

Cumberland County Middle Schools

STUDENT-ATHLETE ELIGIBILITY and PERMISSION FORM

This form must be completed and filed in the office of the Athletic Director before the student/athlete will be allowed to participate in any athletic activity.

(Please Print All Information)

School: _____ Grade: _____ Student ID Number: _____ Date: _____

ACTIVITY: _____

STUDENT/ATHLETE NAME: _____, _____, _____
Last First Middle

Student/Athlete Date of Birth: _____
Month Day Year

Address: _____ Phone: _____, _____, _____
Street Home Work Cell

City State Zip Code

Parent/Legal Custodian: _____, _____, _____
Last First Middle

Address: _____ Phone: _____, _____, _____
Street Home Work Cell

City State Zip Code

We (Student/Athlete & Parent/Legal Custodian), certify that the above information is accurate and that the home address on all forms/records is the sole bonafide residence of the student/athlete, and that we will notify the school/principal immediately of any changes in residence, since such a move may alter the eligibility of the student/athlete. Falsification of residence information will result in loss of eligibility for 365 days.

Signature of Student/Athlete: _____ Date: _____

Signature of Parent/Legal Custodian: _____ Date: _____

ELIGIBILITY

- AGE (cannot become 15 years of age before August 31 of current school year)
- ATTENDANCE (in attendance at least 85% of the previous semester – absent no more than 13.5 days)
- RESIDENCE (resides in the school district or meets local BOE policy)
- ACADEMICS (pass at least one less than the number of required core courses each semester)
- Must have a weighted 2.0 GPA or a 70 average for the previous semester.
- PASS PHYSICAL EXAM (a physical must be done for each school year)
- VOLUNTARY TRANSFER students cannot participate in sports for 365 days from the first approved date of the first year of eligibility.

Signature of Student/Athlete: _____ Date: _____

Signature of Parent/Legal Custodian: _____ Date: _____

Student's Last Name

Student's First Name

**Cumberland County Schools/North Carolina Department of Instruction
Eligibility & Authorization Statement**

This document is to be signed by the participant of a CCS member school and by the participant's parent. I have read, understand and acknowledge receipt of the eligibility rules of the CCS & NCDPI. I understand that a copy of the *NCDPI Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose.

I understand that ALL CCS member school must adhere to all rules and regulations that pertain to the interscholastic athletics programs that the school sponsors.

I understand that participation in interscholastic athletics is a privilege not a right.

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

Informed Consent— By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants 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. PARENTS, LEGAL CUSTODIAN'S OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN NCHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.

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 consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest.

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 in order for the student to return to participation.

I have received, read and signed the Gfeller-Waller Concussion Information Sheet.

I consent to the CCS 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,

By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation.

Must Be Signed Before Participation

Student's Signature

Birth date

Grade in School

Date

Signature of Parent or Legal Custodian

Date

**Cumberland County
MIDDLE SCHOOLS
ATHLETIC CODE of CONDUCT**

ATHLETIC CODE OF CONDUCT

Participation in any athletic activity is an important part of the educational experience in the Cumberland County Schools. A primary goal of such activities is to teach students character and self-discipline skills that will enable them to develop to their highest potential. As role models for their peers and younger students, students who participate in athletic activities ("participating students") are held accountable for their actions at a higher standard than other students. Because of the public nature of the athletic programs sponsored by the Cumberland County Schools, participating students are expected to conduct themselves in a manner that will reflect the high standards and ideals of their school and community. The participating student athlete becomes subject to this Code of Conduct upon the student's signature and date on his/her Cumberland County Middle Schools Student-Athlete Eligibility and Permission Form and continues until graduation from high school.

Participating student athletes are subject to this code at all times during the calendar year, including summer months, whether on or off campus. For summer month violations, any discipline or punishment imposed would go into effect at the next scheduled athletic activity by the student athlete. This Code of Conduct is, in addition to, any specific team/activity rules or regulations established by the individual programs.

***1. DRUGS AND ALCOHOL**

The possession, use, distribution and/or sale of illegal or counterfeit drugs/alcohol, including possession of paraphernalia for ingestion of such substances by participating students is not acceptable and prohibited. If school officials receive credible evidence, such as a police report or criminal charges related to a drug or alcohol offense, or have a reasonable suspicion that a violation under this section has occurred, the school officials will investigate. If after investigation of the charges, school officials determine that the participating student committed the violation, he/she shall be subject to disciplinary action.

Every effort will be made by the school and individual activity programs to make participating students aware of the detrimental effects of drugs and alcohol. Students and/or parents of students suspended under this section will receive information regarding counseling. Any participating student found in violation of this offense at any time while on any school premises, including activity buses, other school-approved transportation or off campus, will be suspended from athletic participation until further review by the school athletic director, principal and director of Student Activities.

***2. TOBACCO USE** (Principal's decision is final) Participating students found to have used tobacco while subject to this Code will be suspended from participation as outlined:

First Offense: The student athlete will be suspended for a minimum of 10% of the next consecutive athletic contests, not including scrimmages. The suspension may require being served over two seasons if the incident occurs near the end of the first season. At the discretion of the head coach, the student athlete may practice with the team during this suspended time frame and be allowed to travel with the team. Also, at the head coach's discretion, the student athlete may be on the sideline or bench with the team in appropriate attire.

Second Offense: The student athlete will be suspended for a minimum of 20 % of the next consecutive sports season games/contests, not including scrimmages. The suspension may require being served over two seasons if the incident occurs near the end of the first season. At the discretion of the head coach, the student athlete may practice with the team during the suspended time frame and be allowed to travel with the team. Also, at the head coach's discretion, the student athlete may be on the sideline or bench with the team in appropriate attire.

Third Offense: The principal will suspend the student athlete from all interscholastic activities for 45 days or the remainder of the season whichever comes first.

***NOTE:** These rules are meant as minimum consequences. The principal, athletic director or coach has the discretion to increase the consequences as he/she feels is most beneficial to his/her athletic program or team.

3. CRIMINAL CHARGES: A participating student athlete charged with a criminal offense, misdemeanor or felony will be suspended from athletic participation until further review by the principal and director of student activities. A student convicted of a felony offense will be immediately suspended from all athletic participation according to the State Board of Education Policy. The participating student athlete must inform his or her coach or appropriate staff of any criminal charges against them as soon as practicable, but no later than the student's next participation in any athletic event, to include practices, rehearsals, etc.

3b. DIVERSION PROGRAM

Section 3b Students charged with a criminal offense and referred to the Diversion Program & do not successfully complete the program shall be suspended in accordance with the Athletic Code of Conduct.

4. REVIEW PROCEDURE

- i. A participating student may request a review of the disciplinary action involving items 1, 2, & 3 by providing written notice to the Superintendent or his designee within two (2) school days of the date of the Principal's notification to the student and/or parent. The notice shall state the reason for the review.
- ii. The Superintendent, or his designee, will review the record of the disciplinary action and issue a decision within five (5) school days of receipt of the request for review. The Superintendent or his designee will inform the student and parent of the decision of whether to uphold, modify, or overturn the disciplinary action. The decision of the Superintendent shall be final.
- iii. Any disciplinary action, including suspension from participation, will remain in effect during the review process.
- iv. Failure by the participating student to adhere to appeal content requirements and timelines as set forth will result in immediate dismissal of the appeal.

5. SCHOOL SUSPENSIONS

- A. In-School (full day or days) or (out of school)short-term (10 days or less) – ineligible to participate in any athletic activity on the day(s) the student is serving suspension.
- B. Out of School Long-Term (11 days or greater) – ineligible to participate in any athletic activity for the remainder of semester or suspension period (whichever is greater).
- C. Disciplinary assignment to alternative school or character academy – ineligible to participate in any athletic activity for the remainder of semester or completion of assignment (whichever is greater).

6. INAPPROPRIATE BEHAVIOR

A participating student athlete who engages in any conduct or behavior, which is inconsistent with the student's position as a role model or representative of the Cumberland County Schools, is subject to disciplinary action, including suspension as determined by the Principal. Coaches or school officials may also establish additional training regulations and rules of conduct.

7. APPEALS

The decision of the school principal is final for items 5 & 6 as it relates to athletic participation.

Signature of Student/Athlete: _____ Date: _____

Signature of Parent/Legal Custodian: _____ Date: _____

PLEASE INSURE THE HIGHLIGHTED AREAS OF THIS FORM ARE SIGNED BEFORE RETURNING IT TO THE SCHOOL. INCOMPLETE FORMS WILL BE INVALID & RETURNED TO THE STUDENT.

NOTE: This statement is valid for one school year only.

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient'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" 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) 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/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. 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"/>
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"/>

Elaborate on any positive (yes) answers: _____

If additional space is needed attach a separate sheet

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: _____

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

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: _____

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, 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.
 This form is current as of April 2016

PARENT/GUARDIAN COPY

CONCUSSION

INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

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

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 Gilett 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