

Student-Parent  
Athletic Handbook

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## **Introduction to Athletics**

### **Catawba Valley Middle School Athletic Conference**

This handbook was developed to assure that the student-athlete and his/her parent(s)/guardian(s) understand the rules, regulations and policies of the Catawba Valley Middle School Athletic Conference. The success of your student-athlete is based on the adherence to the principles outlined in this Student-Athletic Handbook. Participation in athletics is a privilege and must be earned through dedication, desire and discipline. Participating on an athletic team is strictly on a voluntary basis. Recruiting from other schools or school districts is prohibited per the Department of Public Instruction. It is vital that every student-athlete and his/her parent(s)/guardians(s) become very familiar with the content of this handbook in order to better understand the requirements to have a successful athletic career.

Participation in any athletic program is an important part of the educational experience. The primary goal of the athletic program is to teach student-athletes character and self-discipline in order for them to become successful citizens and to reach their highest potential. As role models for their peers and younger students, student-athletes are held accountable for their actions at a higher standard than other students. The student-athlete represents their school, their peers and their community. It is of utmost importance that each student-athlete conducts themselves at all times in a manner that will reflect the high standards and ideals of their school and community.

It is our hope and desire that the experience in athletics has a positive impact on the life of each and every student-athlete. The relationships that are built, the dedication and responsibilities of being a part of a team and the valuable lessons learned through this experience will last a lifetime.

R. Dwayne Finger  
Director of Athletics  
Catawba Valley Middle School Athletic Conference

## Catawba Valley Middle School Athletic Conference

### **Member Schools:**

Arndt Middle School  
Grandview Middle School  
Jacobs Fork Middle School  
Maiden Middle School  
Mill Creek Middle School  
Newton-Conover Middle School  
Northview Middle School  
River Bend Middle School

### **Middle School Athletic Offerings**

#### **Fall Season**

Cheerleading  
Cross-Country  
Football  
Men's Soccer  
Volleyball

#### **Winter Season**

Men's Basketball  
Women's Basketball  
Cheerleading  
Wrestling

#### **Spring Season**

Baseball  
Women's Soccer  
Softball

## **Middle School Athletic Eligibility**

In order to qualify for public school participation, a student must meet the following requirements:

### **Academics**

In grades seven and eight, the student must pass at least one less course than the number of required core courses each semester or meet promotion standards established by the LEA.

If an athlete is "academically eligible" or "academically ineligible" at the beginning of any semester, that status is retained throughout the full semester. It is the responsibility of the school principal to check the academic status of each student/athlete enrolled in school at the beginning and close of a semester.

NOTE: An athlete becomes eligible or ineligible on the first day of the new semester.

### **Age**

The principal must have evidence of the legal birth date of the student. A student shall not participate on a seventh or eighth grade team if the student becomes 15 years of age on or before August 31 of that school year. A middle/junior high school student who is overage for middle/junior high school play shall be eligible for senior high school participation.

### **Attendance**

A player must have attended school at least 85% of the previous semester. A student must, at any time of any game in which he or she participates, be a regularly enrolled member of the school's student body, according to local policy. If there is no local policy, "regularly enrolled" is defined as enrolled for at least one-half of the "minimum load." It is recommended the student be in school the day of the contest.

### **Promotion**

Promotion is defined as progressing to the next grade. Regardless of the school organization pattern, a student who is promoted from the sixth grade to the seventh grade automatically meets the courses passed requirement for the first semester of the seventh grade.

### **Residence**

The student must meet the residence criteria of G.S. 115C-366(a). The student may participate only at the school to which the student is assigned by the LEA. Transfers within the same administrative unit may be governed by the local Board of Education policy. A student transferred from one administrative unit to another by mutual agreement, as provided in G.S.115C-366.1 (F), is immediately eligible for athletic participation in the receiving unit.

### **Semester Rule**

No student may be eligible to participate at the middle school level for a period lasting longer than four (4) consecutive semesters, beginning with the student's entry into seventh grade. The principal shall have evidence of the date of each player's entry into the seventh grade and monitor the four (4) consecutive semesters.

### **Sports Pre-participation and Medical Examination Form**

In order to be eligible for practice or participation in interscholastic athletic contests, the student must receive a medical examination once every 395 days by a duly licensed physician, nurse practitioner, or physician assistant, subject to the provisions of G.S.90-9, 90-18.1, and 90-18.2. The required Sports Pre-participation and Medical Examination Form can be found at: <http://www.nchsaa.org/pages/464/health-safety-sports-medicine/>.

Students absent from athletic practice for five or more consecutive days due to illness or injury must receive a medical release from a physician licensed to practice medicine before re-admittance to practice or contests. Students with potential head injuries must receive a medical release by a physician licensed to practice medicine before re-admittance to practices or contests. It is required that players show proof of adequate medical and accident insurance. Schools should have medical release forms on site at athletic events in case medical treatment is required.

## **Athletic Code of Conduct**

Being a part of an athletic team is a valuable educational experience. An athlete not only represents his school but also his community. Because of the high expectations placed on our student-athletes, consequences for violating any school or team rule may be severe and range from in-school discipline to out-of-school suspension. Participating in interscholastic sports is a privilege and may be removed from a student-athlete that does not act appropriately and follow team and school rules at all times. Student-athletes are expected to be positive role models for their peers and for the younger students. Students-athletes must follow the Code of Conduct for their schools and any specific team rules and regulations. Student-athletes that violate the Code of Conduct and/or team rules may be removed from the team by the coach, athletic director, school administration or the superintendent's office.

## **Team Selection & Administrative Rules**

- Teams will be determined by tryouts open to all eligible students.
- The decision on the selection of team members by the coach is final.
- Coaches reserve the right to close tryouts and/or practices to parents and the general public.
- Student athletes must ride the team activity bus to and from all contests unless excused in writing by a school administrator or his or her designee.
- A student athlete that is suspended from school will not be allowed to attend any practices or athletic contests during the suspension time.

## **Procedures to Address Athletic Issues**

If a parent(s)/guardian(s) have questions about any athletic issues, please follow the sequence of contacts below to get all issues resolved:

- Contact the Coach first
- Contact the Athletic Director of the school
- Contact the Principal at the school
- Contact the Catawba County Schools' Athletic Director

# Catawba County Schools Drug/Alcohol Procedures for Athletes

Student athletes who are disciplined by the school or charged by law enforcement for drug/alcohol infractions will be suspended from event participation on a scale basis.

This suspension will apply to the current and/or next participating athletic season.

The athlete will be allowed to practice (except during the school suspension time period) but will not dress for the designated number of games.

Each athletic director will provide the district athletic director a matrix for all sports, listing the number of games meeting the percentage below:

- 1<sup>st</sup> Violation - 20% of regular scheduled games including tournaments and state play-offs contests.
- 2<sup>nd</sup> Violation – One hundred and eighty days (180 calendar days) from the date of the 2<sup>nd</sup> violation.
- 3<sup>rd</sup> Violation - One Calendar Year (365 calendar days) from the date of the 3<sup>rd</sup> violation

Note – Additional punishment may be applied at any of the above steps by the school. The school is defined as the Principal, Athletic Director or the Coach.

## Criminal Charges

Any student who is participating in school sponsored interscholastic activities, athletic clubs, extracurricular activities or student organizations shall inform his/her coach or appropriate supervisor or school official that he/she has been charged with a criminal offense as soon as is practicable but in no event later than the student's next participation in any athletic event, extracurricular activity, athletic club or student organization, including but not limited to practices, meetings, rehearsals, games and competitions. Failure to do so may result in further disciplinary action of the student.

In the event a student who is participating in school sponsored interscholastic activities, athletic clubs, extracurricular activities or student organizations is charged with a criminal offense, misdemeanor or felony, other than a minor traffic offense, the student shall be suspended from participation in any such school sponsored interscholastic activities, athletic clubs, extracurricular activities or student organizations until further review by the principal, athletic director or supervisor of the student's activity. A student charged of a misdemeanor, other than a minor traffic violation, or a felony shall be immediately suspended from participation in all future interscholastic athletics and athletic clubs, including practices, meetings, rehearsals, games and competitions.

## Catawba County Schools Social Media Guidelines

Catawba County Schools recognizes and supports its student-athletes' rights to freedom of speech, expression, and association, including the use of online social networks. Student-athletes need to remember that everything that is posted on any social media site is public information for all to see. At all times, you should represent your school and school system in a professional manner. Never should a student-athlete post anything that could be considered negative toward their team or school. It is prohibited to post comments such as:

- Derogatory or defamatory language;
- Comments that create a serious danger to the safety of another person or that constitute a credible threat of serious physical or emotional injury to another person;
- Comments or photos that describe or depict unlawful assault, abuse, hazing, harassment, or discrimination; selling, possessing, or using controlled substances; or any other illegal or prohibited conduct.

Any student-athlete that does not follow the Catawba County Schools' Social Media Guidelines as determined by school Administration and Athletic Director is subject to be dismissed from their athletic team(s).



## Rules and Procedures

- Student-athlete must be in attendance for half the school day to participate in the athletic contest/practice on that day. The principal has the authority to declare the athlete eligible if extenuating circumstances caused the missed time at school.
- A student that is suspended from school will not be allowed to be at ANY school sponsored events during the suspension. If a student is placed in In-School Suspension for more than one period (block), then the student is not allowed to participate in any athletic contest on the day that the ISS is served. The student can participate in practice on the day that they served ISS for their discipline infraction.
- Catawba Valley Middle School Athletic Conference is applying the “Next Day Rule” to all athletic circumstances. If a situation occurs where the student and the coach develops a conflict or the parent and the coach develops a conflict, then the “meeting” to discuss this situation should not happen until at least the next day . At no time should the parent approach a coach after practice or a contest to discuss concerns or issues. A meeting should be scheduled to professionally and calmly discuss the circumstances in a private setting away from other parents, athletes and spectators. The Athletic Director and the Principal may be invited to the meeting if necessary. If a parent or spectator approaches a coach after practice or an athletic contest to discuss concerns or issues, then the action shall result in the loss of privilege of attending future practices and athletic contests. All decisions about an athlete being removed from a team or the athlete wanting to quit the team, should not occur until the “Next Day Rule” has been observed. The “Next Day Rule” applies to coaches, athletes and parents.
- If an athlete quits a team before the season is completed, then the athlete may NOT tryout, workout or be a part of any other athletic team until the team they quit has completely finished their season.

**CATASTROPHIC ACCIDENT MEDICAL SCHEDULE OF BENEFITS - ENHANCED**

<b>Maximum Aggregate Limit of Liability:</b>	\$1,000,000
<b>Maximum Medical Expense Amount:</b>	\$1,000,000
<b>Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing Benefit:</b>	
Single Dismemberment:	\$10,000
Double Dismemberment:	\$5,000
Loss Period:	\$10,000
For Hospital and Professional Services	Treatment must begin within 180 days after the Accident occurs. (Does not apply in IN)
For Accidental Death, Dismemberment or Loss of Sight	Loss must be sustained within 365 days after the date of the Accident
<b>Benefit Period:</b>	Services must be received within 10 years or Lifetime** from the date of the Accident
<b>Excess Coverage Applicability:</b>	Full Excess (Primary in ID & SD)
<b>Deductible (Medical Expenses payable under any Other Plan will be used to satisfy or reduce the Deductible.):</b>	\$25,000
Deductible Establishment Period	2 Years

**Hospital/Facility Services - Inpatient**

Hospital Room and Board:	100% of RE up to the semi-private room rate
Hospital Intensive Care:	100% RE*
Inpatient Hospital Miscellaneous:	100% RE*
Confinement in an Extended Care Facility (per calendar year):	\$365,000 maximum

**Hospital/Facility Services - Outpatient**

Outpatient Hospital Miscellaneous (Except Physician's services and x-rays paid as below):	100% RE*
Hospital Emergency Room:	100% RE*
Free-Standing Ambulatory Surgical Facility:	100% RE*
Hospital Emergency Room Physician:	100% RE*

**Physician's Services**

Surgical:	100% RE*
Assistant Surgeon:	100% RE*
Anesthesiologist:	100% RE*
Physician's Non-Surgical Treatment (except as in below)	100% RE*
Physician's Outpatient Treatment in Connection with Physical Therapy and/or Spinal Manipulation:	\$25,000 maximum

**Other Services**

Registered Nurses' Services	100% RE*
Prescriptions (dispensed by a licensed pharmacist) - Outpatient:	100% RE*
Laboratory Tests - Outpatient:	100% RE*
X-Rays (includes interpretation):	100% RE*
Diagnostic Imaging (MRI, CAT SCAN, ETC.) Includes Interpretation:	100% RE*
Ground Ambulance:	100% RE*
Air Ambulance:	100% RE*
Durable Medical Equipment (includes orthopedic braces and appliances):	\$25,000 maximum
Dental Treatment	100% RE*
Combined Home Health and Custodial Care (per calendar year):	\$100,000 maximum

In Connecticut benefits payable are limited to 80 visits in any calendar year or in any continuous period of twelve months, except in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of 6 months or less to live, the yearly benefit for medical social services shall not exceed \$200.00. Annual deductible of \$50.00 and subject to a coinsurance provision of not more than 75% of the RE\* for such services.

**Treatment Of Mental Or Nervous Disorders (Coverage not available in CT):**

Physician Fees (Amount Per Visit / Visits Per Day / Visits Per Calendar Year)	\$ 50 / 1 / 50
Inpatient Hospital maximum stay	up to 45 days

**Prosthetic Devices Benefit:**

RE\* during the first two years after the covered accident is \$100,000.  
 RE\* is payable immediately thereafter and shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee).  
 The maximum benefit amount payable is \$200,000 (\$300,000 if amputation of the leg above the knee).

**Heart or Circulatory Malfunction (Coverage not available in CT):**

Adjustment Expense Benefit (services must begin within 1 year of the date of Accident):	\$10,000 maximum for loss of life
Medically Necessary Family Counseling (not available in CT):	\$30,000 maximum / \$0.00 in VA
Training:	\$70 per visit / 20 visit maximum
Travel:	\$2,500 maximum
Lost Earnings (not available in CT):	\$2,000 maximum

Ancillary Illness or Injury Expense: (not available in CT or NJ)	75% of gross loss earnings / \$500 per week maximum / 13 weeks maximum
Assimilation Benefit:	\$2,000 maximum per calendar year Deductible to a \$100,000 combined maximum for all Injuries and Illnesses

\$50,000 maximum / up to 2 Immediate Family Members / services begin within 1 year from the date of Accident / Deductible must be met within 1 year of the date of Accident

**Catastrophic Total Disability Benefit (must begin within 12 months from the date of Accident)**

Total Disability Expense (per month):	\$1,500 for 1 <sup>st</sup> 12 months / \$1,500 after 1 <sup>st</sup> 12 months / 10 year benefit period
Partial Disability Expense (per month):	\$1,000 / 10 year benefit period / average gross earnings \$2,500 for 6 months
	\$1,000 maximum after-tax monthly compensation

Post-Incident Crisis Management Expense: \$10,000 Per Incident Aggregate Benefit to cover all persons affected

Special Expense Benefit \$125,000 maximum

Vocational Rehabilitation Benefit: \$100 maximum per hour / \$20,000 maximum

\*RE means Reasonable Expense

\*\* Within the coverage documents issued, one of the options above will match the selections made by your authorized representative within the application for coverage.

STATE OF NORTH CAROLINA

AUTHORIZATION AND RELEASE FOR  
USE OF PERSONAL ATHLETIC  
EQUIPMENT

COUNTY OF CATAWBA

The undersigned hereby affirms that  he  she is the  biological parent /  legal custodian /  
 legal guardian /  person allowed to enroll pursuant to an Affidavit of Hardship of  
\_\_\_\_\_ (herein referred to as "Student").

Student's Printed Name

The undersigned hereby grants permission for Student to use the following equipment while  
participating in \_\_\_\_\_ at \_\_\_\_\_ School:  
Identify Sport

Type of Equipment	Brand Name	Make	Model

The undersigned acknowledges and agrees that Student will not be allowed to use the  
equipment described herein unless the Student presents a certification on the equipment  
described above from an individual who is certified by the National Operating Committee on  
Standards for Athletic Equipment (herein referred to as "NOCSAE") certifying that the  
equipment described herein meets NOCSAE standards. No student will be allowed to use their  
personal football helmet unless it is rated as a Five Star Football Helmet per the Virginia Tech  
Football Helmet Rating System.

For good and valuable consideration, the receipt of which is hereby acknowledged, the  
undersigned hereby releases and forever discharges Catawba County Board of Education, its  
agents, employees, administrators, successors and assigns from any and all claims, actions,  
causes of action, demands, rights, damages, costs and expenses, which the undersigned now has  
or which may hereafter accrue, whether now known or unforeseen, arising out of or in  
connection with Student using the equipment described herein while participating in  
\_\_\_\_\_ games, contests, scrimmages, tournaments and practices on behalf of  
Identify Sport \_\_\_\_\_ School.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardia/Legal Custodian

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Legal Custodian

\_\_\_\_\_  
Date

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete'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.*

**Student-Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent/Legal Custodian Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about 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 "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed.	Yes	No	Unsure
1. Does the student-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 student-athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-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 student-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 student-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 student-athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-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 student-athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student-athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-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 student-athlete's heart, or has the athlete ever been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-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 student-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 student-athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to 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    Other: _____			
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). <input type="checkbox"/> 1. Has the student-athlete had little interest or pleasure in doing things? <input type="checkbox"/> 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? <input type="checkbox"/> 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? <input type="checkbox"/> 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?			
<b>FAMILY HISTORY</b>			
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"/>

Explain "yes" or "unsure" answers here: \_\_\_\_\_

**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: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Student-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: \_\_\_\_\_ (Please print)

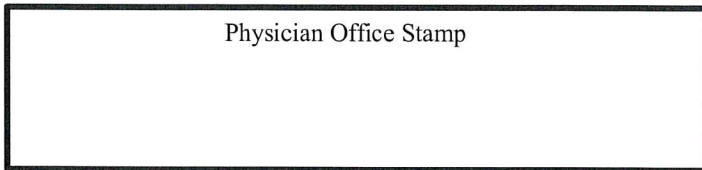
Signature of Physician/Extender: \_\_\_\_\_ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_



(\*\*\* 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.

**CATAWBA COUNTY SCHOOLS**  
**ATHLETIC PARTICIPATION APPLICATION AND CONSENT**

*This form is to be filled out completely and filed in the office of the principal before the student can participate in the school athletic programs.*

Student's Full Name:			Date:
School:	Age:	Date of Birth:	Grade:
Student's Address:			
Name of Parent/Legal Guardian/Legal Custodian/Person enrolling pursuant to Affidavit of Hardship:			
Address of Parent/Legal Guardian/Legal Custodian/ Person enrolling pursuant to Affidavit of Hardship:			
Home Phone:	Work Phone:	Cell Phone:	
Student's Family Physician:	Student's Physician's Address:	Student's Physician's Phone:	

**PARENTAL PERMISSION, ACKNOWLEDGMENT AND RELEASE**

**PARENT/LEGAL CUSTODIAN/LEGAL GUARDIAN VERIFICATION.** The undersigned parent/legal custodian/legal guardian or person enrolling student pursuant to an Affidavit of Hardship hereby certifies that he/she is the biological parent, legal custodian or legal guardian of Student or person enrolling Student pursuant to an Affidavit of Hardship and that, immediately upon request by Catawba County Board of Education or its employees [herein "CCBOE"], he/she shall provide any and all documentation requested by CCBOE to verify his/her relationship to Student. The undersigned further acknowledge and agree that in the event sufficient and satisfactory documentation is not provided to CCBOE, Student may be removed or excluded from participation in interscholastic athletic events, practices and play.

**PROGRAM COMPLIANCE.** The undersigned hereby certify that the information contained in this application and completed North Carolina High School Athletic Association Sport Pre-participation Examination Form is true and correct. The undersigned further agrees to immediately notify the Principal of Student's school in the event of any of the following: a) there is a change in Student's medical condition; the Student begins taking any medications; and c) any change in the Student's residence or domicile. The undersigned further agree that they have reviewed, understand and agree to abide by all of the rules and regulations governing Student's participation in interscholastic athletic events and competitions, including but not limited to, codes of conduct, policies and eligibility rules and regulations governing athletics as set forth by state and federal law, Catawba County Board of Education, North Carolina State Board of Education and the Athletic Association to which Student's school is a member. The undersigned acknowledges that in the event any information contained in this document or the North Carolina High School Athletic Association Sport Pre-participation Examination Form is determined to be false, Student shall become immediately ineligible to participate in any interscholastic athletic events for a minimum of 365 days.

**PERMISSION TO PARTICIPATE:** The undersigned hereby consent and grant permission for Student to participate in the following sports sponsored by the school in which Student is enrolled:

- |  |                                     |  |                                   |                                   |                                     |                                       |
|--|-------------------------------------|--|-----------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Golf       | <input type="checkbox"/> Indoor Track |
| <input type="checkbox"/> Outdoor Track | <input type="checkbox"/> Soccer     | <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis   | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling    |
| <input type="checkbox"/> Lacrosse      |                                     |  |                                   |                                   |                                     |                                       |

**EXPENSES.** The undersigned hereby acknowledge that Student's participation in interscholastic athletic events, practice and play may involve costs and expenses which are the Student's responsibility. The undersigned further agrees to pay and assume full responsibility for the payment of these costs and expenses.

**INSURANCE.** The undersigned acknowledge and agree that students who participate in interscholastic athletic events shall, at all times during which Student is participating in the same, maintain and have in effect medical, health or accident insurance coverage. The undersigned parent/legal custodian/legal guardian hereby acknowledges and certifies that Student is and will, during the entire period of Student's participation in interscholastic athletic events, be enrolled in and covered under the medical, health or accident insurance plan identified herein. At all times during Student's enrollment and participation in interscholastic athletic events, the undersigned shall immediately notify the principal of Student's school of any change in the foregoing medical, health or accident insurance coverage.

**TRANSPORTATION.** The undersigned acknowledge and agree that while enrolled in and participating in interscholastic athletic events, practices and competitions, the undersigned shall be responsible for transportation of Student to and from the practices, events and competitions. The undersigned parent/legal custodian/legal guardian hereby grants unrestricted permission for Student to travel to interscholastic athletic events, practices and competitions and all other activities related to Student's participation in interscholastic athletics. In the event transportation to and from practices, events, and competitions is provided by the school, the undersigned consents to Student being transported to and from the school.

7. **IMAGE RELEASE.** The undersigned assign, transfer and grant to CCBOE and its agents, employees, successors, assigns and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to make photographic, video and audio recordings of student's image, likeness and voice and to use, disseminate, copyright, print, reproduce and publish for any and all trade, commercial or other advertising or public purposes, and in any all advertising, publicity, display, publication or media, for such purposes as CCBOE deems appropriate, student's name, signature, likeness, portraits, pictures, photographic prints, videos, audio tapes, tracks or text or other representations of student or in which student may appear or any reproductions or sketches thereof or parts thereof, with such additions, deletions, alterations or changes therein as CCBOE may make, either separately or together with student's name, or a fictitious name or the name of another person, with or without, any statements or testimonials made or authorized by the undersigned which CCBOE may, in its discretion, prepare for use in connection therewith. The undersigned have not limited or restricted the use of Student's name or photograph to any entity or person.

8. **CONSENT FOR RELEASE OF RECORDS AND INFORMATION** Pursuant to 20 U.S.C §1232g; 34 CFR Part 99 (FERPA). The undersigned hereby acknowledge and agree that the educational records and other records or information relating to Student, including personally identifiable information from Student's records, may be protected pursuant to the Family Education Rights and Privacy Act (20 U.S.C. §1232g and 34 CFR Part 99) and, therefore, may not be released by any school officials of CCBOE without the written consent and permission of the Student and Parent/Legal Custodian/Legal Guardian. CCBOE and its employees and officials are hereby authorized to the release, disclose and share the following records and information relating to Student with and to College or University Athletic Recruiters, Scouts or Coaches for the purpose of enhancing the possibility of scholarship assistance for further education of said student and encouraging, supporting and fostering said student's career in college and professional sports: Physical and athletic abilities and limitations, academic ability, academic progress and standing, official grades and academic scores, potential athletic ability, leadership ability, attitude, past behavior, behavioral characteristics, medical condition, medical history, medical records and information and identification of said student's participation in sporting events. CCBOE and its employees and officials are hereby authorized to the release, disclose and share the following records and information relating to Student with and to Members of the Media, including but not limited to, Newspaper and Television Reporters for the purpose of providing information, tracking information and clarification of activities and the condition of Student to interscholastic sports fans who support, encourage and follow interscholastic athletics: Medical condition, status, treatment and progress of injuries which may affect the performance of Student in interscholastic athletic events, training, practice and competition and the identification of said Student's participation in interscholastic athletic events. The undersigned hereby acknowledge that each has the right to 1) refuse to sign this Consent, 2) revoke this Consent, in writing, by sending written notification to CCBOE, and 3) inspect and copy the personally identifiable information and records to be disclosed. By their signatures affixed below, Student and Legal Custodian/Legal Guardian hereby consent to the release, disclosure and sharing of information and records relating to Student as set forth herein.

**RELEASE OF LIABILITY:** The undersigned hereby give consent and permission for Student to practice and play in interscholastic athletic events for Catawba County Board of Education. The undersigned further agree that it is necessary for Student to undergo a medical examination to determine whether he or she is medically qualified or not medically qualified to participate in the above-named interscholastic sports. The undersigned further agree that Student's participation in interscholastic athletic events subjects Student to the possibility of physical illness or injury (including minimal, serious, catastrophic and/or death) and that the undersigned are assuming the risk of such illness or injury / Student's participation in interscholastic athletics practice, play and competitions. The undersigned hereby grant permission for Student to receive treatment from medical providers which is deemed necessary for a condition, illness or injury arising during practice or play of the interscholastic athletics, including, but not limited to, medical or surgical treatment recommended by a medical doctor. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned does hereby, for their heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge Catawba County Board of Education, and its agents, employees, servants, successors, attorneys and all other persons, corporations, firms, associations, or partnerships claiming by, through, or under it, of and from any and all claims, claims for negligence, actions, causes of action, demands, rights, damages, costs, losses of service, expenses, and compensation whatsoever which the undersigned now has or which may hereafter accrue with respect to Student's participation in interscholastic athletics, events, practice, play and competitions, including transportation to and from such activity, and other including any and all known and unknown, foreseen and unforeseen, damage and the consequences thereof resulting or to result, or arising out of or through, any and all actual, alleged, or implied rights, claims, actions, or causes of action which the undersigned may have or which may hereafter accrue against Catawba County Board of Education. The undersigned further declare and represent that no promise, inducement, or agreement not herein expressed has been made to the undersigned.

**STUDENT'S INSURANCE INFORMATION**

(All participants in interscholastic athletics must be enrolled in an accident insurance policy through Student's school or must have independent medical insurance coverage.)

Is Student enrolled in an accident insurance policy through the Student's school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**ATTACH COPY OF INSURANCE CARD**

Is Student enrolled in an independent medical insurance policy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**ATTACH COPY OF INSURANCE CARD**

If yes, please provide:

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

\_\_\_\_\_  
Insurance Company Address

\_\_\_\_\_  
Policy No.

I certify that the information contained in this Athletic Participation Application and Consent and the information contained in the North Carolina High School Athletic association Pre-participation Examination Form is true and accurate with regard to Student.

nature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

nature of Parent/Legal Custodian/Legal Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

## Gfeller–Waller NCHSAA Student–Athlete & Parent/Legal Custodian Concussion Information Sheet

**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 Gfeller 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



**RETURN TO PLAY FORM:  
CONCUSSION MEDICAL CLEARANCE RELEASING THE  
STUDENT-ATHLETE TO  
RESUME FULL PARTICIPATION IN ATHLETICS**

This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) identified in the Gfeller-Waller Concussion Awareness Act before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist. This form must be signed by the student-athlete's parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

This is to certify that the above-named student-athlete has been evaluated and treated for a concussion and that the Return to Play Protocol was monitored by:

\_\_\_\_\_ at \_\_\_\_\_.

(Print Name of Person and Credential)

(Print Name of School)

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all clinical signs and reports he/she is entirely symptom-free at rest and with both full cognitive and full exertional/physical stress and that the above-named student-athlete has successfully completed the required NCHSAA Concussion Return to Play Protocol through stage 5. By signing below therefore, I give the above-named student-athlete consent to resume full participation in athletics.

**It is critical that the medical professional ultimately releasing this student-athlete to return to athletics after a concussion has appropriate expertise and training in concussion management. The NCHSAA, therefore, STRONGLY RECOMMENDS that in concussion cases, Licensed Athletic Trainers, Licensed Physician Assistants, Licensed Nurse Practitioners, consult with their supervising physician before signing this Return To Play Form, as per their respective state statutes.**

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,  
Licensed Nurse Practitioner, Licensed Neuropsychologist (Please Circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Office Address

\_\_\_\_\_  
Phone Number

\*\*\*\*\*

**Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics**

I am aware that the NCHSAA **REQUIRES** the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been evaluated and treated for a concussion. I acknowledge that the Licensed Health Care Provider above has overseen the treatment of my child's concussion and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name and Relationship to Student-Athlete



## NCHSAA Concussion Return to Play Protocol

\*The NCHSAA Concussion Return to Play (RTP) Protocol is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to resume full participation in athletics. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion (RTP) Protocol has been designed using this step-by-step progression.

\*The NCHSAA Concussion (RTP) Protocol can be monitored by any of the following Licensed Health Care Providers (LHCP): Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, or a Licensed Neuropsychologist. A First Responder may monitor the RTP Protocol if a LHCP is unavailable.

\*After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity. The length of time for each stage is at least 24 hours.

Name of Student- Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

STAGE	EXERCISE	GOAL	DATE COMPLETED	COMMENTS	MONITORED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (e.g. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity			
First Responder Verification	If the RTP Protocol has been monitored by a First Responder (FR) then the FR must sign below attesting that they have reviewed the progress of this student-athlete (S-A) through stage 4 electronically, by phone, or in person with the Licensed Health Care Provider (LHCP) and that the S-A was cleared by the LHCP to complete stage 5. <p style="text-align: center;">FR Signature: _____ Date: _____</p>				
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
LHCP signs RTP Form	The LHCP overseeing the student-athlete's (S-A) care is notified that the S-A remained asymptomatic after stage 5 was completed. The Return to Play (RTP) Form <b>MUST</b> be signed before the S-A is allowed to resume full participation in athletics. If signs or symptoms occur after stage 5 the S-A <b>MUST</b> return to the LHCP overseeing the S-A's care.				

**The individual who monitored the student-athlete's (RTP) Protocol MUST sign and date below when stage 5 is successfully completed.**

By signing below, I attest that I have monitored the above named student-athlete's return to play protocol through stage 5.

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name



## Licensed Health Care Provider Concussion Evaluation Recommendations

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

All NCHSAA member school student-athletes diagnosed with a concussion are **STRONGLY RECOMMENDED** to have input and signature from a physician (MD/DO who is licensed under Article 1 of Chapter 90 of the General Statutes and has expertise and training in concussion management) before being cleared to resume full participation in athletics. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol.) The recommendations indicated below are based on today's evaluation.

### RETURN TO SCHOOL:

PLEASE NOTE →

1. The North Carolina State Board of Education approved "Return-To-Learn after Concussion" policy to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the **LHCP Concussion Return to Learn Recommendations** page.

### SCHOOL (ACADEMICS):

(LHCP identified below should check all recommendations that apply.)

- Out of school until \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date). LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- Return for further evaluation on \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date). LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- May return to school on \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date) with accommodations as selected on the **LHCP Concussion Return to Learn Recommendations** page. LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- May return to school now with no accommodations needed. LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### RETURN TO SPORTS:

PLEASE NOTE →

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The **NCHSAA Concussion Return to Play (RTP) Protocol**, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety by any concussed student-athlete before they are released to full participation in athletics.

### SPORTS & PHYSICAL EDUCATION:

(LHCP identified below should check all recommendations that apply.)

- Not cleared for sports at this time.
- Not cleared for physical education at this time.
- May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
- Must return to the examining LHCP for clearance before returning to sports/physical education.
- May start the RTP Protocol under monitoring of **First Responder**. The examining LHCP must review progress of student-athlete through stage 4 and before beginning stage 5 either electronically, by phone, or in person and an additional office visit is not required unless otherwise indicated by the LHCP. If the student-athlete has remained free of signs/symptoms after stage 5 is completed, the LHCP must then sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.
- May start the RTP Protocol under monitoring of **LHCP** and progress through all five stages with no office contact necessary unless required by examining LHCP. If student-athlete remains free of signs/symptoms the LHCP must sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.

Comment: \_\_\_\_\_

\_\_\_\_\_  
Signature of MD, DO, LAT, PA, NP, Neuropsychologist (Please Circle)

Date: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Phone Number

*The Licensed Health Care Provider above has delegated aspects of the student-athlete's care to the individual designated below.*

\_\_\_\_\_  
Signature of LAT, NP, PA-C, Neuropsychologist, First Responder (Please Circle)

Date: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Phone Number

## Student Athlete Pledge

As a student athlete, I know 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.

---

Student Athlete Signature

---

Date

## Student Athlete's Parent/Guardian Pledge

As a parent/guardian, 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 the players, coaches, spectators, and officials. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by our school, conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent/guardian of a student athlete.

---

Parent/Guardian Signature

---

Date