

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: _____ Age: _____ Sex: _____

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. If you do not understand or don't know the answer to a question please ask your doctor. 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 or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<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. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. 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"/>
15. 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"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. 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"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY			
24. 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"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: _____

If additional space is needed attach a separate sheet

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone #: _____

Athlete's Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ (_____ % ile) / _____ (_____ % ile) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N

Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)

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			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for : _____
- *** C. Medical Waiver Form must be attached (for the condition of: _____)
- D. 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 _____

Physician Office Stamp:

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 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 uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

DAVIDSON COUNTY SCHOOLS STUDENT ATHLETIC PARTICIPATION FORM

STUDENT INFORMATION			
School Name _____		Date _____	
Name _____			
LAST	FIRST	MIDDLE	
Address _____		Phone # (_____) _____ - _____	
ADDRESS LINE 1		AREA	
_____		Date of Birth _____	
ADDRESS LINE 2		MONTH/DAY/YEAR	
_____		Grade _____	
CITY, STATE, ZIP CODE		Gender M F (circle)	
Has the student ever been convicted of a felony? (circle) YES NO			
Father's Name _____		Mother's Name _____	
Daytime Phone (_____) _____ - _____		Daytime Phone (_____) _____ - _____	
AREA		AREA	
Home Phone (_____) _____ - _____		Home Phone (_____) _____ - _____	
AREA		AREA	
Cell Phone (_____) _____ - _____		Cell Phone (_____) _____ - _____	
AREA		AREA	
EMERGENCY CONTACT INFORMATION		PHYSICIAN INFORMATION	
Contact Name _____		Family Physician Name: _____	
Daytime Phone (_____) _____ - _____		Phone # (_____) _____ - _____	
AREA		AREA	
Home Phone (_____) _____ - _____		Hospital Preferred: _____	
AREA			
Cell Phone (_____) _____ - _____			
AREA			
INSURANCE			
<p>It is strongly recommended that all student athletes be enrolled in a comprehensive accident and health insurance program. This is a requirement for participation in the varsity football program; parents must either provide proof of existing coverage (for football participation) or elect to enroll in the football insurance program (information is available at the school).</p> <p>Students participating in any athletic activity other than varsity football may elect to participate in the voluntary insurance program (information available at the school). This is an excellent opportunity to "cover" your child's participation in athletic activities at a reasonable cost.</p> <p style="text-align: center;"><u>INSURANCE IS REQUIRED OF ALL FOOTBALL PLAYERS</u></p>			
Does your child plan on playing football? (Circle) YES NO			
insurance Company Name: _____			
Group # _____		Policy # _____	
RISK OF INJURY			
<p>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 DCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury. However, we acknowledge and understand that neither the coach nor DCS 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.</p> <p>Therefore, we agree to release and hold Davidson County Board of Education, its coaches/employees free, harmless, and indemnified from and against any and all claims, suits, or causes of action arising out of any injury that the student athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.</p>			
_____		_____	
STUDENT SIGNATURE		PARENT SIGNATURE	
_____		_____	
DATE		DATE	

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 athletic 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 that comes with being the parent of a student athlete.

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 one (1) game for football.

2nd ejection: Suspended for remainder of sport season.

3rd ejection: Suspended for ALL athletic competition for 365 days from date of 3rd ejection.

AUTHORIZATION TO PARTICIPATE

1. I have answered and reviewed the questions above and give permission for my child to participate in sports.
2. As the parent or legal guardian 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/first responder.
3. We certify that the home address shown in this document file is my sole bona fide residence, and I will notify the school principals 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.
4. We certify that the student athlete meets the NCHSAA/DCS eligibility requirements which include factors such as age, attendance, scholastic, medical examination, residency and has not been convicted of a crime classified as a felony or adjudicated delinquent for an offense that would be a felony if committed by an adult.
5. We, the undersigned student and parent/guardian, have read this document and understand all of these requirements

Student: _____
Signature

_____ Date

Parent/Guardian: _____
Signature

_____ Date

Parent/Guardian: _____
PLEASE PRINT NAME



**INTERSCHOLASTIC ATHLETICS
RESIDENCY VERIFICATION FORM**

This verification form must be signed before a student may participate in an athletic practice or game

STUDENT'S NAME (PRINT) _____

SCHOOL _____

I understand the eligibility requirements for me to take part in interscholastic athletics in Davidson County Schools.

By signing this honor code, I promise that:

- All information I am giving on this honor code is the truth.
- I live in the attendance area for my school, or I received an approved transfer to this school.
- The home address my parents gave to the registrar and the athletic director at my school is where I actually live today with my parents, legal guardian or custodian.
- I have written my correct and current home address below.
- At any time in the future if my address should change I will immediately notify the registrar, principal and or the athletic director of such change in address.

Further, I am aware that if I:

- give false information about athletic eligibility to my school, my entire team and I may be penalized by the North Carolina High School Athletic Association and by Davidson County Schools. I may lose the privilege of playing sports and my team may have to forfeit games.

STUDENT SIGNATURE _____

PARENT OR LEGAL GUARDIAN
NAME (PRINT) _____

PARENT OR LEGAL GUARDIAN
SIGNATURE _____

DATE _____

ADDRESS _____

To be retained at the school site for the entire school year.

Gfeller–Waller NCHSAA Student–Athlete & Parent/Legal Custodian Concussion Information Sheet

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.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Last Updated May 2016

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 left 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

2016-2017 North Carolina High School Athletic Association Eligibility and Authorization Statement

This document is to 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 that 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 and 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 my eligibility.

Informed Consent – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as 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. **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.

By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation.

Must Be Signed Before Participation

Student's Signature	Birth date	Grade in School	Date
Signature of Parent or Legal Custodian			Date