

**Caldwell County High Schools
Athletic Participation Form**

Caldwell County Schools (High School Students Only)		Parent Permission Interscholastic Athletics	
Name of Parent/Guardian (print)	Student-Athlete (print)	Student ID	
Street Address	School	Grade	
City	State	Zip	Date of Birth
			Phone: H W

General Requirements- We have read and discussed the general requirements for school athletic eligibility. We understand that additional questions or specific circumstances should be directed to our student's coach, athletic director, or principal.

RISK OF INJURY- We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athletes will be under the supervision and direction of an athletic coach. We agree to follow the rules of the sport and the instruction of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor Caldwell County Schools 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 readily, knowingly, and willingly accept and assume the risk of injury that might occur from participation in athletics.

Release- In consideration of Caldwell County Schools allowing the student-athletes to participate in athletics, we agree to release and hold harmless Caldwell County Schools, its athletic coaches, and other employees from, harmless and indemnified from and against any and all claims, suits, or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than injury resulting from gross or willful negligence.

Insurance- School board policy requires that all student who participate in athletics be covered by student accident coverage. For high school student athletes Caldwell County Schools provides limited excess (secondary) athletic insurance (this applies to athletic activities only, school time coverage may be purchased if desired). In addition, we have the following medical insurance coverage in place:

Company name: _____ Policy number: _____
 Policy term from _____ to _____ Group number _____

Certification and Medical Authorization- We certify that all the information provided by us on this form is correct. We agree to abide by state and local rules. We give our consent for the student to receive a medical screening examination prior to participation in athletics. If the student-athletes is injured while participation in athletics and Caldwell County Schools is unable to contact the parent, we grant Caldwell County Schools permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.

EMERGENCY CONTACT INFORMATION

DAYTIME PHONE NUMBERS: _____

EVENING PHONE NUMBERS: _____

PRINT NAME: _____ **RELATIONSHIP TO STUDENT:** _____

Has your child been prescribed and inhaled or epipen? _____ Date of last tetanus shot: _____

List any allergies/prescription medications: _____

We, the undersigned student and parent/guardian, have read this document and understand all the expectations for athletic participation at my school.

Student Signature _____ **Date** _____

Parent Guardian Signature _____ **Date** _____

**CALDWELL COUNTY SCHOOLS STUDENT-ATHLETE, STUDENT DRIVER, CHEERLEADER
PERMISSION AND CONSENT FOR RANDOM DRUG AND ALCOHOL TESTING**

STUDENT CONSENT

I have read and understand the Caldwell County School System's Random Drug and Alcohol testing procedures. I consent to random testing during anytime of my athletic eligibility when I am involved in athletics, cheerleading, or during anytime in which I have my driving privileges

STUDENT NAME- PRINTED _____ STUDENT SIGNATURE _____ Date _____

PARENT CONSENT

I have read and understand the Caldwell County School System's Random Drug and Alcohol testing procedures and give my permission for my son/daughter to participate in the random drug and alcohol testing program at any time during this school year when he/she is involved in athletics, cheerleading, or when he/she has registered or driven a motor vehicle on campus. Failure to return this form will result in loss of driving privileges and/or athletic/cheerleading eligibility or your child.

Parent/legal Guardian Signature _____ Date _____

STATE REQUIRED PLEDGE SHEET

COACH'S PLEDGE

As a coach, I acknowledge that I am a role model. I know the principles of good sportsmanship are integrity, fairness, and respect. While teaching the skills of a game, I must also teach student-athletes how to win and lose graciously, and that sport is meant to be educational and fun. I know the behavior expectations of me by this school, conference, and the NCHSAA, and hereby accept my responsibility to be a model of ethical behavior, integrity, and good citizenship.

Coach Signature _____ Date _____

STUDENT-ATHLETE 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, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student-athlete.

Student-athlete Signature _____ Date _____

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 role model of good sportsmanship that comes with being the parent of a student-athlete.

Parent/legal Guardian Signature _____ 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 AND BY THE STUDENT-ATHLETE'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENT-ATHLETES MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT-ATHLETE AND PARENT(S)/LEGAL CUSTODIAN.

I (the student-athlete and parent/legal custodian) acknowledge that I have read and understand the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA). 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 the rules and regulations of the NCHSAA. I 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 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 the 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.

PARENT'S, LEGAL CUSTODIAN'S, OR STUDENT-ATHLETES WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.

I (the student-athlete and parent/legal custodian) recognize that participation in interscholastic athletics involves some inherent risks 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 common in supervised school athletic programs. It is impossible to eliminate all risk. The student-athlete and parent/legal custodian have a responsibility to help reduce the risk. I understand that student-athletes 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/legal custodian) authorize medical treatment should the need arise for such treatment while the student-athlete is under the supervision of the member school. I consent to medical treatment for the student-athlete 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 if the student-athlete is 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 of the disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I (the student-athlete and parent/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 the student-athlete is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation unless and where clearance is given in compliance with applicable laws. I also acknowledge that I have received, read, and signed the **Release: Walter Cabanissan Information Sheet**, as well as viewed the **CrashCourse concussion education video**.

I (the student-athlete and parent/legal custodian) consent to the NCHSAA's use of the student-athlete's name, image, 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 student-athlete's 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 NCHSAA upon the NCHSAA's request, of all records relevant to the student-athlete's eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence, and physical fitness. The student-athlete and parent/legal custodian, individually and/or behalf of the student-athlete, hereby irrevocably, and unconditionally, releases, acquit, and discharge, without limitation, the NCHSAA, its officers, agents, attorneys, representatives, an 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 in person, property, or both, which arise out of, result from, occur during, or are otherwise connected with the student-athlete'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 a revocation, the student-athlete will no longer be eligible for participation in interscholastic athletics; provided, however, that revoking authorization to use the student-athlete's name, image, likeness and athletic-related information will not affect eligibility.

Student's Signature _____ Date of Birth _____ Grade in School _____ Date _____

Signature of Parent or 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.	Applicable
A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	Applicable
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.	Applicable
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.	Not Applicable
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.	Not Applicable
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.	Not Applicable
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.	Not Applicable
Sometimes, repeat concussions can cause serious and long-lasting problems.	Not Applicable
I have read the concussion symptoms listed on the Student-Athlete/Parent Legal Custodian Concussion Information Sheet.	Not Applicable
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.	Not Applicable

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 _____



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: M/F _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU		
(CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input type="checkbox"/>	

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date of Examination: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

 Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date of Examination: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____