



# Wake County High School Athletic Participation Form

## Instructions and Eligibility Rules

**Instructions:** This form must be completed in its entirety prior to being eligible for athletic participation. Please note that there are four (4) pages to this form and all of them must be completed. Incomplete forms will delay your athletic participation.

**Use the following checklist to determine if the WCPSS High School Athletic Participation form is complete:**

- All student and parent contact information (page 1)
- Conviction section is complete (page 1)
- Request for Permission – Sports crossed out if not allowed to participate (page 1)
- Athlete's health history is complete (page 2)
- Provide details for any "yes" answers in the Athlete's Screening Examination (page 2)
- Athlete's Screening Examination must be signed and dated by the student athlete and the parent or legal custodian (page 2).
- Physical Exam Section is completed and signed by a physician (MD, DO, PA, NP) (page 3) Note: Doctor of Chiropractic Medicine is not satisfactory.
- Physical Exam Section is dated by the attending physician and signed (MD, DO, PA, NP) (page 3)
- Physical Exam Section (page 3) must include the medical office name, address, and phone number of the office where the physical exam was conducted. This may be stamped by the physician's office.
- Participation form is signed and dated by student athlete (page 4)
- Participation form signed and dated by a parent or legal custodian (page 4)
- Pages 2 and 4 must have signatures.

### **Eligibility Rules; Know the Eligibility 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 15<sup>th</sup> day of the present semester, and must be in regular attendance at that school.
- **Must not** be 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.
- **Must** not have more than 13.5 total absences (85% attendance requirement) in the semester prior to athletic participation.
- **Must** not have exceeded eight (8) consecutive semesters of attendance or have participated in more than four (4) seasons in any sport (one season per year) since first entering grade nine (9).
- **Must** be under 19 years of age on or before October 16.
- **Must** live with a parent or legal custodian within the Wake County Public School System administrative unit. (Must notify the athletic director if not living with a parent or legal custodian.)
- **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** meet promotion requirements at their school to be eligible for Fall semester.
- **Must** have passed a minimum of five (5) courses during the previous semester in a traditional schedule or three (3) in a block schedule or six (6) for schools on an A/B form of scheduling. The student must maintain at least a 1.5 overall GPA.
- **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. This does not affect a regularly enrolled high school student who is taking a college course(s) for advanced credit.
- **Must not** participate in unsanctioned all-star or bowl games.
- **May not** participate at a second school in WCPSS in the same sport season.
- **May not** receive team instructions from your school's coaching staff during the school year outside your sports season. Instruction is limited to the 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.
- **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.



# Wake County High School Athletic Participation Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Circle Grade 9 10 11 12

Student ID # \_\_\_\_\_ School Attended Last Year \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

\*Legal Custodian: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

**\*Please note the residency requirements and definition of legal custodian on page 4 of this document.**

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.**

**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: \_\_\_\_\_

**Insurance:** The Wake County Public School System (WCPSS) furnishes an Interscholastic Athletic Insurance Policy that 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 WCPSS 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 WCPSS:

- Pick up a claim form at your school.
- See a physician within 30 days of the injury.
- Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 60 days of the injury and should include the Explanation of Benefits form from your primary insurance carrier. Please list below the name of your primary insurance carrier and policy number.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

**Request for Permission:** We, the student's parent/legal custodian, give my consent for the above-named student to represent his/her school in interscholastic sports, **except for those sports crossed out below: (Ex. Wrestling)**

Basketball	Football	Lacrosse	Tennis	Wrestling
Baseball	Golf	Soccer	Track	
Cheerleading	Gymnastics	Softball	Volleyball	
Cross Country	Indoor Track	Swimming	*Weight lifting may be required component of conditioning for any sport.	

NAME: \_\_\_\_\_

Class of \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.**

**Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot			
19. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the athlete have any chronic medical illnesses (diabetes, asthma, kidney problems, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is there a family history of diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Elaborate on any positive (yes) answers:** \_\_\_\_\_

I have reviewed and answered each question above, and assure that all are accurate responses. Furthermore, I give permission for my child to participate in sports, **except for the sports crossed out on page 1 of this document under Request for Permission.**

**Signature of parent/legal custodian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee October 2009, reviewed annually.

**Physical Examination** (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant) *Note: Doctor of Chiropractic Medicine is not satisfactory.*

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ ( \_\_\_\_\_ % ile) / \_\_\_\_\_ ( \_\_\_\_\_ % ile) Pulse \_\_\_\_\_  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

**These are required elements for all examinations**

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

**Optional Examination Elements – Should be done if history indicates**

HEENT			
ABDOMINAL			
GENTALIA (MALES)			
HERNIA (MALES)			

**Clearance\*\*:**

- A. Cleared to participate in sports  
 B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_  
 C. Not cleared for:     Collision                       Contact  
     Non-contact        \_\_\_\_\_ Strenuous        \_\_\_\_\_ Moderately strenuous        \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP  
 (Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

<p><b>Physician Office Stamp:</b></p>
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(\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of convulsions or concussions, absence of or one kidney, eye, testicle or ovary, etc.)

**This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee October 2009, reviewed annually.**

**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.*

**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.

**NCHSAA Regulations 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, my conference, and the NCHSAA 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, our 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.

**Football**—Student athletes who are members of the school football team must read, review with parent/guardian, 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.

**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.

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

**Transportation for Athletic Events**—If student transportation is by a Wake County system-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. 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. 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/legal custodian agree that it is beneficial for the student athlete to ride home with the parent/legal custodian. Student athletes are not to ride home from athletic events with any other person.

**Medical Authorization**—As the parent or legal custodian of this student athlete, I 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, permission is granted to release medical information to the school and athletic trainer or first responder.

**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 WCPSS 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 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.

**Residency Requirements** – The NCHSAA residency requirements state, “the residence of any student shall be deemed to be that of his or her parents or sole surviving parent. In the event the parents are separated or divorced, the residence of the student shall be that of the parent to whom custody has been awarded by a court of competent jurisdiction....No non-parental guardianship will be recognized where a student has a living parent....Any student proposed for a contest is eligible at the school to which the local board of education assigns him or her within the unit of residence of a parent or legal custodian within this state.” According to WCPSS Board Policy 6201 a “legal custodian” is a person or agency awarded legal custody of a child by a court of law. The athletic director of the school must be notified of any student not living with a parent or legal custodian. No person other than a parent or legal custodian may sign off on this document.

We, the undersigned student and parent/legal custodian, certify that the home address shown on this document is our sole, bona fide domicile as provided to the Wake County Public School System Office of Growth Management. We also agree that we will notify the high school principal immediately of any change in domicile, since such a move may alter eligibility status.

We have read the eligibility rules and this document and understand all of the requirements for athletic participation. We agree to comply with the requirements set forth in the eligibility rules and this document. All information contained in this document is accurate and correct.

*Providing false information on this form may cause the student athlete to lose athletic eligibility.*

Student (Signature): \_\_\_\_\_ Date \_\_\_\_\_

Parent (Print): \_\_\_\_\_ Date \_\_\_\_\_

Parent (Signature): \_\_\_\_\_ Date \_\_\_\_\_

\*Legal Custodian (Print): \_\_\_\_\_ Date \_\_\_\_\_

\*Legal Custodian (Signature): \_\_\_\_\_ Date \_\_\_\_\_

**\*Please note the residency requirements and definition of legal custodian on page 4 of this document.**

**For official use only: This form must be signed by the school principal in cases where the student has indicated on page 1 of this document that they have been 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. In such cases, participation in high school athletics is denied.**

**School Principal Signature** \_\_\_\_\_

**PLEASE READ THE FOLLOWING FORM CAREFULLY**  
**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION FOR ATHLETES  
PARTICIPATING IN WAKE COUNTY PUBLIC SCHOOL SYSTEM ATHLETICS**

Once properly signed, this Authorization will allow for the release of protected health information to the Wake County Public School System ("WCPSS") by physicians and health care providers ("providers") rendering services to WCPSS athletes. The purpose of the release of the protected health information is to allow the WCPSS to determine the advisability of an athlete's participation in WCPSS athletics. An example would be the release of a screening physical examination.

By signing this Authorization for my son, daughter, or other person for whom I have the legal authority to act (hereinafter referred to as "Athlete"), I hereby authorize health care providers (including, but not limited to, the Duke University Sports Medicine Program and its physicians and providers) that are contracted with the WCPSS to release to each other and to the WCPSS oral and written medical information relating to the Athlete's medical or physical condition, illness or injury that may have a bearing upon past, present, or future participation in athletics of the WCPSS. The medical information should be used by the WCPSS for the purpose of determining the advisability of the Athlete's participation in WCPSS athletics.

This Authorization is expressly bound by all the following conditions:

- i. This Authorization will automatically expire upon the Athlete's termination of participation or ineligibility in WCPSS Athletics, except to the extent relied upon for disclosures made prior to the automatic expiration.
- ii. This Authorization may be revoked at any time, provided the **revocation is a properly executed written document and delivered to the Director of Athletics for WCPSS**. As soon as practicable, the WCPSS shall inform each contracted health care provider of each Athlete's revocation. However, any such revocation shall not affect disclosures made by a health care provider prior to that health care provider's receipt of the revocation from the WCPSS. In addition, such revocation shall not affect disclosures made prior to the receipt of the revocation to the extent that this Authorization was relied upon for such disclosures.
- iii. This Authorization is not intended to alter the Athlete's ability to receive medical care from any health care provider regardless of whether this Authorization is agreed to or refused.
- iv. This Authorization shall cover actions by and for Duke University, Duke University Health System, Inc. and the Private Diagnostic Clinic, PLLC, and all of their respective employees, workforce, and business associates, and all other physicians and health care providers contracted with WCPSS and their respective employees, workforce, and business associates. For a complete list of contracted health care providers of the WCPSS that may release medical information pursuant to the Authorization, please contact the WCPSS.
- v. The athlete and Parent / Guardian will receive a complete copy of the signed Authorization.
- vi. A copy of this Authorization and any revocation of it will be kept by both the Duke Sports Medicine Office, the WCPSS, and other health care providers contracted with the WCPSS.
- vii. Protected health information released by the health care providers to the WCPSS is not protected by this Authorization from re-disclosure by the WCPSS

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN\* (signed)

\_\_\_\_\_  
(Printed Name) / (Relationship to Athlete)

\_\_\_\_\_  
Athlete's Name (Printed)

\*This Authorization (and any revocation) must be signed by a parent, guardian, or other person acting in loco parentis who has the authority to act on the Athlete's behalf. **By signing this form, you as the parent, guardian, or a party acting in loco parentis warrant that you have the legal authority to act on the Athlete's behalf.**

\*The signature may be only the Athlete if the Athlete is over 18 years of age or a legally emancipated person.