

To: Parent/Guardian of prospective student-athlete From: Athletic Department

Re: Athletic participation rules and forms

The Athletic Department at Union Academy is excited that your child has displayed an interest in being part of our athletic programs. Becoming a part of an athletic team provides opportunities for the student-athlete to grow in areas such as physical fitness, sportsmanship and teamwork. Being part of an athletic team requires hard work and dedication from the athlete and you.

Attached you will find a packet of athletic forms that **must** be properly and fully completed **before** a student-athlete can try out for a team. Please read these forms thoroughly and completely. Should you have any questions or concerns about the information on these forms, feel free to contact your child's prospective coach or Mark Gosnell, Athletic Director at the school.

ALL forms **must** be returned to Union Academy in order for your child to be eligible to participate in athletics. Prospective football players must return the assumption of risk page. (This includes rising freshmen.) It is imperative that all information included on the athletic participation forms be absolutely correct. Incorrect information could affect your child's athletic eligibility.

The UA Athletic Department looks forward to providing a positive experience for your child. Below are some guidelines we want you the parent/guardian to follow to keep the experience positive:

Do not approach a coach after a practice or game has just finished, with a negative comment. Please call the school to set a meeting with the coach or discuss the situation over the phone with the coach.

If you are not satisfied with the outcome after discussing the situation with the coach, please call the Mark Gosnell, Athletic Director at (704) 238-8883.

When a sports season starts, coaches expect athletes to be at all practices and games. Missing because of AAU or club sports is not excused and can be reason for dismissal according to team rules.

All stakeholders involved with Union Academy athletics are expected to uphold the school's mission of positive character and community. Disciplinary action may be taken against any individual in violation of the code of conduct for Union Academy and the athletics department. All middle and high school sports are pay to play. All potential players must settle with the business office **before** the start of games. Please contact Mark Gosnell or Amy McSheehan with any questions regarding sports fees.

Again thank you for you and your child's interest in being a part of Union Academy Athletics.

Athletics – Required Fees

Required Union Academy Athletic Fees:

- You **must** be a Cardinal Athletic Club (CAC) member if you are a middle or high school student athlete. Please fill out and return the CAC membership form.
- The minimum required fee to be a CAC member is \$215.00.
- Total Fee for High School Football: **\$365.00** (\$215.00 CAC + \$150.00 HS Football Fee)
- Total Fee for all other sports: **\$240.00** (\$215.00 CAC + \$25.00 sports fee)
(Example: basketball, volleyball, softball, golf, etc.)

Note: Union Athletic Association (UAA) is **not** associated with Union Academy CAC fees. UAA is a separate organization.

Optional Union Academy Athletic Fees:

- You may upgrade your CAC membership to silver, gold, or platinum at an additional cost. Please refer the CAC Payment Form for upgrade options and benefits.

Payment:

Please send payment with your student or mail checks to:

Union Academy
Business Office
675 N. MLK Jr. Blvd.
Monroe, NC 28110

Athletics – Emergency Contact

Student Information:					
School Year: _____	Date of Birth: ____ / ____ / ____				
Legal Name: _____					
Last	First	Middle			
Home Address: _____		_____			
Street	Apt # (If Applicable)	City	County	State	Zip
Home Phone: _____	Cell Phone: _____				
Known Allergies/Illnesses: _____					
Medication Taken: _____					

Parent/Guardian Information:	
Mother's Name: _____	Father's Name: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Emergency Contact: _____	Phone Number: _____

Insurance Information:				
If covered by family insurance please complete the following:				
Insurance Name: _____				
Address: _____				
Street	City	County	State	Zip
Policy/Group #: _____	Phone Number: _____			

Permission is hereby granted to the Athletic Director, Athletic Trainer, or Coaching staff at Union Academy Charter School to proceed with **ANY** needed medical treatment, ambulance notification, and/or x-ray for the above named student. In the event of serious illness or injury, need of surgery, or accidental occurrences I understand that an attempt will be made by the coaching or medical staff to contact me by phone. If unsuccessful, needed emergency treatment may be given as necessary for the best interest of the student and a copy of this permission form will be furnished to the doctor in charge. I also grant permission for the treating physician to release information to the athletic trainer and/or health related information needed to care for my child with physicians, coaches, other healthcare providers, etc. throughout the school year.

Parent/Legal Guardian: _____	Date: _____
Signature	
Student Athlete: _____	Date: _____
Signature	

Athletics – Participation Requirements

Parent/Legal Guardian: _____		Relation to Student: _____	
Student Athlete: _____			
Last		First	
Middle			
Grade Level: _____	Date of Birth: ____ / ____ / ____		
Address: _____			
Street	Apt # (If Applicable)	City	County
		State	Zip
Father's Work Phone: _____		Mother's Work Phone: _____	
Father's Cell Phone: _____		Mother's Cell Phone: _____	

Request for Permission:

We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports: (Check all that may apply)

- | | | | |
|-------------------------------------|---|--------------------------------|--|
| <input type="radio"/> Basketball | <input type="radio"/> Football | <input type="radio"/> Softball | <input type="radio"/> Volleyball |
| <input type="radio"/> Baseball | <input type="radio"/> Golf | <input type="radio"/> Swimming | <input type="radio"/> Wrestling |
| <input type="radio"/> Cheerleader | <input type="radio"/> Manager/Student Trainer | <input type="radio"/> Tennis | <input type="radio"/> Wrestling Mat Maid |
| <input type="radio"/> Cross Country | <input type="radio"/> Soccer | <input type="radio"/> Track | |

General Requirements: We have read and discussed the general requirements of the NCHSAA and Union Academy Charter School. We understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal.

Risk of Injury: We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of an athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor Union Academy can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries 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 that might occur from participating in athletics.

Release: By allowing the above named student athlete to participate in athletics, we agree to release and hold Union Academy Charter School, its athletic coaches, and other employed free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence.

Certification and Medical Authorization: Permission is hereby granted to the Athletic Director, Athletic Trainer, or Coaching Staff at our Union Academy Charter School to proceed with ANY needed medical treatment, ambulance notification, and/or x-ray for the student-athlete. In the event of serious illness or injury, need of surgery, or accidental occurrences, I understand that an attempt will be made by the coaching staff or medical staff to contact the parent/guardian by phone. If unsuccessful, needed emergency treatment may be given as necessary for the best interest of the student-athlete.

Release of Medical Information: Permission is granted for the athletic trainer/first responder to share and/or receive health related information needed my child with other health care providers, coaches, etc. throughout the school year.

We, the undersigned student and parent, have read this document and understand all of the expectations of athletic participation:

Parent/Legal Guardian: _____	Date: _____
Signature	
Student Athlete: _____	Date: _____
Signature	

2018-2019 North Carolina High School Athletic Association Eligibility and Authorization Statement

This document is to be signed by the participant of an NCHSAA member school and by the participant's parent.

I have read, understand and acknowledge receipt of the eligibility rules of the North Carolina High School Athletic Association. I understand that a copy of the *NCHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All NCHSAA bylaws and regulations from the *Handbook* are also posted on the NCHSAA web site at www.nchsa.org

I understand that an NCHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than NCHSAA rules.

I understand that participation in interscholastic athletics is a **privilege not a right**.

Student Code of Responsibility

As a student athlete, I **understand and accept** the following responsibilities:

I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.

I will be **fully responsible** for my own actions and the consequences of my actions.

I will **respect the property** of others.

I will **respect and obey the rules** of my school and laws of my community, state and country.

I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.

I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration

I **understand that if I drop a class**, take course work through Post Secondary Enrollment Option, or other educational options, this action could affect compliance with NCHSAA academic standards and my eligibility.

Informed Consent – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, LEGAL CUSTODIAN'S OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN NCHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.

I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest.

I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

I have received, read and signed the **Gfeller-Waller Concussion Information Sheet**.

I **consent to the NCHSAA use of the herein named student's name**, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation.

Must Be Signed Before Participation

Student's Signature	Birth date	Grade in School	Date
Signature of Parent or Legal Custodian			Date

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete's Name: _____ Age: _____ Sex: _____

*This is a screening examination for participation in sports. **This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

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

Parent/Legal Custodian Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed.	Yes	No	Unsure
1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student-athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot Other: _____			
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). <input type="checkbox"/> 1. Has the student-athlete had little interest or pleasure in doing things? <input type="checkbox"/> 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? <input type="checkbox"/> 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? <input type="checkbox"/> 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?			
FAMILY HISTORY			
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here: _____

By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____ Phone #: _____

Signature of Athlete: _____ Date: _____

Student-Athlete's Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP _____ (_____ % ile) / _____ (_____ % ile) Pulse: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y N

Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- *** C. Medical Waiver Form must be attached (for the condition of: _____)
- D. Not cleared for: Collision Contact
 Non-contact _____ Strenuous _____ Moderately strenuous _____ Non-strenuous

Due to: _____

Additional Recommendations/Rehab Instructions: _____

Name of Physician/Extender: _____ (Please print)

Signature of Physician/Extender: _____ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: _____

Address: _____

Phone: _____

Physician Office Stamp

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

**ASSUMPTION OF RISK INFORMATION
WARNING TO STUDENTS AND PARENTS**

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION

By its nature, competitive athletics may put students in situations in which **SERIOUS, CATASTROPHIC and perhaps FATAL ACCIDENTS may occur.**

Dear Parents/Guardian:

Athletics can be one of the most rewarding aspects of any student's scholastic career. We are proud that your son/daughter has chosen to be a student-athlete and has accepted the responsibility of that **DUAL ROLE**. It is our hope that you will share in your son/daughter's athletic experience as a spectator and, more importantly, as a source of encouragement at home.

Many forms of athletic competition result in violent physical content among players, the use of equipment which may result in accidents, strenuous physical exercise, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile it involves choice of risk, athletic participation by middle/junior and senior high students may also be inherently dangerous. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your child to participate in athletic competition, you, the parent or guardian acknowledge that such a risk exists.

By choosing to participate, you, the student, acknowledge that such a risk exists.

Students will be instructed in the proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students **must** adhere to that instruction and utilization and **must** refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal, athletic director, coach or athletic trainer for further information.

The following is in compliance with requirements to inform all athletes that any activity involves the potential of injury, which is inherent in sports. I/We acknowledge that even, with the best coaching, use of the most advanced equipment and strict observance of the rules, injuries are still a possibility. On rare occasions these injuries can be severe as to result in total disability, paralysis or even death. I/We acknowledge have read and understand the warning.

I have read the rules and guidelines in this attachment and folder governing the athletes at _____
School

By signing this form, I affirm the willingness to abide by these rules and meet my commitments.

Student Signature: _____ Date _____

Parent(s) Signature: _____ Date _____

_____ Date _____

ATHLETIC PARTICIPATION and NCHSAA REQUIREMENTS
Protect Your Eligibility; Know the Rules:

To represent your school in athletics YOU:

1. Must be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester, and must be in regular attendance at that school.
2. Must have been in attendance for at least 85% of the previous semester at an approved School.
3. Must have not exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since entering grade nine (9). Must be under 19 years of age on or before August 31st.
4. Must live with your parents or legal custodian within the school administrative unit (exceptions must be approved by your Local LEA and the NCHSAA. A student is eligible if he/she has attended school within that unit the previous two (2) semesters (if eligible in all other respects).
5. Must be present for a minimum of 50% of the student day on the day of an athletic contest in order to participate in the event.
6. Must have passed a minimum of five (5) courses during the previous semester in the academic schedule, must meet promotion standards established by LEA.
7. Middle school students promoted or transferred to the high school will be automatically eligible for the first semester at the high school – regardless of course passed at the Middle school.
8. Must have received a medical examination by a licensed physician, physician assistant, or family nurse practitioner within the past 365 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.
9. 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.
10. Must not have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college unless the course is a part of Cabarrus County curriculum.
11. Must not participate in unsanctioned all-star or bowl games.
12. May not receive team instruction from your school's coaching staff during the school year outside your sports season (from first practice through final games).
13. May not, as an individual or a team, practice or play during the school day (from the first practice through conference tournament).
14. May not play, practice or assemble as a team with your coach on Sunday.
15. May not dress for a contest, sit on the bench, or practice if you do not meet eligibility requirements.
16. Must not play more than three (3) games in one sport per week (exceptions: Baseball, Softball, and Volleyball); and not more than one (1) contest per day in the same sport (exceptions: Baseball, Softball, and Volleyball).
17. May attend only those summer camps to which you or your parents paid the fees.
18. May take part in summer football workouts under your school's coaching staff provided there is no contact and your equipment is limited to headgear, shoes and shoulder pads.
19. Must not be guilty of unsportsmanlike conduct.
20. Must not have graduated or been eligible for graduation from high school.

Additional information can be found on the State Athletic Website: <http://www.nchsaa.org>

**STUDENT ATHLETE CONTRACT
UNION ACADEMY CHARTER SCHOOL**

I _____, realize that participating in athletics at _____ is a privilege.
(Name of Athlete) (School)

I also understand that I have certain responsibilities that must be maintained in order to represent my school. Conditions for participating in athletics are as follows.

1. I will fulfill all of the eligibility requirements as set forth by the North Carolina High School Athletic Association.
2. I will be prompt in completing the required forms from the school.
 - a. Physical Form
 - b. Athletic Participation Forms
 - c. Athletic Contract
 - d. Warning of Injury Form
3. I understand that once I begin a sport, I may not try-out for any other squad until that team's season is completed.
4. I understand that if I decided to quit a sport, I must do so in the manner described in this contract.
 - a. If quitting a sport, I must notify the coach within 36 hours.
 - b. I understand that all equipment issued from the squad is to be returned before any separation from the squad. Equipment not returned will be charged to the students fees and will prevent them entering the next sport.
 - c. Any player who quits a squad during the contest will be suspended from athletics for one year and must have the permission from the principal and athletic director to rejoin the athletic program.
5. I understand that all equipment issued and all bills incurred must be returned or paid before I will be allowed to participate in another sport.
6. I understand it is my responsibility to follow the training rules as set forth by the athletic department/coach. Any violation that results in suspension must be reviewed by the Principal/Athletic Director before I will be allowed to return. Any violation involving the use or possession of drugs or alcohol will result in dismissal from the squad.
7. I understand that to letter in a sport I must fulfill all requirements of the athletic department and the coaches of each team.
8. I understand that if I am arrested or charged with a crime, that my privilege to participate in sports at my school, I will be suspended 14 days minimum or until such time as the result of my case is adjudicated, the results of which will terminate my participation for the remainder of the season if found guilty. All violations of this policy will be reviewed by the Principal and Athletic Director.
9. Squad members must be in school at least half a day on game day/practice day.
10. Members of a squad are to ride to away games together under the supervision of the head coach. This includes trainers, managers and scorekeepers. All members are to ride back after the contest under the supervision of the head coach unless their parent received permission from the head coach in person at the end of the contest to ride with them.
11. I understand that I am a representative of the athletic department and that my actions reflect on the school, community, and my family. Any actions that bring discredit to me or these institutions will be dealt with by the administration and the athletic department and may include dismissal from the team.
12. I commit myself to continuously working toward the goal of being a contributing member of an athletic team at my school. To do anything which would harm my body would not be in the best interest of me, my family, my team, and my school.
13. I agree to remain chemically free from tobacco products, alcohol, and other illegally used drugs during my sports season. I fully understand this pledge extends seven days per week.
14. I understand that if I have a problem and/or need help fulfilling this contract, all members of my school's athletic department, the administrative team and counseling department is available and willing to help me.
15. I pledge to be a positive role model to my fellow student athletes/teammates and help them abide by all of the athletic department's rules and policies.
16. If I am removed from a team for disciplinary reasons, I may be prohibited to return to any event involving that team or sport the remainder of the season.

In keeping with the sportsmanship and team spirit necessary to have a successful season, it is of the utmost importance that all athletes conduct themselves in a positive manner supporting their team. If deemed that any actions are considered detrimental to the success of the team, that athlete may face disciplinary action as deemed fit by the coach including removal from the team. In signing this statement you are assuring Union Academy Charter School that you will be a positive team player and will support the team in all your actions.

I understand the above statements and will support the team in all actions and deeds.

Athlete's Signature: _____ Date: _____

As the parent/Guardian of _____ I understand and support this contract and pledge my child has signed. I also understand that it is my responsibility to assist my child in following the rules and policies listed in the above document.

Parent/Guardian Signature: _____ Date: _____

Football is a contact sport and injuries will occur. The coaches working in our program are well-qualified professional people. Fundamentals related to playing football will continually and repeatedly be emphasized on and off the field. The information contained within the list of rules and procedures is to inform the young men/ women in our football programs of the proper techniques to practice for maximum safety in the contact phase of the game.

Serious head and neck injuries leading to death, permanent brain damage or quadriplegia (extensive paralysis from injury to the spinal cord at the neck level occurs each year in football. The toll is relatively small (less than one fatality for every 100,000 players and an estimated one non-fatal severe brain and spinal cord injury for every 100,000 players) but persistent. They cannot be completely prevented due to the tremendous forces occasionally encountered in football collisions; they can be minimized by the manufacturer, coach, and the player compliance with safety standards.

TACKLING, BLOCKING AND RUNNING THE BALL

By rule, the helmet is not to be used as a "ram". Initial contact is not to be made with the helmet. It is not possible to play the game safely or correctly without making contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important to prevention of injuries.

Tackling and blocking techniques are basically the same. Contact is to be made above the waist but not initially with the helmet. The player should always be in a position of balance, knees bent, back straight, body slightly bent forward, HEAD UP, target area as near to the body as possible with the main contact being made with the shoulder.

Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as separation or a pinched nerve in the neck area. The dangers of not following the proper techniques can be from minor to disabling to even death. The reason for following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury.

If the head is bent downward the cervical (neck) vertebrae are in a bind and contact on the TOP OF THE HELMET could result in a dislocation, nerve damage, paralysis or even death. If the back is not straight, the thoracic (mid back) and lumbar vertebrae are also vulnerable to injury with similar results if contact again is made to the TOP OF THE HELMET. Cabarrus County's daily football workout includes exercises to develop strength in the neck muscles. Strengthening the neck muscles is one of the best methods of preventing neck injury and enabling an individual to hold his head up even after getting tired during the workout or contest.

BASIC HITTING (CONTACT) POSITION AND FUNDAMENTAL TECHNIQUE

If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally, a player should be in the proper hitting position at all times during live ball play and this point will be repeated continually during practice. The danger is anything from strained muscles, to ankle injuries, to serious knee injuries with may require surgery. The rules have made blocking below the waist (outside the two-yard by four-yard area next to the football at the line of scrimmage) illegal. Cleats have been restricted to no more than ½ inch to help further prevent knee injuries. A runner with the ball however, may be tackled around the legs.

In tackling, the rules prohibit initial contact with the helmet or grabbing the facemask or edge of the helmet. These restrictions were placed in the rules because of serious injuries resulting from Non-compliance to these safety precautions. Initial helmet contact could result in a bruise, dislocation, broken bone, head injury, internal injury such as kidneys, spleen, bladder, etc. Grabbing the facemask or helmet edge could result in a neck injury, which could be anything from a muscle strain to a dislocation, nerve injury, spinal column damage causing paralysis or death.

Illegal play by participating athletes shall not be tolerated & all players are repeatedly reminded of the dangers of unsportsmanlike acts.

FITTING AND USE OF THE EQUIPMENT

Shoulder pads, helmets, hip pads, pants, including high pads and kneepads, must have proper fitting and use. Shoulder pads which are too small will leave the shoulder point vulnerable to bruises and separation; it could also be too tight in the neck area, will slide on the shoulders making them vulnerable to bruises and separations.

Helmets must fit snugly at the contact points: front, back and top of the head. The helmet must be safety approved "NOCSAE" stamped (certified seal); the chin straps must have four contact points to the helmet and must be fastened, and the cheek pads must be the proper thickness. On contact, too tight a helmet could result in a headache. Too loose a fit could result in headaches, concussion, and a face injury such as a broken nose or cheek bone; a blow to the back of the neck causing a neck injury could possibly be quite serious such as paralysis or death.

This report does not cover all potential injury possibilities in playing football, but it is an attempt to make the players aware that fundamentals, coaching and proper fitting equipment is important to the safety of those playing football at Union Academy.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper technique while participating in the football program. I understand not to use the helmet to butt, ram, and spear an opposing player. This is a violation of the football rules and such use can result in severe head or neck injury, paralysis, or death and possible injury to opponents. **NO** helmet can prevent all head or neck injuries a player might receive while participating in football.

Athlete's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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.

Last Updated May 2016

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 left 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



Name of Student Athlete: _____

Request For Treatment

My/child's school has engaged Atrium Health ("AH") to support and provide healthcare services for students, athletic staff, and others. I give permission for AH providers/athletic trainers/registered dietitians ("AH Sports Medicine Team") to provide me/my child with care deemed appropriate by the AH Sports Medicine Team. I understand that I have the right for an explanation to the nature and purpose of any proposed procedure and other options for treatment. I understand an explanation of the risks associated with each of them in accordance with the recognized standards of medical and healthcare practice will be provided. If my child is under 18, I confirm that my child can request and receive care on their own from the AH Sports Medicine Team and I consent to the AH Sports Medicine Team providing that care. I agree the AH Sports Medicine Team may refer me/my child to an outside provider and that I/my child may engage in a separate provider-patient relationship. I/my child consent to receive services by telemedicine (using interactive audio, video, or data communications to carry out healthcare benefiting a patient) if appropriate for my/child's condition, and I understand the risks, benefits and alternatives of doing so. This Request for Treatment is valid for two years from the date signed below.

Release Of Medical Information

I give permission for Atrium Health ("AH") to share my/my child's medical information related to or arising from the AH Sports Medicine Team (including clinical, lab and radiology reports) with other AH providers, independent providers, the school system, or other school sports program representatives (such as coaches and school-employed athletic trainers). I understand and agree that the AH Sports Medicine Team may use and share my/child's information to coordinate care outside of the school's athletic program. I understand that AH is providing the services under an agreement with the school system and I agree that it may share my/my child's information with the school system or store information on school system platforms. This Release of Medical Information will be valid for two years from the date signed below.

I have read and agree to the above Request for Treatment and Release of Medical Information.

Printed Name of Student over 18 or Parent/Guardian Student over 18 or Parent/Guardian Signature Date

Photo/Video Consent And Release And Communication Authorization

I give Atrium Health ("AH") the unlimited right to use and/or reproduce photographs, video, likenesses or the voice of me/my child in any legal manner and for the internal or external promotional and information activities of AH, including on closed or public websites/intranet web pages/social media sites used by AH or the school. This permission includes allowing the AH Sports Medicine Team and AH to post pictures of me/my child at a sporting events, at school, or in the athletic training rooms. I also agree that the AH Sports Medicine Team may use unsecured methods to communicate with me/my child, such as through unencrypted email or social media platforms or engines. I understand the risks of using these communications and agree that AH may use them to communicate with me/my child, such as to make appointments to see the AH Sports Medicine Team or to follow up on care. I also agree, for myself and my child, to give up any present or future compensation rights to use of the above stated materials. This Photo/Video Consent and Release and Communication Authorization will be valid until AH does not need the information and images any longer.

I have read and agree to the above Photo/Video Consent and Release and Communication Authorization.

Printed Name of Student over 18 or Parent/Guardian Student over 18 or Parent/Guardian Signature Date