



Participation and Eligibility Packet  
Middle School Interscholastic Athletics  
2023-2024

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***\*Indicates a form that must be completed, signed and returned to your student’s school prior to your student being allowed to participate in any athletic activities, including workouts.***

**WINSTON-SALEM/FORSYTH COUNTY SCHOOLS  
MIDDLE SCHOOL INTERSCHOLASTIC ATHLETICS PARTICIPATION FORM  
PERMISSION, ACKNOWLEDGMENT AND RELEASE**

Name of Parent/Legal Custodian:		Name of Student-Athlete:	
Relationship to Student-Athlete (check one): <input type="checkbox"/> Biological/Adoptive Mother <input type="checkbox"/> Biological/Adoptive Father <input type="checkbox"/> Legal Custodian pursuant to Court Order <input type="checkbox"/> Other:			
Street Address:		School:	Grade:
City:	State:	Zip:	Date of Birth:                      Gender:
Parent/Legal Custodian Telephone Home: Work: Mobile:		Emergency Contact Person Name: Relationship to Student-Athlete: Emergency Contact Telephone:	
<b>INSURANCE: WS/FCS Board Policy 6145</b> requires that all students who participate in athletics be adequately covered by medical or accident insurance. By signing below, we certify that we have purchased and will maintain in full force and effect during the student-athlete's participation in athletics the following insurance policy:			
Check One: <input type="checkbox"/> School Accident Insurance <input type="checkbox"/> Other Insurance Company		Policy No.:	
Name of Other Insurance Co.:		Group No.:	
Street Address of Other Insurance Co.:		Policy Term	
City:	State:	Zip:	From:                      To:

**Request for Permission:** WS/FCS currently offers interscholastic athletics at the middle school level in the following sports: basketball, baseball, cheerleading, cross country, golf, soccer, softball, tennis, track, and volleyball. We, the undersigned student and the student's parent/legal custodian, apply for permission to participate in one or more of the foregoing sports.

**Athletic Eligibility, Rules to Know: To represent your school in middle school athletics, YOU:**

1. Must be a properly enrolled student at the time you participate, must be enrolled no later than the 15<sup>th</sup> day of the present semester, and must be in regular attendance at that school.
2. Must not have more than thirteen (13) unexcused absences in a semester to be eligible for participation in interscholastic athletic activities during the next semester.
3. Must pass one less course than the number of required core courses each quarter.
4. Must not turn fifteen (15) years of age on or before August 31 of that year.
5. Must live with your parents or legal custodian within the school administrative unit (exceptions must be approved by your principal). A student is eligible if he has attended school within that unit the previous two (2) semesters (if eligible in all other respects).
6. Must be present for a minimum of fifty percent (50%) of the student day on the day of an athletic contest in order to participate in the event.
7. Must have received and cleared a medical examination by a licensed physician, nurse practitioner, or physician's assistant with the past 395 days. If you miss five (5) or more days of practice due to illness or injury, you must receive a medical release before practicing or playing.
8. Must not accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
9. Must not participate on any all-star team or in any all-star game in which you are representing your school.
10. May not play, practice, or assemble as a team with your coach on Sunday.
11. May not dress for a contest, sit on bench, or practice if you are not eligible to participate.
12. Must not play more than three (3) games in one sport per week (exceptions: basketball, baseball, softball and volleyball); and not more than one (1) contest per day in the same sport (exceptions: baseball, softball and volleyball).
13. May attend only those summer camps to which you or your parent/legal custodian pay the fees.
14. Must not have been convicted of a crime classified as a felony under North Carolina or federal law or have been adjudicated delinquent for an offense that would be a felony if committed by an adult.
15. Must meet State and location promotion standards each semester.
16. May not participate at the middle school level for a period lasting longer than six (6) consecutive semesters, beginning with your entry into sixth (6<sup>th</sup>) grade.

**Athletic Eligibility, Drugs/Alcohol:** If an athlete is found in possession of, or under the influence of, drugs or alcohol at school or at a school-sponsored function, Board Policy 5131.6 shall be in effect. An athlete will automatically be suspended from any athletic involvement for a minimum of thirty (30) school days.

**Athletic Eligibility, Acknowledgment:** We, the undersigned student and parent/legal custodian, have read and discussed the general requirements for middle school athletic eligibility. We understand any additional questions or specific circumstances should be directed to my student's coach, athletic director or principal. We certify that all information provided on this form is accurate and current. I, the undersigned parent/legal custodian, certify that the home address I provided in this document 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. I, the undersigned parent/legal custodian, further acknowledge I must not falsify any official eligibility information relating to my residence, and acknowledge that doing so may result in a loss of my student-athlete's eligibility for 365 days.

**Risk of Injury and Illness:** We acknowledge and understand that there is a risk of injury and illness involved in athletic participation, **including possible exposure to and illness from infectious diseases, including COVID-19.** We understand that the student-athlete will be under the supervision of a WS/FCS athletic coach. We agree to follow the rules and regulations of the sport and the instructions of the coach in order to reduce the risk of injury and illness to the student and other athletes. However, we acknowledge and understand that neither the coach nor the WS/FCS can eliminate the risk of injury and illness in sports. Injuries and illness may and do occur. *Sports injuries and illnesses 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 and illness that might occur from participation in athletics.

**Assumption of Risk, Release of Liability and Indemnification:** By signing this document, we assume any and all risk of injury and illness associated with the student-athlete's participation in interscholastic athletics. In consideration of the WS/FCS allowing the student-athlete to participate in athletics, we agree to release, hold harmless and indemnify the WS/FCS, its athletic coaches, and other employees from and against any and all claims, suits or causes of action arising from or out of any injury or illness the student-athlete may suffer as a result of participation in athletics other than an injury resulting from gross or willful negligence.

**Release of Information:** By signing below, I, the student and I, the student's parent/legal custodian, consent and give permission for WS/FCS to the use of student's name, likeness and athletic-related information in reports of contests, promotional literature, social media, websites and other materials and releases related to interscholastic athletics. We also consent and give permission for athletic events in which student participates to be livestreamed and/or recorded for on-demand streaming.

**Local Athletic Field Trip Permission.** As a member of an athletic team, the student athlete may be traveling by activity bus or other means of transportation to a number of local schools and venues this school year for athletic events. The athletic team's schedule contains information about the location of such athletic events. Student athletes will be supervised by their coach or other school personnel. By signing below, I (the student athlete's parent or legal custodian), give permission for my student athlete to travel as a member of an athletic team. If I have any questions about travel, I will ask the Head Coach, Athletic Director or Principal.

**Medical Authorization:** By signing below, I (the student athlete's parent or legal custodian), give consent for the student to receive a medical screening and examination prior to participation in athletics. If the student athlete is injured while participating in athletics and the WS/FCS is unable to contact me, I grant the WS/FCS permission and authority to obtain the necessary medical care and treatment for the student athlete, including but not limited to: first aid, medical treatment or surgical treatment recommended by a physician; and medical treatment recommended by the WS/FCS authorized athletic trainer. I further accept financial responsibility for such medical care or treatment on behalf of myself and my spouse.

**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 of its students. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

**Parent 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 supporting and uplifting the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship that our school expects. I accept my responsibility to model good sportsmanship that comes with being the parent of a student athlete. I agree to comply with WS/FCS Policy 1170-Civility Policy.

**Sportsmanship/Ejection Regulations:** We recognize interscholastic athletic events should be conducted in such a manner ensuring 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 student shall be under the coach's supervision and control at all times the student is participating in an athletic event. We, the student and the parent/legal custodian, acknowledge we have read and understand the Sportsmanship/Ejection Regulations set forth in WS/FCS Administrative Regulation 6145.2 Section V. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, and disrespectfully addressing or contacting an official. **In the event a student is ejected from an athletic contest, the WS/FCS and its schools will adhere to any and all penalties listed in the North Carolina Department of Public Instruction's Middle/Junior High School Athletic Manual and WS/FCS AR 6145.2 Section V Sportsmanship/Ejection Regulations.**

We, the undersigned student and parent/legal custodian, have read this document and understand all of the requirements for athletic participation at my school. We agree to comply with the requirements set forth in all applicable eligibility rules and this document. All information contained in this document is accurate and correct.

Student:	Date:
Parent/Legal Custodian:	Date:

Instructions for completing the NCHSAA Student-Athlete  
Pre-Participation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must complete a pre-participation physical evaluation (PPE) and provide medical eligibility documentation to the school.

There are three sections that need to be completed:

1. History Form (Pages 1-2)
  - a. This form is completed by the student-athlete and his / her parent or guardian.
  - b. Both the athlete and a parent or guardian shall sign this form.
2. Physical Examination Form (Page 3)
  - a. This section is completed by and signed by a licensed medical professional (MD, DO, NP, or PA-C).
  - b. The physical exam should include a thorough review of the history form. The licensed medical professional should ask any clarifying questions or discuss any areas left blank on the medical history during the physical exam.
  - c. This form should be signed on the date that the physical examination was completed.
3. Medical Eligibility (Page 4)
  - a. This section is completed by and signed by the licensed medical professional who reviewed the history form and completed the physical exam.
  - b. The licensed medical provider should complete the Shared Emergency Information based on findings from the history form and the physical examination.
  - c. This form should also be signed on the date that the physical examination was completed.



## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one):  Y  N

Have you been immunized for COVID-19? (check one):  Y  N If yes, have you had:  One shot  Two shots  
 Three shots  Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			





## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date of exam: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA





## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date of exam: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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