

# NEW HANOVER COUNTY SCHOOLS

## ATHLETIC PARTICIPATION FORM

Please Print

Student-athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Penalty for Giving False Information

If a student or his parent(s) or guardian gives false information, written or verbal, that affects his eligibility upon entering and /or during his semesters of eligibility, the student shall become ineligible (NCHSAA 365 days), and the school may have to forfeit contests and/or pay a fine to the NCHSAA.

### 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.

### Parent Pledge:

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.

This is my \_\_\_\_\_ consecutive semester at \_\_\_\_\_ High School, and I entered the ninth grade in the Fall of (yr) \_\_\_\_\_. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ (number) courses. I have also not been convicted of a felony or an act that would have been a felony if I were not classified a juvenile.

**Convictions:** Check the box that applies to (student name) \_\_\_\_\_:  
 **Is not 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.  
 **Is convicted** of a felony in this or any other state.  
 **Is adjudicated** as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

### **The following must be completed if the student is convicted of a felony or is adjudicated as a delinquent:**

Convicted or adjudicated of: \_\_\_\_\_  
City and State: \_\_\_\_\_ Date Convicted/Adjudicated: \_\_\_\_\_  
Description of Offense: \_\_\_\_\_  
\_\_\_\_\_  
Court Counselor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Expenses:

Should student-athletes or guardian(s) choose to make purchases related to athletic participation e.g. (camps, trips, clothing, equipment for personal use or any other purpose related to participation) the expenses will be the sole responsibility of that athlete and his/her guardian(s). New Hanover County Schools, the School, and/or the Coaching Staff will in no way to any degree cover or reimburse voluntary expenses at any time. All fines and fees owed by the student to the NHCS or to the school must be paid before a student is allowed to participate in athletics, extra and co-curricular athletics.

### 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 NHCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor NHCS 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. All equipment used in practice and/or in contests must be approved by NOCSAE (National Operating Committee on Standards for Athletic Equipment).

### NCHSAA Regulations Student Athlete Pledge:

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 (**financial/fines and punitive**) and privilege of representing this school and community as a student athlete.

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Circle Grade:** 9 10 11 12  
 Gender: M F Date of Birth: \_\_\_\_\_ School ID # \_\_\_\_\_  
 Age: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ Daytime Phone, Cell Phone: \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_ Daytime Phone, Cell Phone: \_\_\_\_\_  
**\*Legal Custodian:** \_\_\_\_\_ Daytime Phone, Cell Phone: \_\_\_\_\_  
**Alternate Emergency Contact Person:** \_\_\_\_\_ Daytime Phone, Cell Phone: \_\_\_\_\_

**Please indicate Medical Alerts such as allergic reactions, contacts, preexisting conditions, etc, and attach documentation:**

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**Insurance:**

New Hanover County Schools (NHCS) 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 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 either a commercial insurance agency, Medicare or Medicaid, the NHCS 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 NHCS.

- Pick up a 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 60 days 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 policy number.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

**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, disrespectfully addressing an official.

- 1<sup>st</sup> ejection: 2-game suspension in all sports *except* (1) game for football. (Doubled for Fighting)
- 2<sup>nd</sup> ejection: Suspended for remainder of sport season.
- 3<sup>rd</sup> ejection: Suspended for *ALL* athletic competition for 365 days from date of 3<sup>rd</sup> ejection.

**Medical Authorization:**

As the parent or legal custodian 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 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. The Athletic Director of the school must be notified of any student not living with a parent or legal custodian. No person other than a parent or legal custodian may sign off on this document.**

We, the undersigned student and parent/legal custodian, have read this document, the **Code of Ethics for NHCS** and understand all of the requirements for athletic participation at our high school, and agree to comply with the requirements set forth in this document. All other information contained in this form is accurate and correct.

**Student:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Please Print) (Signature)  
**Parent:** \_\_\_\_\_ **Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Please Print) (Signature)

By my signature I grant permission for my son/daughter's participation in the NHCS Athletic Program.

**Legal Custodian:** \_\_\_\_\_ **LC:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Please Print) (Signature) Rev. 1/12