



Wake County Middle School Athletic Participation Form

Instructions and Eligibility Rules

Instructions: This form must be completed in its entirety prior to being eligible for athletic participation. Please note that there are four (4) pages to this form and all of them must be completed. Incomplete forms will delay your athletic participation.

Use the following checklist to determine if the WCPSS Middle School Athletic Participation form is complete.

- All student and parent contact information (page 1)
- Insurance section is complete (page 1)
- Athlete's health history is complete (page 2)
- Provide details for any "yes" or "Don't Know" answers in the Athlete's Screening Examination (page 2)
- Athlete's Screening Examination must be signed and dated by the student athlete and the parent or legal custodian (page 2).
- Physical Exam Section is completed and signed by a physician (MD, DO, PA, NP (page 3) Note: Doctor of Chiropractic Medicine is not satisfactory.
- Physical Exam Section is dated by the attending physician and signed (MD, DO, PA, NP) (page 3)
- Physical Exam Section (page 3) must include the medical office name, address, and phone number of the office where the physical exam was conducted. This may be stamped by the physician's office.
- Request for Permission – Sports crossed out if not allowed to participate (page 4)
- All information has been read and understood (eligibility, insurance, transportation, hazing, sportsmanship, student athlete pledge, parent pledge, request for permission, medical authorization, risk of injury, parental permission)
- Participation form is signed and dated by student-athlete (page 4).
- Participation form signed and dated by a parent or legal custodian (page 4).
- Pages 2 and 4 must have signatures.

Eligibility: In order to be eligible for any athletic activity, the athlete:

- Must meet all eligibility requirements prior to the first tryout/practice date.
- Must complete a WCPSS Middle School Athletic Participation Form and turn in to the school's Athletic Director. The physical portion of the form is valid only for 365 days from the date of the examination.
- Must purchase regular school accident insurance or provide proof of insurance coverage by filling out the insurance information waiver on the Middle School Athletic Participation Form.
- Must meet promotion requirements for the previous school year in order to be eligible for the fall semester. The State Board of Education defines promotion as "progressing to the next grade." Students retained either by the school or the parents will be ineligible. Students must advance from one grade to another.
- Must earn passing grades (D or better) during each semester in one less course than the required core courses to be eligible for participation during the succeeding semester. Passing grades must be attained in language arts and mathematics. In addition to the core course requirements, at least fifty percent of all remaining courses must be passed.
- Must not have more than 14 total absences (85% attendance requirement) in the semester prior to athletic participation.
- Must not turn 15 on or before August 31st of that school year.
- Upon first entering grade seven (7) is academically eligible for competition on middle school teams. All academic and attendance requirements must be met the first semester (fall) in order for this student to be eligible for athletic participation the second semester (spring). No student may be eligible to participate at the Middle School level for a period lasting longer than 4 consecutive semesters beginning with the student's first entry into 7th grade.
- Must live with a parent or legal custodian within the Wake County Public School System administrative unit. (Must notify the athletic director if not living with a parent or legal custodian.)
- Must, if you miss five (5) or more days of practice due to illness or injury, receive a medical release from a licensed physician before practicing or playing.
- Must not practice **OR** play if ineligible.
- Must practice a total of six (6) days before playing in a game in all sports except football, where a player must practice nine days.
- Must not, as an individual or a team, practice or play during the school day.
- Must not play, practice, or assemble as a team with your coach on teacher work days, Saturday (includes year round schools), Sunday, holidays or vacation days.
- Must be present 100% of the student day on the day of an athletic contest in order to participate in the event.
- Must not participate (practice or play) in any athletic event if assigned to In-school suspension (ISS) or Out-of School Suspension (OSS) during that assigned time.



Wake County Public School System

Middle School Athletic Participation Form Student ID # _____

Name: _____ Home Phone #: _____

Address: _____ County _____

City: _____ State: _____ Zip Code: _____

Gender: M / F Date of Birth: _____ 19 ____ Age: _____ Grade: _____

Father's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Mother's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Legal Custodian: _____ Pager #: _____ Cellular #: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Alternate Emergency Contact Person: _____

Relationship: _____ Daytime Phone: _____

Student's Cell Number: _____

Insurance: The Wake County Public School System (WCPSS) does not carry accident or medical insurance to cover students' accidental injuries or illnesses. A student accident insurance policy is available on an individual basis and covers accidental injuries that occur during school-sponsored activities. Application and purchase information can be obtained from your child's school. In addition, parents' insurance may also provide coverage for injuries to their child(ren). WCPSS Board policy (6720) addresses the insurance requirements for participating in specified activities.

- 6720.1 Every student participant in a student activity, which requires accident insurance, shall:
 - A: Furnish proof of membership in the student accident insurance program, or
 - B: Furnish proof that compatible coverage is carried in another insurance policy.

- 6720.2 Student activities requiring student activity insurance coverage are: A) Interscholastic athletic programs, B) Intramural athletic programs, C) Marching bands, D) School patrols, E) Cheerleaders, F) Groups making overnight trips or excursions.

Your child has indicated an interest in participating in a student activity, which requires accident insurance coverage. Please check **A** or **B** below to indicate the method by which the required coverage will be provided. A policy number is **required** for choice **A**.

- ___ **A.** My child is adequately covered by accident and/or health and/or hospital insurance policy that is in effect during the present school year. This coverage is through:

Name of Insurance Company

Policy Number

- ___ **B.** My child is enrolled in the WCPSS student accident insurance program. I understand that my child is covered upon receipt of the completed application and appropriate premium by WCPSS.

Transportation: Schools provide transportation to and from athletic events. Athletic events include practices and/or games of the sports offered by the WCPSS. If student transportation is by a WCPSS 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. All student athletes who travel with a team to an away athletic event must return to the school with the team. *The only exception to this policy is when both the coach and parent/legal custodian agree that it is beneficial for the student athlete to ride home with the parent/legal custodian.* Student athletes are not to ride home from athletic events with any other person. Student athletes who elect to ignore this policy may jeopardize their position on that team.

Hazing: According to WCPSS Board Policy 6420.2, hazing is prohibited. No group or individual shall require a student 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.*

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. Players are under the coach's control from the time they arrive at the athletic facility until they leave. It is expected that all athletes, coaches, managers, and spectators adhere to the guidelines contained within the sportsmanship brochure entitled, "A guide to promoting sportsmanship in your middle school," which is provided by WCPSS. Noncompliance with these expectations may result in consequential actions being taken by the school.

Name

Grade

Track

Student'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.

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. If you do not understand or don't know 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 positive or Don't Know answers.

Explain "Yes" or "Don't Know" answers below	Yes	No	Don't know
1. Does the 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 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. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the 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 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 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 athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the 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 athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. 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"/>
16. Has the 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 athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. 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"/>
20. 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"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. 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"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) or Don't Know answers: _____

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, I give permission for my child to participate in interscholastic sports, **except for the interscholastic sports crossed out on page 4 of this document in reference to Request for Permission.**

Signature of parent/legal custodian: _____ **Date:** _____

Signature of Athlete: _____ **Date:** _____ **Phone #:** _____

Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant) Note: Doctor of Chiropractic Medicine is not satisfactory.

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			
GENTALIA (MALES)			
HERNIA (MALES)			

Clearance:**

- A. Cleared to participate in sports
 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 _____

Physician Office Stamp:

(** 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.)

This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee March 2011 and the NCHSAA Board of Directors reviewed annually.

