

ROANOKE RAPIDS HIGH SCHOOL ATHLETIC FORM

ATHLETIC PARTICIPATION (to be completed by athlete)

Student's Name: _____ Male: _____ Female: _____ Grade: _____

Address of Student: _____

Home # _____ Cell # _____ Date of Birth: _____

I hereby apply for permission to participate in the following sport(s): _____

I certify that the above information is correct, and I agree to abide by the eligibility rules and regulations governing athletics as set forth by the North Carolina High School Athletic Association and Roanoke Rapids High School. I have not been convicted of a felony or an act that would have been a felony if I were not classified as a juvenile. I also acknowledge that there is a certain risk of injury involved with participation in athletics.

Signature of Student: _____ Date: _____

MEDICAL HISTORY (to be completed by parent)

Student Name: _____ Age: _____ Date: _____

Is there any known history of:

If "Yes" Explain:

A.	Birth deformities (one eye, one kidney, etc.)	Yes _____ No _____	_____
B.	Past illness of more than one week's duration?	Yes _____ No _____	_____
C.	Medical conditions currently under treatment?	Yes _____ No _____	_____
D.	Fractures or other disabling injuries?	Yes _____ No _____	_____
E.	Any permanent deformity or disability?	Yes _____ No _____	_____
F.	Allergy (drugs, food, clothing, etc.)?	Yes _____ No _____	_____
G.	Mental disorder or convulsions?	Yes _____ No _____	_____

If you need additional room to explain yes to any of the above questions, please use the back of this form.

PARENTAL PERMISSION (to be completed by parents)

As parent or legal guardian of _____, I hereby give my consent for his/her practice and play in the athletic events at Roanoke Rapids High School listed above. I certify that the home address listed above is my bona fide residence and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility of my student-athlete. I recognize that there are inherent risks in all athletic events and hereby give my permission to Roanoke Rapids High School for my son/daughter to participate in interscholastic athletic activities. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I agree to the need for a screening medical examination and certify that the medical history is accurate to the best of my knowledge. I also release RRGSD and members of its athletic staff from any and all damages for injuries sustained while participating in sports.

*Is your son/daughter presently covered by a Hospital Insurance policy? Yes _____ No _____

** (You will be required to purchase insurance for your child if your answer is "NO" to the question above)

Health Insurance Name: _____ Insurance Policy # _____

Physician's Name & Office Phone Number: _____

Mother's Name: _____ Work # _____ Cell # _____

Father's Name: _____ Work # _____ Cell # _____

Emergency Contact Name: _____ Home/Cell # _____

Signature of Parent or Legal Guardian: _____ Date: _____