

Wilson County Schools Athletic Participation and Emergency Contact Form

ATHLETIC PARTICIPATION IS A PRIVILEGE AND HAVING A PHYSICAL EXAM AND TRYING OUT FOR A TEAM IS NOT A GUARANTEE THAT ANY ATHLETE WILL BECOME A MEMBER OF A TEAM OR RECEIVE PLAYING TIME IF PLACED ON A TEAM.

Code of Sportsmanship: It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athlete ejected from an athletic contest

NCHSAA Student Athlete and Parent Sportsmanship Pledges:

- As a student athlete, 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, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.
- 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 model of good sportsmanship that comes with being the parent of a student athlete.

Hazing: Hazing is prohibited. No group or individual shall require a student-athlete to wear abnormal dress, play abusive or ridiculous tricks on him/her, frighten, scold, beat, harass, or subject him/her to personal indignity. The Board of Education is required to expel any student convicted of hazing under NC Criminal Statute §14-35.

IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN SPORTS, A STUDENT-ATHLETE MUST:

- enroll no later than the 15th day of the present semester, and be in regular attendance at that school;
- not be convicted of a felony or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state;
- not have more than 13.5 total absences (90% attendance requirement) in the semester prior to athletic participation (middle school);
- have not exceeded nine consecutive semesters of attendance or have participated more than four seasons in any sport since first entering grade nine (high school);
- be under 19 years of age on or before August 31st;
- live with your parents or legal custodian within the Wilson County Public School System administrative unit;
- is recommended to be present 100% of the student day on the day of an athletic contest in order to participate in the event (includes games and practices);
- meet promotion requirements at his/her school to be eligible for fall semester;
- have passed a minimum of 5 courses during the previous semester in a traditional schedule or 3 in a block schedule or 6 for schools on an A/B form of scheduling.
- not accept prizes or merchandise that exceeds \$20.00 per season (includes being on a free list or loan list for equipment, etc);
- not have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college (does not affect a regularly enrolled high school student who is taking a college course(s) for advanced credit);
- not participate in unsanctioned all-star or bowl games;
- not participate at a second school in Wilson County School system in the same sport season;
- not, as an individual or a team, practice or play during the school day;
- not play, practice, or assemble as a team with the coach on Sunday, nor during dead periods as set by the NCHSAA; must not violate out of season skill development rules set by NCHSAA;
- not dress for a contest, sit on the bench, or practice if you are not eligible to participate; and,
- not play more than three games in one sport per week and not more than one contest per day in the same sport (exceptions: Baseball, Softball, Cheerleading or Volleyball).

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 a WCS 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 student and other athletes. However, we acknowledge and understand that neither the coach nor WCS 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.

Insurance: Wilson County Schools (WCS) furnishes an Interscholastic Athletic Insurance Policy that 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 a student 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 a commercial insurance agency, Medicare, or Medicaid, the WCS 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 WCS:

- See a physician within 30 days of the injury, fill out an Accident Claim form at your school and submit to insurance company within 60 days

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Student-Athlete's Full Name: _____ Home Phone: _____
Sex (Circle): **MALE** **FEMALE** Date of Birth: ___/___/___ Current Age: _____
Street Address: _____ County: _____
City: _____ State: _____ Zip Code: _____ Year entered 9th grade _____
Last school attended: _____ Grade you are or will be in (Circle): 9 10 11 12
Parent/Guardian Name: _____ Relationship to student-athlete: _____
Phone he/she can be reached at in case of emergency: _____
If parent/guardian cannot be reached emergency contact person: _____ Phone: _____
Name of Insurance Company : _____ Policy Number: _____

Check all conditions that circle to your child:

DIABETES	HEART DISEASE	SEIZURES	EPILEPSY
CONCUSSION	KIDNEY DISEASE	ASTHMA	NOSE BLEEDS
INSECT ALLERGIES	MEDICAL ALLERGIES	OTHER	PRESCRIPTION MEDICATIONS

Health History: Please state any past or current medical conditions as well as any current medications

We, the student and parent/guardian, certify that the home address shown on this document is my sole bona fide residence and I will notify the school principal immediately of any change in residence. We have read this document and understand all of these requirements for athletic participation and agree to comply with the requirements set forth in this document. We acknowledge that we have read and understand all of these requirements for athletic participation, the NCHSAA Sportsmanship/Ejection Policy and agree to follow the NCHSAA Sportsmanship Pledge.

Medical Authorization – As the parent or legal guardian of this student athlete, I grant permission for my child to receive a physical examination and to receive 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.

Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics.

Providing false information on this form renders it void and the student athlete may lose athletic eligibility.

Student (Signature): _____ **Date** ___/___/___

Parent/Guardian (Signature): _____ **Date** ___/___/___

The following must be completed if the student-athlete has been convicted of a felony or is adjudicated as a delinquent for an offense that would have been a felony if committed by an adult in this or any other state:

Student-Athlete's Full Name: _____ Description of Offense: _____
Date Convicted/Adjudicated: ___/___/___ City and State Convicted/Adjudicated in: _____
Court Counselor: _____ Phone: _____

For official use only:

This form must be signed by the school principal in cases where the student has indicated on this document that he/she has been convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state. In such cases, participation in high school athletics is denied.

School Principal Signature _____

(This form is current as of May 2016)