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

_____ **POLICY #**_____ **GROUP#**_____

(Insurance Company Name) **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 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:_____
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 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/sites/default/files/attachments/G-W_Compliance_Res_Packet.pdf

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.

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name:_____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s):_____

□ We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.*
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/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 this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/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 on the Concussion Information Sheet.	

_____ _____
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 contained 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, information we provided is truthful & accurate, and that we consent to the herein named student's participation.

Student Signature:_____ **Date:** _____

Parent/Guardian Print Name:_____

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