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# Asheville City Schools Extra-Class Participation Contract-Athletics

## Asheville High School Athletic Participation Form

### Please Print

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Sec. #: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Please indicate MEDICAL ALERTS such as allergic reactions, contact lenses, etc.: \_\_\_\_\_

\_\_\_\_\_

**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"/> Field Hockey | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Track      | * Weight lifting may be a required component of conditioning for any sport. |
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Football     | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |   |
| <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Golf         | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling  |   |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Tennis   | <input type="checkbox"/> _____      |   |
|  |                                       |                                   | <input type="checkbox"/> _____      |   |

**Insurance** - The Asheville City School System (ACS) 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 students 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 ACS 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 ACS:

- Pick up an Accident 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 90

days of the date 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 the policy number.

_____	_____
Name of Insurance Company	Policy Number

**Risk of Injury:** We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of an ACS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the students and other athletes. However, we acknowledge and understand that neither the coach nor ACS 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.

### Academic Records Release:

As the Parent(s)/Guardian(s) of \_\_\_\_\_, I authorize Asheville High School to release all academic information requested about my son/daughter by any college/university for recruitment purposes.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Extra-Class Participation Contract-Athletics:

In order to participate in school-sponsored extra-class activities in Asheville City Schools (including athletics), I must pass three out of four courses **and** earn a weighted GPA of 1.625 for the previous semester. If my cumulative weighted GPA drops **below** a 1.625, or if I fail a course for the semester I must attend a minimum of two days of academic tutoring per week but may be required to attend additional days if needed in order to remain eligible. If I fail two courses in any given semester I am ineligible to participate. To receive credit in a class, a student may be absent no more than five (5) times.

### NCHAA Regulations Student Athlete Pledge:

As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship that my school, my conference, and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

### Parent Pledge:

As a parent I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators, and support groups that will participate in cheers that support and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship our school, conference, and the NCHSAA expects of its members. Additionally, I will support my son/daughter and Asheville City Schools in maintaining high academic standards by helping him/her to meet all academic and attendance requirements to remain eligible to participate. I accept responsibility to support my son/daughter academic performance and to model good sportsmanship as the parent of a student athlete.

I certify that the home address shown in this document file is my sole bona fide residence, and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student-athlete. All other information contained in this form is accurate and correct.

### NCHSAA Sportsmanship/Ejection Policy:

We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, and disrespectfully addressing an official.

- 1<sup>st</sup> Ejection Four game suspension in all sports *except two games for football*
- 2<sup>nd</sup> Ejection Suspension for a remainder of a season
- 3<sup>rd</sup> Ejection Suspension from **all** athletic competition for 365 days from date of 3rd ejection.

### Transportation for Athletic Events:

If student transportation is by an Asheville City School 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.

### 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.

We, the undersigned student and parent(s)/guardian(s), have read this document and understand all of the aforementioned requirements necessary for athletic participation at Asheville High School and agree to comply with the requirements set forth in this document.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

Name

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

**Patient's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

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

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the athlete have any chronic medical illnesses (diabetes, asthma, kidney problems, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the athlete missing any paired organs (eyes, kidneys, ovaries, testicles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is the athlete presently using any liquids or creams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. 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"/>
26. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain any positive (yes) answers: \_\_\_\_\_  
\_\_\_\_\_

*I have reviewed and answered each question above, and assure that all are accurate responses. Furthermore, I give permission for my child to participate in sports.*

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

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee October 2009, reviewed annually.

## Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant)

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP ( \_\_\_\_\_ % ile) / \_\_\_\_\_ ( \_\_\_\_\_ % ile) Pulse \_\_\_\_\_  
Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

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 . Not cleared for:       Collision       Contact  
    Non-contact      \_\_\_\_\_ Strenuous      \_\_\_\_\_ Moderately strenuous      \_\_\_\_\_ Non-strenuous

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

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

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_

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

Phone \_\_\_\_\_

<b>Physician Office Stamp:</b>
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(\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or 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 convulsions or concussions, absence of/or one kidney, eye, testicle or ovary, etc.)

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