

Athletic Department

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Forms Required For Student Participation in All Athletic Programs at Warren County High School

All students who participate on any athletic team at W.C.H.S. are required to have the following forms completed and on file before they are allowed to try out, practice or participate in any way:

- (1) Physical Examination Form
- (2) Insurance Form
- (3) Parental Permission Form
- (4) Student and Parent Pledge Form
- (5) Emergency Forms

SPORT PREPARTICIPATION HISTORY FORM

FORM CURRENTLY RECOMMENDED BY NCMS SPORTS MEDICINE COMMITTEE (7/93)

Patient's Name: _____ Age: _____

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Physician's Directions: We recommend repeating the thirteen questions listed below and carefully reviewing details of any positive answers.

YES	NO	DON'T KNOW		
			1	Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister), died suddenly before the age of 50?
			2A	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2B	Have you ever been told you have a heart murmur or heart problems?
			3	Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4	Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?
			5	Does the athlete have a history of concussion (getting knocked out)?
			6	Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
			7	Does the athlete have anything he/she wants to talk to the doctor about?
			8	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			9	Does the athlete take any medicine?
			10	Is the athlete allergic to any medications or bee stings?
			11	Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)?
			12	Do you wear contacts or eye glasses?
			13	Date of last tetanus booster. DATE: _____

Elaborate on any positive answers:

I have answered and reviewed the questions above and give permission for my child to participate in sports.

Signature of Parent or Guardian: _____

Date _____ Phone # _____

EXAMINATION

PATIENT'S NAME: _____

*1. BP _____ WT _____ HT _____ Vision (R) _____ (L) _____

*2. Cardiovascular Exam ___ Normal ___ Abnormal Comments:
Murmur ___ Yes ___ No Describe:

*3 Musculoskeletal Exam Record laxity, weakness, instability, decreased ROM-if abnormal

Knee ___ Normal ___ Abnormal
Ankle ___ Normal ___ Abnormal
Shoulder ___ Normal ___ Abnormal
(Other Orthopedic ___ Normal ___ Abnormal
Problems, e.g. neck, feet, scoliosis)

4. Optional Exam-should be done if history is positive. Comments:

ENT ___ Normal ___ Abnormal
Chest ___ Normal ___ Abnormal
Abdomen ___ Normal ___ Abnormal
Genitalia ___ Normal ___ Abnormal
Skin ___ Normal ___ Abnormal

* ASSESSMENT: 5.A. ___ No problems identified 5.B. Other

* RECOMMENDATIONS: 6.A. ___ Unlimited B. ___ Limited to specific sports C. ___ Deferred until:(e.g., rehab, recheck, consultation, lab, etc.)

* REEXAMINE: 7.A. ___ Yearly and after any injury that limits participation for greater than one week. B. ___ Other:

REQUIRED ELEMENTS ARE IN ASTERISK

I certify that I have examined the above student and that such examination revealed (___ conditions ___ no conditions) that would prevent this student from participation in interscholastic sports.

Are you licensed to practice medicine in the United States _ Yes ___ No

Signature _____ Phone Number _____

Address _____ Date _____

If student not qualified, list reasons for disqualification: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence or one kidney, eye, testicle or ovary, etc.)

**RELEASE FORM FOR ATHLETIC FIELD TRIP PARTICIPATION
WARREN COUNTY HIGH SCHOOL**

I (we) hereby certify that _____
has our permission to participate in school-sponsored field trips or athletic practices, games
and related travel and activities and that he/she is adequately covered by an accident and
health and/or hospitalization insurance policy which is in effect during his participation in such
activities. This coverage is by virtue of: (Check one of the following)

School Accident Insurance

My (our) personal insurance policy

I (we) also acknowledge and certify that this certificate hereby releases and absolves the
Warren County Schools, its agents and employees from all liability for injuries and related
expenses incurred by the students as a result of participating in school-sponsored field trips or
inter-scholastic athletic practices and games without being adequately covered by the
insurance protection certified to above

(Parent)

(Parent)

(Date)

NOTE: Both parents should sign if possible.

PARENTAL PERMISSION

(to be completed by the parent or guardian)

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

I certify that the home address as parents shown on the reverse is my sole bona fide residence and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student-athlete. All other information contained on this form is accurate and current.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of the student-athlete named on the reverse for the activities NOT MARKED OUT BELOW:

- | | | |
|---------------|---------------|------------|
| BASEBALL | GOLF | SWIMMING |
| BASKETBALL | INDOOR TRACK | TENNIS |
| CROSS COUNTRY | OUTDOOR TRACK | VOLLEYBALL |
| FOOTBALL | SOCCER | WRESTLING |
| SOFTBALL | CHEERLEADING | |

OTHERS (school may list) _____

Date _____ Parent's or Guardian's Signature _____

NOTE: This statement should be on file in the principal's office and is valid for one school year only.

(continue on reverse)

ATHLETIC PARTICIPATION
(to be completed by the student-athlete)

School Year _____

Name _____ Date of Birth _____
 Last First Middle

Home Address _____ City _____ Zip _____

This is my _____ consecutive semester at _____ High School, and I entered the ninth grade in _____ of 19_____. Last semester, I attended _____ School and passed ___ (number) courses. I have also not been convicted of a felony or an act that would have been a felony if I were not classified as a juvenile.

I certify that the above information is correct, that I have read the summary of NCHSAA eligibility rules and that I agree to abide by those standards and those of my school.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

Date _____

Student-Athlete's Name _____

Student-Athlete's Signature _____

(continue on reverse)

Student Athlete's 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.

Parent(s)

Date

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

Date

WARREN COUNTY HIGH SCHOOL EMERGENCY CARD

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PARENT(S) NAME: _____

PHONE (H): _____ (W) _____ (C) _____

RELATIVE: _____ RELATIONSHIP: _____

PHONE (H): _____ (W) _____ (C) _____

FAMILY PHYSICIAN: _____ PHONE: _____

BIRTHDATE: _____ CONTACTS: YES NO

ALLERGIES: _____

MEDICAL DEFICIENCIES: _____

SOCIAL SECURITY NUMBER: _____

INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

As parent or legal guardian of _____ I grant permission for treatment deemed necessary for a condition arising during this school sponsored field trip/athletic activity. Including medical treatment recommended by a medical doctor. The parent or legal guardian will be notified immediately of all actions taken and parents/guardians will be responsible for all medical bills.

Signature of Parent/Guardian

Date