

**WEST CRAVEN HIGH SCHOOL ATHLETICS**



2600 Streets Ferry Road – Vanceboro, North Carolina 28586 – School 252.244.3200 – Fax 252.244.3207

**2018-19 STUDENT-ATHLETE INFORMATION FORM**

{Please print all information}

Student-Athlete Full Name: \_\_\_\_\_

2018-19 GRADE LEVEL (Circle One): FR SO JR SR Birthdate: \_\_\_\_\_

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

Student-Athlete Cell Phone #: \_\_\_\_\_

Student-Athlete Twitter ID: \_\_\_\_\_ Instagram ID: \_\_\_\_\_

Student-Athlete Email: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Have you taken the ACT/SAT Test (Circle Answer)? YES NO

Have you registered with the NCAA Clearinghouse (Circle Answer)? YES NO

Have you signed-up for the free CoreCourseGPA Program with WCHS? YES NO

## 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

**2018-2019 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’S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT AND PARENT(S)/LEGAL CUSTODIAN.**

I have read, understand and acknowledge receipt of the North Carolina High School Athletic Association’s 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 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.** 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 his/her 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**, 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 the NCHSAA’s use of the herein named student’s 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 participant’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 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. 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 would no longer be eligible for participation in interscholastic athletics.**

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Student’s Signature	Date of Birth	Grade in School	Date
Signature of Parent or Legal Custodian			Date

## Coach's Pledge

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

I agree to follow and abide by Craven County School's policy and regulation regarding the Athletic Code of Conduct. I have been provided with and read a fact sheet regarding concussions according to the Gfeller-Waller Concussion Awareness Act G.S. 115C-12(23).

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Coach Signature

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Date

## Student Athlete's 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 and school system. I hereby accept the responsibility and privilege of representing this school and community as a student athlete which includes being academically successful in all areas.

I have read and understand Craven County School's policy and regulation for the Athletic Code of Conduct including the requirement that I make appropriate school personnel aware of any previous criminal charges within the last twelve (12) months and any new criminal charges prior to the next practice or contest but no later than 48 hours after the charge. I have been provided with and read a fact sheet regarding concussions according to the Gfeller-Waller Concussion Awareness Act G.S. 115C-12(23).

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Student Athlete Signature

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Date

## Parent's Pledge

As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom requiring that students achieve both academic and athletic success. I must show respect for all players, coaches, spectators, and support groups. I will only 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 and school system. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete. I have read, understand, and agree to abide by the guidelines entitled **Parent Coach Communication**.

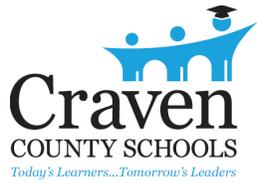
I have read and understand Craven County School's policy and regulation for the Athletic Code of Conduct including the requirement that I make appropriate school personnel aware of any previous criminal charges within the last twelve (12) months and any new criminal charges prior to the next practice or contest but no later than 48 hours after the charge. I have been provided with and read a fact sheet regarding concussions according to the Gfeller-Waller Concussion Awareness Act G.S. 115C-12(23).

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Parent(s) Signature

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Date



## Board Of Education

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## **Extracurricular Travel Notification** *(This form must be competed for each school year)*

All students who are involved in extracurricular activities (including Band, Chorus and Athletics) shall travel with the team to and from all off campus competitions and practices via Craven County Schools activity buses, school buses or approved charter buses. Practices may be held off site without prior notice when facilities are not available at the student's school. The only exception to the requirement to travel with the team is when both the coach or supervising adult and parent/guardian agree that it is necessary for the student to ride with the parent/guardian to and/or from the event. Students shall not ride with any other person other than their parent/guardian.

I understand that my child, \_\_\_\_\_ will ride a Craven County Schools activity bus, school bus or approved charter bus to and from all extracurricular events and possibly practices as deemed necessary by the coach or supervising adult.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# STUDENT-ATHLETE INSURANCE INFORMATION

PLEASE INITIAL NEXT TO THE STATEMENT THAT DESCRIBES YOUR INSURANCE SITUATION:

\_\_\_\_\_

I have insurance and have provided a photocopy of my insurance card.

\_\_\_\_\_

I do not have insurance, but I have purchased insurance through the student insurance program and I will provide a copy of the receipt.

Student insurance information can be found through the Craven County Schools website by following the link at: ([https://www.hsri.com/K12\\_Enrollment/Main/default.asp](https://www.hsri.com/K12_Enrollment/Main/default.asp))

\_\_\_\_\_

I do not have insurance and I do not intend to purchase insurance. I am aware that I am responsible for any injuries that my student-athlete incurs up to the point where the School's Catastrophic Insurance activates.

Student-Athlete's Name:

\_\_\_\_\_

Parent/Legal Guardian's Printed Name:

\_\_\_\_\_

Parent/Legal Guardian's Signature:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_

**Student-Athletes are not eligible to participate in any athletic skill developments, practices or games without insurance information being declared.**

**Thank you for your recognition and cooperation with this matter.**

*- West Craven High School Athletics*