

2018 - 2019 MCDOWELL HIGH SCHOOL ATHLETIC PARTICIPATION FORM

PLEASE PRINT

ATTENTION: BE SURE TO SIGN ALL EIGHT (8) THICK-BORDERED SIGNATURE BOXES

Name: _____ Male: _____ Female: _____
Last First Middle

Address: _____
Street City State Zip Code

The student is domiciled at the above address located in the _____ High School District.
(School must be notified if student moves from the above address.)

You live with: _____
Name of Parent/Parents/Guardian

Telephone: _____
Home Work Mobile

Emergency Contact: _____
Name Address Phone

Date of Birth: _____ Student #: _____
NC WISE ID

Year Entered 9th Grade: _____ Grade Level for the 2018-19 School Year: _____

PARENT AND ATHLETE CONSENT FOR ATHLETIC PARTICIPATION

I/We certify that the home address of parents/guardians listed above is our sole bona fide residence and will notify the school principal immediately of any change in residence, since a move may alter the eligibility status of the student-athlete. I/We certify that the student-athlete has not plead guilty to or been convicted of a felony. I/We certify that the student-athlete has not participated in a sport in another state during this school year.

I/We acknowledge that the use and/or possession of alcohol and illegal drugs violates Board of Education policies.

I/We 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 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.

As student-athlete and parents, by choosing to participate, you acknowledge the risk of injury and understand that you must adhere to the proper instruction about techniques and the use of equipment. You agree to refrain from improper uses or techniques.

I/We have read and reviewed the general requirements for High School athletic eligibility and the policies of McDowell High School athletics and agree to abide by those standards, including enrollment in the mandatory, random drug-testing program. We also acknowledge the risk outlined above and do hereby give our informed consent to allow the above named student to participate in all athletic activities at this school for this academic year.

Signed: _____ Date: _____
Parent or Guardian

Signed: _____ Date: _____
Student Athlete

**WAIVER OF BASIC INSURANCE COVERAGE
FOR PARTICIPATION IN SCHOOL ATHLETICS INCLUDING CHEERLEADING**

THE UNDERSIGNED AGREES AND CERTIFIES THAT:

1. He or she is the parent or legal guardian of _____ (hereafter referred to as "student"),
born on _____, who will be a student at _____
(hereafter referred to as "School") during the _____ academic year.
2. The Undersigned has legal custody of the student, or other legal authority to obtain insurance coverage for the student, and to consent to the student's participation in the School's Athletic Program including Cheerleading.
3. The Undersigned understands that medical, hospital, and/or other basic insurance coverage for athletic injuries can be obtained through the school; but that the school must pass the costs of such coverage on to the parents or guardian of Students who are financially able to bear such costs.
4. The Student is covered by an existing insurance policy with _____ which provides medical, hospital, and/or other basic coverage for injuries, which the Student might receive while participating in the School's Athletic Program.
5. THE UNDERSIGNED AGREES TO PROVIDE BASIC INSURANCE COVERAGE FOR THE STUDENT THROUGH THE INSURANCE NAMED ABOVE, AND TO WAIVE ANY INSURANCE COVERAGE (other than Catastrophic Insurance, which provides coverage only for claims in excess of \$25,000 which are not covered by other insurances) WHICH THE SCHOOL MIGHT OTHERWISE OBTAIN.
6. The Undersigned agrees to notify the School immediately if the Student's insurance coverage is canceled or otherwise terminated; and the Undersigned further agrees that no claim will be made against the McDowell County School System for failure of the School or School System to obtain basic insurance coverage for the Student.
7. The Undersigned agrees to release that School and the McDowell County School System of any responsibility for personal injury and/or financial. School Athletic activities including cheerleading.

Signed: _____ Date: _____
Parent or Guardian

CONSENT FOR MEDICAL TREATMENTS

- **EMERGENCY TREATMENT:** In the event of a medical emergency, every attempt to notify the parent or guardian will be made. However, if you cannot be reached, we ask that you grant permission for your child to be treated for medical emergency by a licensed physician or other persons trained in emergency care. In the event that I cannot be reached, I grant permission to the MCDOWELL COUNTY SCHOOLS to provide emergency medical treatment to my son or daughter by a licensed medical physician.
- **TRAUMATIC BRAIN INJURY:** I understand and give my permission for my child to take a computer test of single questions in order to provide base line data for a doctor to review in the unlikely event that a head injury might occur while participating in a sports activity. This computer test will become part of your child's medical information and will not be shared with anyone except the child's parents and the medical team. It will allow better decision-making in your child's health and return to sport.
- **PRACTICE, TRAINING ROOM, GAME & INJURY CLINIC TREATMENT CONSENT:** Local, licensed physicians will be serving as our team physicians. We ask that you sign and give permission to these physicians to treat your son/daughter for any sports related injury. I understand that no surgical procedure will be performed without my further written consent.
- **HIPAA/FERPA RELEASE:** The above named student-athlete has opted his/her rights under the US Department of Health and Human Resources guidelines. By signing this release, the student-athlete allows sharing of medical information between the Sports Medicine Staff (team physicians and medical staff, athletic trainers and student assistants), the school athletic staff (Athletic Director and Coaches), school administration and his/her medical provider(s). In the event of an emergency situation, information may be shared with emergency medical personnel. Every reasonable effort will be made to protect this information. It is understood that once this medical information is disclosed, it is no longer protected under the HIPAA/FERPA guidelines.

Signed: _____ Date: _____
Parent or Guardian

