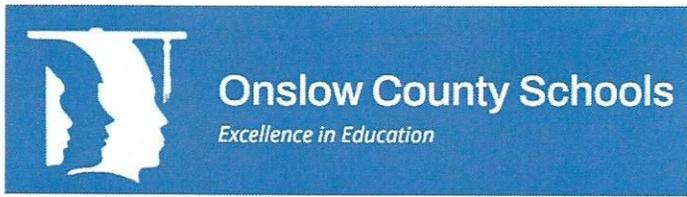
SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



OCS Athletic Waiver and Release of

In consideration of being allowed to participate in any way in Swansboro High School athletic sports program for Onslow County Public Schools, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, Influenza, and COVID-19) from the activities involved in this program are significant including the potential for serious injury and death and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist: and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I UNDERSTAND THAT I HAVE A DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND I AGREE TO DO SO.
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS Onslow County Public Schools and Swansboro High School, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I further acknowledge that I am aware of the coronavirus, COVID-19, and the contagious nature of the virus which is spread mainly from person-to-person contact. I am also aware that I may from time to time be in close proximity to others while engaged in the athletic activity to which I am participating. I understand that social distancing is recommended by governmental bodies and health agencies, including the North Carolina Department of Health and Human Services and I acknowledge that I will attempt to comply to the best of my ability with those recommendations.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT FROM THE DATE OF MY SIGNATURE FOREVER INTO THE FUTURE.

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child understands and accepts these risks and responsibilities. I for myself, my spouse, and child do consent and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation to these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name Printed: _____

Parent/Guardian Signed: _____

Date Signed: _____ Phone: _____

Address: _____

Participant Child's Name Printed: _____

Participant Child's Signature: _____ Date: _____