

SOUTHERN LEE HIGH SCHOOL ATHLETIC PARTICIPATION FORM

Please Print

Name: _____ Class of: _____

Gender: M F Date of Birth: _____ Soc. Sec. _____ Race: _____ Age: _____

Father's Name: _____ Daytime Phone, Pager, Cell Phone: _____

Mother's Name: _____ Daytime Phone, Pager, Cell Phone: _____

Maiden Name: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Alternate Emergency Contact Person: _____ Daytime Phone: _____

Please indicate Medical Alerts such as allergic reactions, contacts, etc:

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"/> Soccer | <input type="checkbox"/> Track | *Weight lifting may be a required component of conditioning for any sport. |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling | |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Tennis | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

Insurance – The Lee County School System (LCSS) furnishes an Interscholastic Athletic Insurance Policy which provides limited benefits for all students in the system who participate in high school sponsored and supervised interscholastic athletic activities.

The policy provides excess coverage for students with other insurance coverage, but it pays only when other benefits have been exhausted. In cases in which a student has no other coverage with either a commercial insurance agency, medicare, or medicaid, the LCSS athletic insurance policy is the primary policy.

If your son or daughter should be injured while participating in a high school sponsored or supervised interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by the LCSS:

- Pick up a claim form at your school.
- See a physician within 30 days of the injury.
- Complete and submit the claim form. The claim form must be filed with the insurance company within 90 days of the injury and should include the Explanation of Benefits Form from your primary insurance carrier.

Risk of Injury – We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a LCSS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the LCSS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Name

Medical History

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing physician for the athlete's physical examination.

- | | | | |
|--|---------|----|------------|
| 1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50? | 1. YES | NO | DON'T KNOW |
| 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? | 2. YES | NO | DON'T KNOW |
| 3. Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise? | 3. YES | NO | DON'T KNOW |
| 4. Has the athlete ever had a broken bone, had to wear a cast or had an injury to any joint? | 4. YES | NO | DON'T KNOW |
| 5. Does the athlete have a history of a concussion (getting knocked out)? | 5. YES | NO | DON'T KNOW |
| 6. Has the athlete ever suffered a heat-related illness (heat stroke)? | 6. YES | NO | DON'T KNOW |
| 7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? | 7. YES | NO | DON'T KNOW |
| 8. Does the athlete take any medication(s)? | 8. YES | NO | DON'T KNOW |
| 9. Is the athlete allergic to any medications or bee stings? | 9. YES | NO | DON'T KNOW |
| 10. Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.) | 10. YES | NO | DON'T KNOW |
| 11. Has the athlete had an injury in the last year that caused that athlete to miss three or more consecutive days of practice or competition? | 11. YES | NO | DON'T KNOW |
| 12. Has the athlete had surgery or been hospitalized in the past year? | 12. YES | NO | DON'T KNOW |
| 13. Has the athlete missed more than five consecutive days of participation in usual activities because of an illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? | 13. YES | NO | DON'T KNOW |
| 14. Are you, the athlete, worried about any problem or condition at this time? | 14. YES | NO | DON'T KNOW |

* Please give details on any "YES" answer from the above health history.

PHYSICAL EXAM - TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Percent body fat (optional) _____ Pulse _____ Blood pressure _____

Vision: R ____ / ____ uncorrected R ____ / ____ corrected L ____ / ____ uncorrected L ____ / ____ corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Musculoskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			

Comments re: Abnormal Findings:

Please Print/Stamp

Physician's Name _____
 Street Address _____
 City, State, Zip Code _____
 Telephone _____

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed (medical physician, physician's assistant, family nurse practitioner) in the State of North Carolina. (Doctor of Chiropractic Medicine is not satisfactory).

Physician Signature _____ Date _____

PARTICIPATION RESTRICTIONS:

Code of Sportsmanship: – It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athlete ejected from an athletic contest.

Protect Your Eligibility; Know the Rules: To represent your school in athletics, YOU:

- **Must** be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester, and must be in regular attendance at that school.
- **Must** have been in attendance for at least 85% of the previous semester at an approved school, with no more than 13.5 days of absence. Lee County attendance requirement is no more than 8 absences per semester.
- **Must** have not exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering grade nine (9).
- **Must** be under 19 years of age on or before October 16.
- **Must** live with your parents or legal custodian within the school administrative unit.
- **Must** be present 100% of the student day on the day of an athletic contest in order to participate in the event. This includes games and practices.
- **Must** have passed a minimum of three (3) courses in a block schedule.
- **Must** have received a medical examination by a licensed physician within the past 365 days; if you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing.
- **Must not** accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
- **Must not** have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college.
- **Must not** participate in unsanctioned all-star or bowl games.
- **May not** receive team instructions from your school's coaching staff during the school year outside your sports season (from first practice through final games). Instruction is limited to coach and one or multiple participants in small group settings.
- **May not**, as an individual or a team, practice or play during the school day (from first practice through conference tournament).
- **May not** play, practice, or assemble as a team with your coach on Sunday.
- **May not** dress for a contest, sit on the bench, or practice if you are not eligible to participate.
- **May not** play more than three (3) games in one sport per week (exceptions: Baseball, Softball, Cheerleading and Volleyball); and not more than one (1) contest per day in the same sport (exceptions: Baseball, Softball, Cheerleading or Volleyball).

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 that 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, 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 shown in this document file 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 correct.

NCHSAA Sportsmanship/Ejection Policy – We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an official.

- 1st ejection: 2 game suspension in all sports *except 1* game for football.
- 2nd ejection: Suspended for remainder of sport season.
- 3rd ejection: Suspended from ALL athletic competition for 365 days from date of 3rd ejection.

Transportation for Athletic Events – If student transportation is by a Lee County system owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. All athletes are expected to be transported to and from an athletic event by school provided transportation. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the North Carolina state required insurance coverage.

Medical Authorization – As parents or legal guardian of this student athlete I/we grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, release medical information to the school and athletic trainer.

We, the undersigned student and parent/guardian, have read this document and understand all of these requirements for athletic participation at our high school and agree to comply with the requirements set forth in this document.

Student: _____ **Date** _____

Parent/Guardian _____ **Date** _____

Additional Information:

Alcohol & Drug Policy

I, _____ as a student-athlete of Southern Lee High School have received and fully understand the ATOD policy consequences should I possess or use any prohibited substance.

Student/Athlete signature

Date

I/we, _____ as a parent(s) of _____ have received and fully understand the ATOD policy consequences should my child choose to possess or use any prohibited substance.

Parent signature

Date

Parent signature

Date