

RCHS Athletic Participation Form

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 the RCHS 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 RCHS 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.

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

- | | | | | |
|--|-----|-----|----|------------|
| 1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50? | 1. | YES | NO | DON'T KNOW |
| 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? | 2. | YES | NO | DON'T KNOW |
| 3. Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise? | 3. | YES | NO | DON'T KNOW |
| 4. Has the athlete ever had a broken bone, had to wear a cast or had an injury to any joint? | 4. | YES | NO | DON'T KNOW |
| 5. Does the athlete have a history of a concussion (getting knocked out)? | 5. | YES | NO | DON'T KNOW |
| 6. Has the athlete ever suffered a heat-related illness (heat stroke)? | 6. | YES | NO | DON'T KNOW |
| 7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? | 7. | YES | NO | DON'T KNOW |
| 8. Does the athlete take any medication(s)? | 8. | YES | NO | DON'T KNOW |
| 9. Is the athlete allergic to any medications or bee stings? | 9. | YES | NO | DON'T KNOW |
| 10. Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.) | 10. | YES | NO | DON'T KNOW |
| 11. Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition? | 11. | YES | NO | DON'T KNOW |
| 12. Has the athlete had surgery or been hospitalized in the past year? | 12. | YES | NO | DON'T KNOW |
| 13. Has the athlete missed more than five consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed has not been resolved in the past year? | 13. | YES | NO | DON'T KNOW |
| 14. Are you, the athlete, worried about any problem or condition at this time? | 14. | YES | NO | DON'T KNOW |

*Please give details on any ""YES"" answer from the above health history.

RGHS Athletic Participation Form

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. Players are under the coach's control from the time they arrive at the athletic site until they leave the field. It is expected that all athletes and managers adhere to the guidelines established by their coaches. Noncompliance with these expectations may result in consequences from the school.

Raleigh Charter High School Academic Eligibility Requirements:

Students with no more than one (1) D and no failing grades AND a 2.0 unweighted GPA, OR a 3.0 unweighted GPA AND any combination of grades, in the six weeks grading period prior to participation are eligible to participate. Students excluded from participation will be reevaluated at the end of the following six weeks grading period. Student-athletes will be evaluated at the end of each grading period.

Students who were not enrolled at RGHS during the grading period prior to participation must submit his/her grades from the previous school. The above standards apply to those grades.

NOTE: The NCHSAA policies supercede any and all local school policies.

Protect Your Eligibility. Know the Rules. To represent your school in athletics, YOU

1. **Must** meet the above RGHS Academic Requirements.
2. **Must** be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester.
3. **Must** be in attendance at least 85% of the semester prior to athletic competition.
4. **Must** not have exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering grade nine (9).
5. **Must** be under 19 years of age on or before October 16.
6. **Must** be present 100% of the student day on the day of an athletic event in order to participate.
7. **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 competing.
8. **Must** turn in a completed RGHS Athletic Participation Form prior to the first day of practice.

Student-Athlete Pledge:

As a student-athlete, I am a role model. Using inappropriate language, taunting, baiting, or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship that my school expects. I accept my responsibility to model good sportsmanship that comes with being a student-athlete.

Parent/Guardian Pledge:

As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators and support groups. I will participate in cheers that support and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship our school expects. I accept my responsibility to model good sportsmanship as the parent of a student-athlete.

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Transportation for Athletic Events:

Parent carpools and student drivers are the main modes of transportation for Phoenix athletes to and from athletic events. Athletic events include practices and contests of the sports offered by RGHS. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent, adult, and student 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 the team to any athletic event must return to the school with the team. The only exception to this policy is when the coach is made aware that the student-athlete will ride home with a parent/guardian. Student-athletes are not to ride home from athletic events with any person other than a pre-arranged guardian. Student-athletes who elect to ignore this policy may jeopardize their eligibility.

Medical Authorization:

As the parent/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, including an assigned RGHS representative, athletic trainer and/or coach. These records may be examined for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in, any athletic program at RGHS. I understand that these medical records will be kept confidential.

We, the undersigned student and parents/guardians, have read this document and understand all of the requirements for athletic participation at Raleigh Charter High School and agree to comply with the requirements set forth in this document. All information on this form is accurate and current. Providing false information on this form renders it void and may cause the student-athlete to lose eligibility. This document is valid only for the current school year.

Father's/Guardian Signature

Date

Mother's/Guardian Signature

Date

Student-Athlete's Signature

Date

For Official Use Only:

School Year _____ Date Received _____ Checked for Completeness _____

Date of Current Physical Examination _____

Semester Prior to Participation:

Total Absences _____ Unexcused Absences _____ GPA _____

Individual Course Grades:

Special Circumstances that alter standard eligibility requirements

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PHYSICAL EXAM - TO BE COMPLETED BY LICENSED PHYSICIAN

Athlete Name _____ Birth date _____
 Height _____ Weight _____ % body fat (optional) _____ Pulse _____ Blood pressure _____

Vision: **R** ___/___ uncorrected **R** ___/___ corrected **L** ___/___ uncorrected **L** ___/___ corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth, Teeth			
4. Neck			
5. Cardiovascular			
6. Chest, Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Musculoskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			

Comments re: Abnormal Findings:

Please Print/Stamp

Physician's Name _____
 Street Address _____
 City, State, Zip Code _____
 Telephone _____

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed (medical physician, physician's assistant, family nurse practitioner) in the State of North Carolina. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature _____ Date _____

Participation Restrictions: _____
