



Wake County Public School System

Middle School Athletic Participation Form

Name: _____ Home Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: M / F Date of Birth: _____ 19____ Age: _____ Grade: _____

Father's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Mother's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Alternate Emergency Contact Person: _____

Relationship: _____ Daytime Phone: _____

Insurance: The Wake County Public School System (WCPSS) does not carry accident or medical insurance to cover students' accidental injuries or illnesses. A student accident insurance policy is available on an individual basis and covers accidental injuries that occur during school-sponsored activities. Application and purchase information can be obtained from your child's school. In addition, parents' insurance may also provide coverage for injuries to their child(ren). WCPSS Board policy (6720) addresses the insurance requirements for participating in specified activities.

6720.1 Every student participant in a student activity, which requires accident insurance, shall:
A: Furnish proof of membership in the student accident insurance program, or
B: Furnish proof that compatible coverage is carried in another insurance policy.

6720.2 Student activities requiring student activity insurance coverage are: A) Interscholastic athletic programs, B) Intramural athletic programs, C) Marching bands, D) School patrols, E) Cheerleaders, F) Groups making overnight trips or excursions.

Your child has indicated an interest in participating in a student activity which requires accident insurance coverage. Please check **A** or **B** below to indicate the method by which the required coverage will be provided. A policy number is **required** for choice **A**.

___ **A.** My child is adequately covered by accident and/or health and/or hospital insurance policy that is in effect during the present school year. This coverage is through:

Name of Insurance Company Policy Number

___ **B.** My child is enrolled in the WCPSS student accident insurance program. I understand that my child is covered upon receipt of the completed application and appropriate premium by WCPSS.

Verification of School Administration Date

Assumption of Risk: It is understood and acknowledged that there is a risk of injury involved in athletic participation. The student athlete will be under the supervision and direction of a WCPSS athletic coach. Following the rules of the game and the instructions of the coach can reduce the risk of injury to the student and to other athletes. However, it is understood that neither the coach nor WCPSS 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

Grade

Track

Name _____

Date of Birth _____

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 circle the correct responses before seeing a 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?	YES	NO	DON'T KNOW
2.	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	YES	NO	DON'T KNOW
3.	Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?	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?	YES	NO	DON'T KNOW
5.	Does the athlete have a history of a concussion (being knocked out)?	YES	NO	DON'T KNOW
6.	Has the athlete ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	YES	NO	DON'T KNOW
7.	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	YES	NO	DON'T KNOW
8.	Does the athlete take any medication(s)?	YES	NO	DON'T KNOW
9.	Is the athlete allergic to any medications or bee stings?	YES	NO	DON'T KNOW
10.	Does the athlete have only one of any paired organ? (eyes, kidneys, testicles, ovaries, etc.)	YES	NO	DON'T KNOW
11.	Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition?	YES	NO	DON'T KNOW
12.	Has the athlete had surgery or been hospitalized in the past year?	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?	YES	NO	DON'T KNOW
14.	Are you, the athlete, worried about any problem or condition at this time?	YES	NO	DON'T KNOW
15.	Does the athlete have diabetes?	YES	NO	DON'T KNOW
16.	Is there a family history of diabetes?	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 & Lungs				
7. Abdomen				
8. Skin				
9. Genitalia-Hernia (male)				
10. Musculoskeletal: ROM, strength, etc.				
• Neck				
• Spine (Scoliosis)				
• Shoulders				
• Arms/hands				
• Hips				
• Thighs				
• Knees				
• Ankles				
• Feet				
11. Neuromuscular				
12. Diabetes – check appropriate answers	YES	NO		
IF YES, INSULIN-DEPENDENT	YES	NO	NON-INSULIN DEPENDENT	YES <input type="checkbox"/> NO <input type="checkbox"/>

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, or family nurse practitioner in the United States. (Doctor of Chiropractic Medicine is not satisfactory).

Physician's Signature: _____ Date: _____

PARTICIPATION RESTRICTIONS:

Eligibility: In order to be eligible for any athletic activity, the athlete:

- Must complete a WCPSS Middle School Athletic Participation Form and turn in to the school's Athletic Director. (A physical is valid only for 365 days from the date of the examination.)
- Must, if you miss five (5) or more days of practice due to illness or injury, receive a medical release from a licensed physician before practicing or playing.
- Must not turn 15 on or before October 16th of that school year.
- Must meet promotion requirements for the previous school year in order to be eligible for the fall semester.
- Must earn passing grades (D or better) during each semester in one less course than the required core courses to be eligible for participation during the succeeding semester. Passing grades must be attained in language arts and mathematics. In addition to the core course requirements, at least fifty percent of all remaining courses must be passed.
- Must not have more than 14 total absences (85% attendance requirement) in the semester prior to athletic participation.
- Must not practice **OR** play if ineligible.
- Must practice a total of six (6) days before playing in a game in all sports except football, where a player must practice eleven days.
- Must not, as an individual or a team, practice or play during the school day.
- Must not play, practice, or assemble as a team with your coach on teacher work days, Saturday (includes year round schools), Sunday, holidays or vacation days.
- Must be present 100% of the student day on the day of an athletic contest in order to participate in the event.
- Upon first entering grade seven (7) is academically eligible for competition on middle school teams. All academic and attendance requirements must be met the first semester (fall) in order for this student to be eligible for athletic participation the second semester (spring).

Hazing: According to WCPSS Board Policy 6420.2, hazing is prohibited. No group or individual shall require a student to wear abnormal dress, play abusive or ridiculous tricks on him/her, frighten, scold, beat, harass, or subject him/her to personal indignity.

The Board of Education is required to expel any student convicted of hazing under NC Criminal Statute §14-35.

Transportation: Schools provide transportation to and from athletic events. Athletic events include practices and/or games of the sports offered by the WCPSS. If student transportation is by a WCPSS owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. All student athletes who travel with a team to an away athletic event must return to the school with the team. *The only exception to this policy is when both the coach and parent/guardian agree that it is beneficial for the student athlete to ride home with the parent/guardian.* Student athletes are **not** to ride home from athletic events with any other person. Student athletes who elect to ignore this policy may jeopardize their position on that team.

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. Players are under the coach's control from the time they arrive at the athletic facility until they leave. It is expected that all athletes, coaches, managers, and spectators adhere to the guidelines contained within the sportsmanship brochure entitled, "A guide to promoting sportsmanship in your middle school," which is provided by WCPSS. Noncompliance with these expectations may result in consequential actions being taken by the school.

Student Athlete Pledge: As a student athlete, 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, and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

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 the good sportsmanship expected by our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Football: Student athletes who are members of the school football team must read, review with parent(s) / guardian(s), and sign an extra form entitled Safety List for Football Players. This form emphasizes specifics of tackling, blocking, running the ball, basic hitting (contact) position, fundamental technique, and fitting / use of equipment. This form will be available from your football coach and must be completed prior to practicing with pads.

Name _____

Date of Birth _____

Sports Medicine: Permission is granted to the school athletic trainer or sport safety technician to provide any necessary minor or emergency treatment(s) to the student athlete prior to his/her admission to any medical facility. Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment for the above-named student athlete. I understand that every effort will be made by the attending physician to contact me prior to treatment. Permission is granted to the athletic trainer, sport safety technician, or assigned WCPSS representative, to examine records concerning examination or treatment received by the student athlete. These records may be examined for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in, any athletic program in WCPSS. I agree to furnish the WCPSS sports medicine staff member with any reports or copies of medical records that are requested. I understand that these medical records will be kept confidential.

Parent/Guardian Permission to Participate: The student's parent(s) or guardian(s) grant permission for their middle school student to participate in interscholastic athletics in the following sports:

(Please check all sports that apply)

- () Football () Volleyball () Cheerleading () Soccer () _____
- () Basketball () Softball () Track () Intramurals () _____

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

Parental Permission: I have read and reviewed the general requirements for middle school athletic eligibility, and have discussed these requirements with my student athlete. I understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal. I certify as a parent / guardian that the home address on this form is my sole bona fide residence, and I will notify the middle school principal immediately of any change in residence since such a move may alter the eligibility status of my student athlete. All other information on this form is accurate and current. Providing false information on this form may cause the student athlete to lose athletic eligibility. In accordance with the rules of WCPSS, I have read, reviewed, completed (where necessary), and agree to comply with the requirements set forth in this document. This document is valid only for the current school year.

Father's / Guardian's Signature Date

Mother's / Guardian's Signature Date

Student Athlete: I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) / guardian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

Student Athlete Signature Date

For official use only:			
School Year _____	Date received _____	Checked for Completeness _____	
Semester 1		Semester 2	
Total Absences _____	Promoted _____	Total Absences _____	DoB _____
Language Arts _____	Mathematics _____	Language Arts _____	Mathematics _____
Social Studies _____	Science _____	Social Studies _____	Science _____
Half of Remaining Courses _____	Half of Remaining Courses _____	Half of Remaining Courses _____	Half of Remaining Courses _____