



## **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 Wilson Preparatory Middle School Athletic Participation form is complete:**

- All student and parent contact information (page 1)
- Insurance section is complete (page 1)
- Conviction 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 guardian (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 guardian (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 Wilson Preparatory Academy Athletic Participation Form and turn in to the school's Athletic Director. The physical portion of the form is valid only 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 be under 15 years of age on or before August 31.
- Upon first entering grade six (6), is academically eligible for completion 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 6<sup>th</sup> grade.
- Must have received a medical examination by a licensed physician within the past 365 days; if you miss five (5) or more days of practice due to illness or injury, you must 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.
- May not, as an individual or a team, practice or play during the school day.
- May not play, practice, or assemble as a team with your coach on teacher work days, Saturday, 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.



# Wilson Preparatory Academy Middle School Athletic Participation Form

**Middle School Athletic Participation**      **Student ID#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Gender:** M/F      **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_ **Cellular #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_ **Cellular #:** \_\_\_\_\_

**Legal Custodian:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_ **Cellular #:** \_\_\_\_\_

**Alternate Emergency Contact Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Student's Cell Number:** \_\_\_\_\_

**Insurance:** Wilson Preparatory Academy does not carry accident or medical insurance to cover students' accidental injuries or illnesses. A student's 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 school. In addition, parents' insurance may also provide coverage for injuries to their child(ren).

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 Wilson Preparatory Academy student accident insurance program. I understand that my child is covered upon receipt of the completed application and appropriate premium by Wilson Preparatory Academy.

**Transportation for Athletic Events:** If student transportation is by Wilson Preparatory Academy, the school 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. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the North Carolina state required insurance coverage. 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 guardian agree that it is beneficial for the student athlete to ride home with the parent/legal guardian. Student athletes are not to ride home from athletic events with any other person.

**Hazing:** 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.

**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.

**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.

<b>Explain "Yes" answers below</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
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"/>
<b>FAMILY HISTORY</b>	<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, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in interscholastic sports, **except for the interscholastic sports listed on page 1 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 is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors. This form is reviewed annually and was last updated April 2012.

**WPA 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 and privilege of representing this school and community as a student athlete.

**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.

**Request for Permission:** We, the student's parent/legal custodian, give my consent for the above-named student to represent his/her school in interscholastic sports, except for those sports crossed out below: (Ex. ~~Volleyball~~)

Volleyball	Cheerleading	Soccer	Baseball
Basketball	Softball	Track	Intramurals

**Medical Authorization:** As a parent or legal guardian 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 or first responder.

**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 directions of a Wilson Preparatory Academy 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 Wilson Preparatory Academy 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.

**Parental Permission:** I have read and reviewed the general requirements for middle school athletic eligibility, and have discussed these requirements with my student athlete. I understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal.

**We have read the eligibility rules and this document and understand all of the requirements for athletic participation. We agree to comply with the requirements set forth in the eligibility rules and this document. All information contained in this document is accurate and correct.**

*Providing false information on this form may cause the student athlete to lose athletic eligibility.*

\_\_\_\_\_ Father (Signature) \_\_\_\_\_ Date \_\_\_\_\_ Mother (Signature) \_\_\_\_\_ Date  
 \_\_\_\_\_ Legal Custodian (Signature) \_\_\_\_\_ Date

**Student Athlete:** I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) / legal custodian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

\_\_\_\_\_ Student Athlete (Signature) \_\_\_\_\_ Date

<b>For official use only:</b>			
School Year _____	Date received _____	Checked for Completeness _____	
<b>Semester 1</b>		<b>Semester 2</b>	
Total Absences _____		Total Absences _____	DoB _____
Promoted _____			
Language Arts _____		Language Arts _____	
Mathematics _____		Mathematics _____	
Social Studies _____		Social Studies _____	
Science _____		Science _____	
Half of Remaining Courses _____		Half of Remaining Courses _____	