



## **STUDENT AND PARENT CONSENT FORMS**

**2022 / 2023**

### **LEXINGTON ATHLETIC DEPARTMENT**

**“We Build Student Athletes”**

(Please Sign and Return Completed Packet to Athletic Director)

I have read the Lexington Senior High School Student/Parent Handbook of Interscholastic Athletics including the rules, regulations and policies. I fully understand its meaning and consequences and support its enforcement by persons responsible.

These forms must be filled out and completed before any participation in Athletics. This needs to be done on a yearly basis during your career at Lexington Senior High School. The forms will be kept on file in the athletic administrator’s office. Thank you for your cooperation and support.

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Signature of Athlete

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Signature of Parent/Guardian

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Signature of Head Coach

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Signature of Athletic Director / Date Received

## **FORM AND VIDEO - NEWS RELEASE**

(To be completed by the parent/guardian)

**LCS Photo, Video and News Interview Release Form:** I do hereby grant to Lexington City Schools the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal and external promotion and informational activities of Lexington City Schools. I also agree to allow my child to be interviewed and/or photographed by representatives of the external media in relation to any and all coverage of Lexington City Schools in which they are involved. I also agree to allow my child's work and/or photograph to be published on the Lexington City Schools Internet/Intranet Web Pages and/or LCS publications. I further understand that by signing this release, I waive any and all present, or future compensation rights to the use of above stated material(s).

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Parent / Legal Guardian Signature

### **Parent Sportsmanship 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, officials, 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 good sportsmanship expected by our school, conference and the NCHSAA. I hereby accept my responsibility to be a good model of good sportsmanship that comes with being the parent of a student athlete.

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Parent / Legal Guardian Signature

### **Student Athletes Sportsmanship Pledge**

As a student athlete, I know 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 (profanity, sexist and racist remarks), taunting, trash talking and unnecessary physical contact. I know the academic standards, behavior expectations of my school, my conference and the NCHSAA and hereby accept responsibility and privilege of representing this school and community as a student athlete by adhering to those guidelines.

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Student Athlete Signature

**ATHLETIC TRANSPORTATION PERMISSION  
FORM**

Lexington Senior High School

Destination: All LSHS Athletic Events as scheduled by the Athletic Department at LSHS.

Date / Time of Trip: All event dates will be communicated to athletes and parents by Head Coach both at the start of the season and during the season as events are added. An "event" is defined as interscholastic competition, athletic training scheduled to take place off campus, field trip, athletic-related event such as a team dinner.

Departure time from the school campus will be determined by travel time and team needs. The athletic department will do everything it can to depart after the instructional day, however, there are times when an early departure from school will be required. This will not affect a student's attendance or tardy count.

**Please complete the following:**

Student Name: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent / Guardian Cell #: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, I am indicating that I understand that all student-athletes must ride to and from team events with the team, utilizing school transportation. Exceptions to this should be requested from the Head Coach and must be approved by the Athletic Director and Administration prior to the event. I also understand that while every attempt will be made to provide athletes and parents with an estimated time of return, there are many factors at athletic events that can make determining the exact return time difficult.

**( ) I hereby give permission for my child, \_\_\_\_\_ to accompany the team as described above. I also authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense should an emergency arise. I certify that my child is in good health and can participate in all normal activities of the team.**

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**

# Lexington Senior High School Athletic Eligibility Certification Form

(This form must be on file prior to attending practices)

## I. Student Athlete

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_  
First Middle Last  
*(Student cannot turn 19 yrs old before August 31<sup>st</sup>)*

Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_

## II. Residence

Address where you currently live: \_\_\_\_\_

Name of adult(s) you live with: \_\_\_\_\_

Relationship: \_\_\_\_\_

List all other addresses you have lived at in the past 12 months. List the full address.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List the school(s) you attended last year.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever been convicted of, or, entered a plea of -No Contest or -Prayer for Judgment Continued to a felony, Class I, II, or III misdemeanor?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes - Please provide date and specify if it was a felony, Class I, II, or III misdemeanor: \_\_\_\_\_

Are you currently charged with a felony or Class I, II, or III misdemeanor that the court has not rendered a final decision on?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes - Please provide date and specify if it was a felony, Class I, II, or III misdemeanor: \_\_\_\_\_

**I understand that the LCS eligibility guidelines apply to participation on an Athletic Team at Lexington Senior High School and agree, by my signature below, that I/my child am/is eligible to participate on an Athletic Team at Lexington Senior High School.** Eligibility guidelines are listed in the LCS Student Athletic Handbook on page 9 and page 12.

**My signature certifies the information provided above is correct. I understand providing false information may impact my athletic eligibility.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

## **Academic Eligibility Agreement:**

In order to participate on a Lexington Senior High School athletic team (see LCS Student Handbook for policy), each student-athlete must have satisfied all of the following scholastic eligibility requirements prior to participation:

- Students entering the 9<sup>th</sup> grade must have been promoted from their middle school.
- For all others: To be eligible the first semester, a student must pass a minimum of three out of four classes for schools on the block schedule, be present 85% of the previous semester, and be promoted to the next grade level.
- **In addition to the athletic eligibility rules established by the NCHSAA, additional athletic eligibility rules have been established by the Lexington City Schools Board of Education. Students in grades 10-12 must maintain a cumulative weighted GPA of 2.0 or higher to be eligible for athletic participation. First year freshmen do not have a GPA requirement for the first semester of the 9th grade year, but must earn a GPA of 1.50 or higher during the first semester to be eligible for the second semester of the 9th grade year.**
- **Annually, prior to participation, parents must provide two proofs of residence.**
- **Annually, prior to participation, the student and parent must complete an [\*Athletic Consent Form\*](#).**
- **\*\*The above policy is effective with the 2022-23 freshmen. Students enrolled in high school prior to Fall 2022 will be required to earn and maintain a 2.0 GPA each semester throughout the remainder of their high school career.**
- **Students deemed ineligible will have the opportunity to apply for a hardship waiver.**
- **Students will be recommended to attend tutoring for any subject if the report card or progress report grade is below a B and required to attend if below a C. If the student is failing a course at any time, tutoring will also be mandatory. There are opportunities for students to receive tutoring directly from their teacher. Students, who fail to make the academic improvements prior to the end of the current semester, can be suspended from play until academic progress is achieved. Athletes who attend tutoring during practices need to have notes from teachers. Athletes can also participate in specialized programs to receive additional support in while in tutoring such as the ARAP program.**

By signing this document, we acknowledge that we have read the above information and understand the academic requirements and expectations for participation in athletic competition.

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**Student**

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**Parent**

## 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

## 2022 - 2023 NCHSAA Eligibility, CONSENT TO PARTICIPATE AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT –ATHLETE OF AN NCHSAA MEMBER SCHOOL BY THE STUDENT’S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICPATE WITHOUT THE SIGNATURE OF THE STUDENT AND PARENT(S) /LEGAL CUSTODIAN.

I acknowledge that I have read and understand, the North Carolina High School Athletic Association’s (NCHSAA) Eligibility Rules. I understand that a copy of the NCHSAA Handbook is on file with the member school’s principal and / or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including but not limited to, Federal and State laws, local regulations and those imposed by the NCHSAA. I understand that local rules may be more stringent than the NCHSAA and agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class or taking coursework through other educational options could affect my eligibility and compliance with NCHSAA Academic standards.

### 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.

**PARENTS, LEGAL CUSTODIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.** I (the student and parent(s)/legal custodian) recognize that participation in interscholastic athletics involves some inherent risk for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury of impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and parent /legal custodian 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.

I (the student-athlete and parent(s)/legal custodian) authorize medical treatment should the need arise for such treatment while I or my child/ward (“student-athlete”) is under the supervision of the member school. **I consent to medical treatment** for the student-athlete to following an injury or illness suffered during practice and/ or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, a reasonable attempt will be made to contact the parent/ legal custodian in the case of student – athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student athlete’s personally identifiable health information should treatment for illness or injury become necessary.

I(the student-athlete and parent(s)/legal custodian) 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 before the student is allowed to return to participation. I also acknowledge that **I have received, read and signed the Gfeller-Waller Concussion Information Sheet, as well as viewed the CrashCourse concussion education video.**

I (the student-athlete and parent(s) legal custodian) **consent to the NCHSAA’s use of the herein named student-athletes name**, likeness and athletic –related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics and grant the NCHSAA the right to photograph and / or videotape the participant and further to use the participants face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCHAA, upon its request, of all records relevant to the student-athlete’s athletic eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence and physical fitness. The student and parent/ legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives and employees (collectively, the “Releasees”) from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney’s fees) that the student and / or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student’s participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

**By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student-athlete. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the student-athlete’s member school. We understand that if we submit revocation, the student-athlete will no longer be eligible for interscholastic athletics; provided, however, that revoking authorization to use the student –athletes’s name, image, likeness, and athletic – related information will not affect eligibility**

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Student’s Signature

Birth date

Grade in School

Date

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Signature of Parent or Legal Custodian

Date

2022-23 STUDENT-ATHLETE

EMERGENCY CONTACT, TREATMENT PERMISSION, AND RELEASE

Note: This form is required prior to participation in athletics. Participation will not be permitted until this form has been completed and signed and is on file with the athletic trainer.

PLEASE PRINT USING BLACK INK

YEAR: [ ]FR [ ]SO [ ]JR [ ]SR

SPORT(S): [ ]BASEBALL [ ]BASKETBALL [ ]CHEER/DANCE [ ]CROSS COUNTRY [ ]FOOTBALL [ ]FIELD HOCKEY [ ]GOLF [ ]LACROSSE [ ]SOCCER [ ]SOFTBALL [ ]SWIMMING [ ]TENNIS [ ]TRACK [ ]VOLLEYBALL [ ]WRESTLING [ ]OTHER

ATHLETE INFORMATION
NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
HOME ADDRESS: \_\_\_\_\_
PHONE: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ SEX: [ ]M [ ]F

EMERGENCY CONTACT INFORMATION

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
PHONE: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_
2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
PHONE: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

HEALTH INSURANCE INFORMATION

INSURANCE COMPANY: \_\_\_\_\_
POLICY HOLDER: \_\_\_\_\_ RELATIONSHIP TO ATHLETE: \_\_\_\_\_
POLICY/ID NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

MEDICAL HISTORY (Please use back of this sheet if necessary) DATE OF LAST TETANUS BOOSTER: \_\_\_\_\_

Please identify any current/previous medical conditions (surgeries or concussions) including dates: \_\_\_\_\_

Please identify any medical condition that would require special attention: \_\_\_\_\_

Is the participant under the care of a provider for a medical and/or psychological problem? NO YES
If yes, please explain: \_\_\_\_\_

Is the participant taking medication prescribed by a health care provider? NO YES
If yes, please explain: \_\_\_\_\_

ALLERGIES => If yes, please list the allergy and provide additional information if necessary.

Table with 3 columns: Allergy Type, NO, YES. Rows include Insect bites/stings, Medications, Food, and Other.



**HIPPA /FERPA RELEASE:** The above named student-athlete has opted his/her rights under the US Department of Health and Human Resources guidelines. By signing this release, the student-athlete allows sharing of medical information between the Wake Forest Baptist Health Sports Medicine Staff (team physicians and medical staff, athletic trainers, or designee), the Lexington City School Athletics Staff (Athletic Director and Coaches), and his/her medical provider(s). In the event of an emergency situation, information may be shared with emergency medical personnel. Every reasonable effort will be made to protect this information. It is understood that once this medical information is disclosed, it is no longer protected under the HIPAA/FERPA guidelines.

**CONSENT FOR TREATMENT:** I hereby give my permission to the sports medicine staff or designee to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for the sports medicine staff or designee to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform them of the need for any medical attention beyond minor first aid, if necessary.

**PHYSICAL EXAMINATION WITHIN ONE YEAR:** I certify that within the past 13 months my child has had a physical examination by a physician and that he/she is physically able to participate in athletics.

**IMPORTANT: I ATTEST THAT THIS INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.  
MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THESE TERMS.**

**STUDENT ATHLETE SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN PRINT  
NAME:** \_\_\_\_\_

**RELATIONSHIP TO  
ATHLETE:** \_\_\_\_\_