

Documents needed for Proof of Domicile (residence):

GCS policy JI requires each athlete to provide the athletic director two forms of proof of domicile (residence). Examples of proof of domicile that are listed in GCS policy JBC-P are listed below. GHS athletics will require at least one of the documents in “a” and “b”. The second document can come from any listed in “a” thru “f”.

a. **Gas, oil, water or electric bill** in the name of the parent(s) or court appointed guardian/custodian. (Telephone and cable television bills are not acceptable ID.)

b. **Official lease agreement** in the name of the parent(s) or court appointed guardian/custodian.

c. **Driver’s license** (or State ID card from Department of Motor Vehicles) in the name of the parent(s) or court appointed guardian/custodian.

d. **Voter registration card** (obtain from the Board of Elections Office). This item must be in the name of the parent(s) or court appointed guardian/custodian.

e. **Car registration** in the name of the parent(s) or court appointed guardian/custodian.

f. **Letter from employer** verifying address of the parent(s) or court appointed guardian/custodian. Letter from employer must be on company letterhead.

g. **Medicaid card** in the name of the parent(s) or court appointed guardian/custodian. Student’s name must also be listed on the Medicaid card.

All forms of domicile documentation must be in the name of the parent(s) or court appointed guardian/custodian with address in the proper school zone.



ATHLETIC PARTICIPATION FORM 2020-21



Please Print

Athlete Name: _____ Home Phone: _____

Gender: M F Date of Birth: _____ Student ID# _____

Resides with (include names of all members of household): _____

If student resides with other than parents, attach legal documentation of custody/guardianship or Affidavit provided to Student Assignment.

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

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

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

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

(If applicable) Custodian's Name: _____ Daytime Phone: _____ Cell Phone: _____

Street Address: _____ County: _____

If parents are separated or divorced has the GCS Parental Agreement been completed? Yes - No (please circle)

Is the student on special assignment? Circle one: Yes No. If yes, why? : _____

Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility.

Alternate Emergency Contact Person: _____ Day Ph _____ Cell Ph _____

Please indicate Medical Alerts such as allergic reactions, contacts, etc., and attach documentation:

Medical Authorization:

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 according to HIPPA and FERPA regulation.

Insurance:

Guilford County Schools (GCS) 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 a student 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 GCS 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 GCS.

- 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

Parent Initial: _____



Risk of Injury

By agreeing to participate in athletics parents, custodians and students acknowledge and understand that there is a risk of injury involved in athletic participation. They understand that the student athlete will be under the supervision and direction of a GCS athletic coach. They agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury to the student and other athletes. However, they acknowledge and understand that neither the coach nor GCS 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. By signing this form all parents and students freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

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: _____

This is my ___ consecutive semester at _____ High School, and I entered the ninth grade in the fall of (yr.) _____. Last semester I attended _____ School and passed _____ (number) courses.

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: (Please check all sports that apply.)

- | | | |
|----------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Softball | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming & Diving | |

Weightlifting may be a required component of conditioning for any sport.

Summer Camp Participation and Other Additional Costs

Student Athletes may choose to participate in summer camps or other activities that are at an additional cost to the family. Please be aware that costs incurred for summer participation are strictly voluntary and are in no way a requirement to be a part of a team. The same is true of team shoes, warm-ups and etc. The student's family may choose to purchase these items, but none of these purchases are a requirement. The school assumes no liability for the purchases of equipment or instruction that any family may choose to purchase for a student-athlete.

Transportation for Athletic Events:

If student transportation is by a Guilford 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/guardian agree that it is beneficial for the student athlete to ride home with the parent/guardian and written documentation must be provided by the parent/guardian. Student athletes are not to ride home from athletic events with any other person.

Parent Initial: _____
GCS Athletic Participation form 2020-21

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 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 more than four (4) seasons in any sport since first entering grade nine (9).
- **Must** be less than 19 years of age on or before **August 31** of the current school year.
- **Must** be domiciled in the school attendance zone or otherwise assigned to the school by the GCS administration.
- **Must** be present at school on the day of an athletic contest in order to participate in the event. This includes games and practices.
- **Must** have passed a minimum number of courses during the previous semester (3 in a block schedule, 5 in a traditional schedule), must be on academic track to graduate, and must meet the minimum GPA requirements established in Board of Education policy JI and procedures JI-P.
- **Must** have received a medical examination by a licensed physician within the past 395 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** sign the Gfeller-Waller Concussion Awareness form annually **prior to** participation in tryouts, practices, or contests.
- **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.
- **Off-Season athletic instruction** is limited to the coach and one or multiple participants in skill development sessions.
- **May not**, as an individual or a team, practice or play during the school day.
- **May not** play, practice or otherwise assemble as a team on Sunday.
- **May not** dress for a contest, sit on the bench, or practice if you are not eligible to participate.
- **Must 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). Although not typical, NCHSAA regulations may allow variance from the weekly limitations in certain situations. (There are also season limitations.)

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 Sportsmanship/Ejection Policy:

We acknowledge that we, both the student and parent whose names appear at the end of this document, 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. **(Penalty doubled for fighting)**
Must also complete the NFHS Sportsmanship Program
- 2nd ejection: Suspended from all sports for remainder of sport season.
- 3rd ejection: Suspended for **ALL** athletic competition for 365 days from date of 3rd ejection.

In some circumstances teams may be barred from participating in post-season competition for sportsmanship violations.

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:

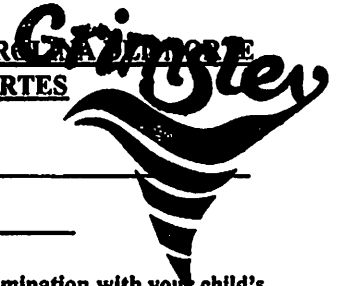
As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage 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.

Parent Initial: _____

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT

PREPARTICIPATION EXAMINATION FORM /

ASOCIACIÓN DE ATLETISMO DE LAS ESCUELAS DE SECUNDARIA SUPERIOR DE CAROLINA DEL NOROCCIDENTE
FORMULARIO DE EXAMINACIÓN PARA LA PARTICIPACIÓN EN DEPORTES



Student Athlete's Name / Nombre del estudiante atleta: _____

DOB / la fec. nac. : _____ Age / Edad: _____ Gender / Género: _____

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.

Este es una evaluación para la participación en deportes. No sustituye un examen detallado con el médico regular de su hijo(a), donde información de salud importante y preventiva puede ser cubierta.

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

Instrucciones para el deportista: Por favor, revise todas las preguntas junto con su padre/madre/tutor legal y contéstelas lo mejor posible de acuerdo a su conocimiento.

Parent/Legal Custodian Directions: Please make sure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Instrucciones para los padres de familia: Por favor, asegúrese que todas las preguntas son contestadas lo mejor posible de acuerdo a lo que sabe. Si no entiende o no sabe la respuesta a una pregunta, por favor, pregúntele a su médico. El no divulgar información precisa puede perjudicar la salud de su hijo(a) mientras hace deporte.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed / En el espacio de abajo explique todas sus respuestas que contestó con "Sí" o "No sé"	Yes / Sí	No	Unsure / No sé
1. Does the athlete have any chronic medical illnesses (diabetes, asthma (exercise asthma), kidney problems, migraine, etc.)? List: ¿El deportista tiene alguna enfermedad crónica (diabetes, asma (asma inducida por ejercicio), problemas con los riñones, etc.)? Enumere:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills? ¿El deportista está tomando actualmente algún medicamento o pastillas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)? ¿El deportista tiene alguna alergia (a medicina, las abejas u otros insectos que pican, látex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait? ¿El deportista tiene la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion? ¿Alguna vez el deportista se ha lastimado la cabeza, ha sido noqueado, o ha tenido una contusión?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities? ¿Alguna vez el deportista se ha lastimado la cabeza (insolación) o calambres musculares severos con actividades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion, or startle? ¿Alguna vez el deportista se ha desmayado o casi se ha desmayado MIENTRAS está haciendo ejercicio, o al emocionarse o espantarse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise? ¿Alguna vez el deportista ha desmayado o ha perdido el conocimiento DESPUÉS de hacer ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)? ¿Alguna vez el deportista ha tenido fatiga (cansancio extremo) con el ejercicio (diferente de otros niños)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise? ¿Alguna vez el deportista ha tenido dificultad para respirar mientras está haciendo ejercicio, o le ha dado tos con el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma? ¿Alguna vez un médico le ha dicho al deportista que tiene asma inducida por el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student athlete that they have high blood pressure? ¿Alguna vez un médico le ha dicho al deportista que tiene presión alta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection? ¿Alguna vez un médico le ha dicho al deportista que tiene una infección del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur? ¿Alguna vez un médico ordenó un electrocardiograma u otra prueba para el corazón del deportista, o le han dicho al deportista que tiene un soplo en el corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in their chest during or after exercise or complained of their heart "racing" or "skipping beats"? ¿Alguna vez el deportista ha tenido molestias, dolor o presión en el pecho durante o después de hacer ejercicio o se ha quejado de sentir el corazón acelerado (palpitaciones) o latidos irregulares del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem? ¿Alguna vez el deportista ha tenido una convulsión o ha sido diagnosticado con un problema de convulsiones inexplicables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner, or pinched nerve? ¿Alguna vez el deportista ha tenido un nervio pinchado, quemado o lastimado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision? ¿Alguna vez el deportista ha tenido problemas con sus ojos o de visión?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? ¿Alguna vez el deportista ha tenido un esguince, dislocado, fracturado, roto o ha tenido inflamación repetida u otra herida en cualquier hueso o articulación? <input type="checkbox"/> Head/Cabeza <input type="checkbox"/> Shoulder/Hombro <input type="checkbox"/> Thigh/Muslo <input type="checkbox"/> Neck/Cuello <input type="checkbox"/> Elbow/codo <input type="checkbox"/> Knee/Rodilla <input type="checkbox"/> Forearm/Antebrazo <input type="checkbox"/> Shin/calf/Pantorrilla <input type="checkbox"/> Back/Espalda <input type="checkbox"/> Wrist/Muñeca <input type="checkbox"/> Ankle/Tobillo <input type="checkbox"/> Hand/Mano <input type="checkbox"/> Chest/Pecho <input type="checkbox"/> Foot/Pie <input type="checkbox"/> Hip/Cadera <input type="checkbox"/> Other/Otro: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? ¿Alguna vez el deportista ha tenido un problema alimenticio o usted tiene alguna preocupación acerca de sus hábitos alimenticios o su peso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery? ¿Alguna vez el deportista ha sido hospitalizado o ha tenido una cirugía?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation? ¿El deportista ha tenido un problema de salud o se ha lastimado desde su última evaluación física?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). (Coloque una marca al lado de cada enunciado que corresponda al deportista, provea más detalles en el espacio provisto a continuación).			
a. Has the student-athlete had little interest or pleasure in doing things? ¿El deportista ha tenido poco interés o placer en hacer las cosas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? ¿El deportista se ha sentido triste, deprimido o desesperado durante más de 2 semanas seguidas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? ¿El deportista se ha sentido mal acerca de sí mismo(a), que es un fracasado(a) o está defraudando a su familia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others? ¿El deportista ha tenido pensamientos donde estaría mejor muerto o ha pensado hacerse daño a sí mismo(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY/HISTORIA FAMILIAR	Yes / Sí	No	Unsure / No sé
24. Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)? ¿Algún miembro de la familia ha fallecido repentinamente o inesperadamente antes de los 50 años (incluyendo el síndrome de muerte infantil repentina (SIDS, por sus siglas en inglés), accidente de coche, ahogo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting, or seizures? ¿Algún miembro de la familia ha tenido ataques, desmayos o convulsiones repentinos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother, or brother with sickle cell disease? ¿El padre, madre o algún hermano(a) del deportista tienen la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here / Escriba acerca de las respuestas a las cuales contestó "Sí" o "No sé":

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.

Al firmar en la parte de abajo usted está indicando que está de acuerdo con que ha revisado y contestado todas las preguntas anteriores/ Cada pregunta es respondida y es correcta según mi conocimiento. Además, como padre de familia o tutor legal, doy mi consentimiento para esta evaluación y doy permiso para que mi hijo(a) participe en deportes.

Signature of parent/legal custodian / Firma del padre/tutor legal: _____

Date / Fecha: _____ Phone / Telefónico #: _____

Signature of athlete / Firma del deportista: _____ Date / Fecha: _____

Student-Athlete's Name: _____ Age: _____ Date of Birth: _____

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

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Sports(s): _____

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: _____ (Please print)

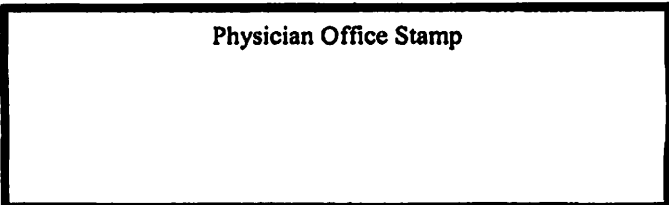
Signature of Physician/Extender: _____ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: _____

Address: _____

Phone: _____



(*** 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.) This form is approved by the NCHSAA Sports Medicine Advisory Committee and the NCHSAA Board of Directors.



**ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY REGARDING
VOLUNTARY PARTICIPATION IN ATHLETICS AND BAND**

On behalf of myself and on behalf of my minor child who is enrolled in Guilford County Schools ("GCS"), as his/her parent and/or legal guardian, our heirs, executors, administrators, and assigns fully acknowledge, understand, and agree to the following:

- a. **COVID-19 and related infections and conditions are extremely contagious and in light of the pandemic inherently presents a risk to participants in GCS Athletics.**
- b. It is my duty to fully inform my minor child of the numerous risks and potential dangers associated with COVID-19 and related conditions, including **SUFFERING, SEVERE PERSONAL INJURY OR DEATH AND EXPOSING OTHERS TO COVID-19 or other infectious disease, including but not limited to MRSA.**
- c. My child's **PERSONAL SAFETY CANNOT BE GUARANTEED.**
- d. My child's participation in the GCS Athletics and/or Band is completely voluntary, and I believe and have determined that I am willing to and assume the risk of my child participating in these activities, including specifically the known risk and danger associated with COVID-19 and related conditions.
- e. I hereby release and hold harmless the Guilford County Board of Education, its officers, directors, employees volunteers and sponsors (the "Releasees") from legal liability and any and all actions, suits, damages, claims or judgments for damages or expenses (including reasonable attorneys' fees and costs), that may result from any personal injury, illness, disability, death, or loss or damage to person or property, or any other claim demand, action or right of actions of whatever kind or nature, either in law or in equity, whether related to COVID-19 or otherwise regardless of fault, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
- f. I agree that this Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by law, and that if any portion of it is held invalid by an appropriate court of competent jurisdiction, the balance shall, notwithstanding, continue in full legal force and effect.
- g. I have read and voluntarily signed this Agreement, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signature of Parent and/or Legal Guardian _____ Date: _____

Printed Name of GCS Student: _____

Signature of Student: _____ Date: _____



NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

Name		
Sport		
For the questions below, please circle yes or no		
YES	NO	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
Today or in the past 2 weeks have you had any of the following symptoms:		
YES	NO	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
YES	NO	Shaking chills?
YES	NO	A new or worsening cough, shortness of breath or difficulty breathing?
YES	NO	Racing heart, heart skipping beats or fluttering of the heart?
YES	NO	Unusual dizziness, particularly with exercise?
YES	NO	Fatigue or difficulty with exercise?
YES	NO	A sore throat different than associated with seasonal allergies?
YES	NO	New loss of taste or smell?
YES	NO	Nausea, vomiting or diarrhea?
YES	NO	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
YES	NO	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

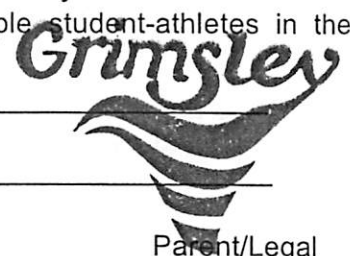
Signature of athlete: _____

Signature of parent/legal custodian: _____

Date: _____

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 right 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

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.