



## 2019-2020 ATHLETIC PRE-PARTICIPATION PACKET

The Athletic Department of Charlotte Secondary School is excited that your child has displayed an interest in being part of the athletic programs. Becoming a part of an athletic team provides opportunities for the student-athlete to grow in areas such as physical fitness, sportsmanship, teamwork and character. Being part of an athletic team requires hard work and dedication from the athlete and you.

Attached you will find a packet of athletic forms that **must** be fully completed and submitted **BEFORE** a student-athlete can participate in any in-season or off-season athletic activities. Please read these forms thoroughly and completely.

### What to turn in **BEFORE** the first practice:

- Pre-Participation form
- Sport Examination form
- Eligibility, Consent to Participate Release
- Gfeller-Waller Concussion form
- Insurance Notice and Release
- Request for Treatment form
- Athletic Fee
- Student Athlete Behavior Contract

### Code of Conduct for Student-Athletes at Charlotte Secondary

The student-athlete shall keep academics as their number one priority.

The student-athlete shall play for the joy of the sport, the success of the team, and to win.

The student-athlete shall play hard, but fairly, always mindful of the rules and the spirit/intent of the rules. The student-athlete shall treat opponents with respect, shaking hands after all contests.

The student-athlete shall respect the judgment of contest officials and accept their decisions.

The student-athlete shall exhibit exemplary behavior, thus serving as a positive role model for teammates, opponents, and spectators.

The student-athlete shall accept the privileges and responsibilities of representing self, school and community at all times.

\*Students found to be in violation of the CSS Student-Athlete Code of Conduct are subject to disciplinary action as well as possible suspension from the program.

### Sports Offerings at Charlotte Secondary

**FALL:** High School – Men’s Soccer, Men’s Cross Country, Women’s Cross Country

Middle School – Co-ed Soccer, Men’s Cross Country, Women’s Cross Country

**WINTER:** High School – Men’s Basketball, Women’s Basketball, Men’s Swimming, Women’s Swimming, Cheerleading

Middle School – Men’s Basketball, Women’s Basketball, Men’s Swimming, Women’s Swimming, Cheerleading

**SPRING:** High School – Women’s Soccer, Men’s Lacrosse

Middle School –Men’s Lacrosse

Additional athletics information can be found on our athletic webpage: <https://www.charlottessecondary.org/athletic-program>

# Charlotte Secondary School Student-Athlete Pre-Participation Form

## PERSONAL & EMERGENCY CONTACT INFORMATION

Student-Athlete's Name (First, MI, Last): _____		Student ID # _____	
Gender: M    F	Date of Birth: _____	Age: _____	Home Phone: _____
Resides At Street Address: _____		City: _____	State: _____ Zip Code: _____ County: _____
<b>Father's</b> Name: _____ Street Address: _____		Daytime Phone: _____	Cell Phone: _____
<b>Mother's</b> Name: _____ Street Address: _____		Daytime Phone: _____	Cell Phone: _____
<i>If applicable...</i> Guardian's Name: _____ Street Address: _____		Daytime Phone: _____ City: _____	Cell Phone: _____ State: _____ Zip Code: _____ County: _____
<p>• If student-athlete resides with other than parent(s), attach legal documentation of custody (guardianship or affidavit provided by StudentPlacement)</p> <p>• If parents are separated or divorced, provide proof of court custody. If no custody order is available, provide documentation signed by both parents showing address of record for the student-athlete</p> <p><b>Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility</b></p>			
Family Physician/Pediatrician: _____		Phone: _____	
Preferred Hospital: _____		_____ Permission to Transport: Yes    No	

## **SPORT (check all sports you are considering to participate in)**

School Board Policy requires that all students who participate in athletics be adequately covered by medical or accident insurance. We acknowledge that it is the signed responsibility to notify CSS of any changes that occur to the personal insurance policy below and affect the procedures in which the above-named individual may receive treatment; this includes loss of coverage. We certify that we have purchased and will maintain in full force and effect during student-athlete's participation in athletics the following insurance policy:

Fall	Winter	Spring
Soccer – Men's	Basketball - Men's	Soccer - Women's
Soccer- Co-ed	Basketball - Women's	Lacrosse- Men's
Cross Country - Men's	Cheerleading	
Cross Country - Women's	Swimming – Men's	
	Swimming – Women's	

In consideration of CSS allowing the above-named individual to participate in athletics, we agree to release and hold CSS, its athletic coaches, and other employees free, harmless and indemnified from and against any and all claims, suits, or causes of action arising from or out of injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence.

## ASSUMPTION OF RISK

We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and the instructions of the coach in order to reduce the risk of injury to the student-athlete and other athletes. However, we acknowledge and understand that neither the coach nor CSS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

## HIPAA / 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 Sports Medicine Staff (team physicians and medical staff, athletic trainers, and student assistants), the CSS Athletics Staff (Athletic Director and Coaches), CSS Administration 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.

## Transportation

Charlotte Secondary School does not provide any form of transportation through the school to and from sporting events. Coaches are NOT permitted to provide transportation to and from sporting events and/or practices. Transportation will be provided by the student-athlete's parent(s) or legal guardian. If the parent(s) or legal guardian is unable to provide transportation, they will set up a carpool and acknowledge that the driver will take utmost care in transporting their child's safely. In the event of an accident the parent/guardian cannot hold the driver or any Charlotte Secondary staff member accountable.

We (student and parents) certify that the home address shown in this document is the student-athlete's sole bona fide residence, and we will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of the student-athlete.  
All information contained in this form is accurate and correct.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

**Parent/Legal Custodian Directions:** Please assure 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.

**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.	Yes	No	Unsure
1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait?	<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?	<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?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise?	<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)?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student-athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision?	<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?  <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot    Other: _____			
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation?	<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).			
<input type="checkbox"/> 1. Has the student-athlete had little interest or pleasure in doing things? <input type="checkbox"/> 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? <input type="checkbox"/> 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? <input type="checkbox"/> 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?			
<b>FAMILY HISTORY</b>			
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here: \_\_\_\_\_

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

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Student-Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP \_\_\_\_\_ (   % ile) / (   % ile) Pulse: \_\_\_\_\_

Vision: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected: Y N

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

These are required elements for all examinations

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

Optional Examination Elements – Should be done if history indicates

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

**Clearance:**

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
- D. Not cleared for:  Collision  Contact  
 Non-contact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non-strenuous

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

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

Name of Physician/Extender: \_\_\_\_\_ (Please print)

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

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

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

Physician Office Stamp

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 North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

# 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 Dizziness Balance problems Sensitivity to noise or light	Feeling nervous or worried Crying more	Feeling tired

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.

# 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 \_\_\_\_\_

## **2019-20 CSS ATHLETIC ELIGIBILITY, CONSENT TO PARTICIPATE AND RELEASE**

**THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE STUDENT'S AND PARENT'S/LEGAL CUSTODIAN'S SIGNATURE.**

I have read, understand and acknowledge receipt of the athletic eligibility rules of Charlotte Secondary School. I understand that a copy of the CSS Athletic Handbook is on file with the school's Athletic Director, and that I may review it, in its entirety if I so choose. 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 CSS 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.** The student 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, serious injury or 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 their 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 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 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**, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required 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**.

I **consent to Charlotte Secondary School's use of the herein named student's name**, likeness, and athletic-related information in reports of contests, promotional literature of Charlotte Secondary School and other materials and releases related to interscholastic athletics and grant Charlotte Secondary School the right to photograph and/or videotape the participant and further to use the participant's face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. Charlotte Secondary School, however, is under no obligation to exercise said rights herein.

By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation. 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 participant's member school. By doing so, however, we understand that the participant will no longer be eligible for participation in interscholastic athletics.

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Student's Signature

Date of Birth

Grade in School

Date

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Signature of Parent or Legal Custodian

Date

## REQUEST FOR TREATMENT AND AUTHORIZATION FORM

NAME OF HOSPITAL OF CHOICE: \_\_\_\_\_

REQUEST FOR TREATMENT. I recognize that the above-mentioned Hospital maintains personnel and facilities to assist my physicians in providing me medical care, and I authorize the Hospital personnel to perform on me the care ordered by my physicians. I understand that I have the right to be informed by my physicians of the nature and purpose of any proposed operation or procedure and any available alternative methods of treatment, together with an explanation of the risks associated with each of them. This form is not a substitute for such explanations, which are the responsibility of my physician(s) to provide according to recognized standards of medical practice, and I acknowledge that the Hospital and its personnel are not responsible for providing me this information. I consent to receive services by telemedicine (using interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient) if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so.

I authorize the Hospital and my physicians/athletic trainers to take pictures and/or video of me for treatment and health care operation purposes.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. Witness my (our) hand(s) below.

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Patient Name Printed

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Responsible Party/ies Parent/Guardian

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Signature Date

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Witness

I have been provided access to this Hospital's Notice of Privacy

Practices Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Patient or Authorized Representative)

Relationship to Patient: \_\_\_\_\_

Reason Patient Unable/Unwilling to sign \_\_\_\_\_

## **NOTICE AND RELEASE**

**IMPORTANT:** **THIS NOTICE AND RELEASE MUST BE SIGNED AND RETURNED BEFORE YOUR SON/DAUGHTER CAN PARTICIPATE IN THIS PROGRAM.**

**TO:** Parents of students interested in participating in Athletics

**SUBJECT:** Student Accident Insurance for Athletics

**SPORT (S):** \_\_\_\_\_

**Please read this Notice and Release carefully and make sure that you understand its provisions before deciding whether to permit your son or daughter to participate in middle or high school athletics.**

- 1 Charlotte Secondary School Board policy requires that the Student Accident Insurance offered by the school, will be required for all students participating in middle and high school athletics unless an insurance waiver form is signed by the parent indicating adequate personal insurance and releasing the Charlotte Secondary Board of Directors and its employees from responsibility for any claim due to injuries received while participating in a school sponsored athletic program.
- 2 There are limitations in the Student Accident Insurance coverage. **IT WILL NOT ALWAYS PAY ALL OF THE CHARGES INCURRED FOR EVERY ACCIDENT.** For a summary of the coverage and benefits provided by the Student Accident Insurance, please contact the Athletic Director and the information will be provided to you.
- 3 To be eligible for practice or participation in any school athletic program, each participant must receive an **ANNUAL MEDICAL EXAMINATION** and return a physical examination form each calendar year (once every 365 days) signed by a physician licensed to practice medicine.
- 4 Neither the Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to your son/daughter while he or she is participating in the school athletic program. This means that you will have to pay for any medical expenses not covered by the Student Accident Insurance, any personal insurance coverage that you might have and/or any other applicable insurance.

I, \_\_\_\_\_, (print name) hereby state that I have read and understand the provisions of this Notice and Release as well as the Student Accident Insurance Brochure. I further state that prior to signing this document, I have had an opportunity to ask questions and that my questions have been answered to my satisfaction. I acknowledge that neither the Charlotte Secondary School Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to my son/daughter while he or she is participating in the school athletic program.

**IHEREBY WAIVE, RELEASE, AND DISCHARGE** the Charlotte Secondary School Board of Directors and its employees from any responsibility for claims resulting from injuries to my son/daughter due to his or her participation in this athletic program. I hereby certify that my son/daughter has received a MEDICAL EXAMINATION and has returned a physical examination form in compliance with the policy set forth in paragraph 3 of this Notice and Release. I certify that I consent to have my son/daughter participate in school athletic activity as identified on this Notice and Release. I make the following representation and selection (check one, sign and return promptly):

\_\_\_\_\_ I have adequate personal insurance that will cover injuries that might be sustained by my son/daughter as a result of his/her participation in the school athletics. I understand that in the event my son/daughter sustains any injuries as a result of his/her participation in school athletics, I am responsible for payment of medical expenses or other items not covered by any personal insurance.

\_\_\_\_\_ My son/daughter has enrolled in the Student Accident Insurance Program on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , and I understand that in the event my son/daughter sustains any injuries as a result of his/her participation in school athletics, I am responsible for payment of any medical expenses or other items not covered by the Student Accident Insurance.

**SIGNED: (Parent or Legal Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**STUDENT'S FULL NAME:** \_\_\_\_\_

**SCHOOL:** Charlotte Secondary School

Student-Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP \_\_\_\_\_ (   % ile) / (   % ile) Pulse: \_\_\_\_\_

Vision: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected: Y N

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

These are required elements for all examinations

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

Optional Examination Elements – Should be done if history indicates

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

**Clearance:**

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
- D. Not cleared for:  Collision  Contact  
 Non-contact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non-strenuous

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

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

Name of Physician/Extender: \_\_\_\_\_ (Please print)

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

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

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

Physician Office Stamp

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 North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

I, \_\_\_\_\_, (print name) hereby state that I have read and understand the provisions of this Notice and Release as well as the Student Accident Insurance Brochure. I further state that prior to signing this document, I have had an opportunity to ask questions and that my questions have been answered to my satisfaction. I acknowledge that neither the Charlotte Secondary School Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to my son/daughter while he or she is participating in the school athletic program.

**IHEREBY WAIVE, RELEASE, AND DISCHARGE** the Charlotte Secondary School Board of Directors and its employees from any responsibility for claims resulting from injuries to my son/daughter due to his or her participation in this athletic program. I hereby certify that my son/daughter has received a MEDICAL EXAMINATION and has returned a physical examination form in compliance with the policy set forth in paragraph 3 of this Notice and Release. I certify that I consent to have my son/daughter participate in school athletic activity as identified on this Notice and Release. I make the following representation and selection (check one, sign and return promptly):

\_\_\_\_\_ I have adequate personal insurance that will cover injuries that might be sustained by my son/daughter as a result of his/her participation in the school athletics. I understand that in the event my son/daughter sustains any injuries as a result of his/her participation in school athletics, I am responsible for payment of medical expenses or other items not covered by any personal insurance.

\_\_\_\_\_ My son/daughter has enrolled in the Student Accident Insurance Program on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , and I understand that in the event my son/daughter sustains any injuries as a result of his/her participation in school athletics, I am responsible for payment of any medical expenses or other items not covered by the Student Accident Insurance.

**SIGNED: (Parent or Legal Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**STUDENT'S FULL NAME:** \_\_\_\_\_

**SCHOOL:** Charlotte Secondary School