

**IREDELL-STATESVILLE SCHOOLS  
ATHLETIC PARTICIPATION FORM FOR MIDDLE SCHOOL**

Both sides of this form are to be filled out completely and filed in the office of the athletic director before the student can participate in the school's athletic programs.

STUDENT _____	SCHOOL _____
ADDRESS _____	GRADE _____
PARENT'S NAME _____	PHONE #s: (Home) _____
FAMILY PHYSICIAN _____	(Work) _____
	(Cell) _____

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**PERMISSION TO PARTICIPATE**  
(to be completed and signed by the student and parent/guardian)

I have read and reviewed the general requirements for middle school athletic eligibility on the reverse side. I understand that additional questions or specific circumstances should be directed to the principal, athletic director, or coach.

I certify that the home address of parents shown above is my sole bona fide residence and I will notify the school's principal immediately of any change in residence, since such a move may alter the eligibility status of my child.

As a parent or legal guardian of \_\_\_\_\_, in accordance with the rules of DPI, I hereby give my consent for his/her participation in interscholastic sports in the Iredell-Statesville school system.

I grant permission for first aid treatment deemed necessary for a condition arising during participation in these activities, and medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

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

I agree to the need for a medical examination and I certify that the medical history on reverse side is accurate to the best of my knowledge. I understand that failure to comply with DPI policies and Iredell-Statesville policies that govern athletics are grounds for suspension and/or dismissal from athletic participation.

I certify that the information in this application is correct, and I agree to abide by the eligibility rules and regulations governing athletics as set forth by the N.C State Board of Education, the N. C. Department of Public Instruction, and the Iredell-Statesville Schools.

Date \_\_\_\_\_ Signature of Student Athlete \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**MEDICAL EXAMINATION FOR:**

Name: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Date of Physical

	NORMAL	ABNORMAL	DESCRIBE ABNORMALITIES
1. _____	Eyes	_____	_____
2. _____	ENT	_____	_____
3. _____	Heart	_____	_____
4. _____	Lungs	_____	_____
5. _____	Abdomen	_____	_____
6. _____	Genitalia (males only)	_____	_____
7. _____	Musculoskeletal	_____	_____
8. _____	Neurological	_____	_____
9. _____	Skin	_____	_____

**LABORATORY**

Urinalysis (Optional): \_\_\_\_\_  
 Other (where indicated): \_\_\_\_\_

I certify that I have examined this student and find him/her medically (qualified/not qualified) to compete in athletics.

Signature \_\_\_\_\_ Date of Examination \_\_\_\_\_

Licensed to practice in N. C. ?  Yes  No

If student is not qualified, list the reason(s) 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 of one kidney, eye or testicle.)

**MEDICAL HISTORY**

(to be completed by parents prior to medical examination)

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is there a known history of:

- |  |           |          |
|--|-----------|----------|
| Birth deformities (one eye, one kidney, etc.)?       | _____ Yes | _____ No |
| Known past illness of more than one week's duration? | _____ Yes | _____ No |
| Medical conditions currently under treatment?        | _____ Yes | _____ No |
| Fractures or other disabling injuries?               | _____ Yes | _____ No |
| Any permanent deformity or disability?               | _____ Yes | _____ No |
| Allergies (drugs, food, clothing, etc.)?             | _____ Yes | _____ No |
| Mental disorder or convulsions?                      | _____ Yes | _____ No |
| Asthma?  | _____ Yes | _____ No |
| Currently taking any medications?                    | _____ Yes | _____ No |

Explain any above questions answered "Yes": \_\_\_\_\_

**Protect Your Eligibility by Knowing the Rules. To Participate in Athletics, You:**

- Must be a properly enrolled student in the school at which you participate
- Must have been in attendance for at least 85% of the previous semester
- Must be under 15 years of age on October 16<sup>th</sup> of current school year
- Must live with your parents or person who has legal custody in the administrative unit
- Must have passed at least one less course than the number of required core courses during the previous semester, and meet local promotion and attendance standards
- You and your parents must attend the required pre-season meeting with the coach
- Must have a medical examination each year
- Upon entering the seventh grade, students have four consecutive semesters to participate in middle school athletics