

# Gaston County High School Athletic Participation Form

Please Print

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Gender: M  F  Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Daytime Phone, Cell Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Daytime Phone, Cell Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Alternate Emergency Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**\*Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.**

Convictions: Check the box that applies to, _____ (student name): <input type="checkbox"/> <b>Is not convicted</b> of a felony in this or any other state OR adjudicated as a delinquent for an offense that would be a felony committed by an adult in this or any other state. <input type="checkbox"/> <b>Is convicted</b> of a felony in this or any other state. <input type="checkbox"/> <b>Is adjudicated</b> as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.  The following must be completed if the student is convicted of a felony or is adjudicated as a delinquent: Convicted or adjudicated of: _____ City and State _____ Date Convicted/Adjudicated: _____ Description of Offense: _____ _____ _____  Court Counselor: _____ Telephone Number: _____
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**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: (Please check all sports that apply)  
( ) Basketball ( ) Football ( ) Soccer ( ) Track  
( ) Baseball ( ) Golf ( ) Softball ( ) Volleyball  
( ) Cheerleading ( ) Swimming ( ) Wrestling ( ) Cross Country ( ) Indoor Track ( ) Tennis  
\*Weight lifting may be a required component of conditioning for any sport.

**Insurance:** The Gaston County Public School System (GCPSS) furnishes an Interscholastic Athletic Insurance Policy which provides limited benefits for all students in the system who participate in high school sponsored and supervised interscholastic athletic activities. The policy provides coverage for students with other insurance coverage, but pays only when other benefits have been exhausted. In cases in which student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the GCPSS athletic insurance policy is the primary policy.

If your son or daughter should be injured while participating in a high school sponsored or supervised interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by GCPSS:  
Ø Pick up a claim form at your school.  
Ø See a physician within 30 days of injury.  
Ø Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 60 days of the injury and should include the Explanation of Benefits form from your primary insurance carrier. Please list below the name of your primary insurance carrier and policy number.

\_\_\_\_\_  
Name of Insurance Company Policy Number

**Protect Your Eligibility; Know the Rules: To represent your school in athletics, YOU:**

- Ø Must be 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.
- Ø Must not be convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.
- Ø Must not have more than 13.5 total absences (85% attendance requirement) in the semester prior to athletic participation.
- Ø Must not have exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering grade nine (9).
- Ø Must be under 19 years of age on or before August 31st.
- Ø Must live with your parents or legal custodian within the Gaston County Public School system administrative unit.
- Ø Scholastic Requirements — A student must have passed a minimum load of work during the preceding semester to be eligible during the present semester. Students must also meet local promotion standards set by the LEA.
- Ø Must have received a medical examination by a licensed physician 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 from a licensed physician before practicing or playing.
- Ø 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.
- Ø Must not have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college. This does not affect a regularly enrolled high school student who is taking a college course(s) for advanced credit.
- Ø Must not participate in unsanctioned all-star or bowl games.
- Ø May not, as an individual or a team, practice or play during the school day.
- Ø May not play, practice, or assemble as a team with your coach on Sunday.
- Ø May not dress for a contest, sit on the bench, or practice if you are not eligible to participate.
- Ø Must not play more than three (3) games in one sport per week (exceptions: baseball, softball, cheerleading, and volleyball); and not more than one (1) contest per day in the same sport (exceptions: baseball, softball, cheerleading or volleyball).
- Ø May not participate in any hazing activity. There should be no student directed initiations.
- Ø Must abide by the team rules of the particular sport he/she is participating in. Failure to abide by the team rules could lead to suspension or dismissal from the team. Participation in athletics is a privilege in Gaston County Schools. The use of social media by a student-athlete considered to be unbecoming of a Gaston County Schools' student may result in discipline including suspension or removal from the team or sport.

**Gaston County School's Code of Sportsmanship:** It is recognized that public school interscholastic athletic events should be conducted in such a manner that 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 player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athlete ejected from an athletic contest.

**NCHSAA Sportsmanship/Ejection Policy —** We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. 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, disrespectfully addressing an official.

- Ø 1<sup>st</sup> ejection: 2 game suspension in all sports *except* 1 game for football.
- Ø 2<sup>nd</sup> ejection: Suspended for remainder of sport season.
- Ø 3<sup>rd</sup> ejection: Suspended from ALL athletic competition for 365 days from date of 3<sup>rd</sup> ejection.

**NCHSAA Regulations Student Athlete Pledge —** As a student athlete, 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.

**Parents 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.

**Transfers & 365 Day Rule –** See Gaston County Schools' Policy Code 4316 for transfer eligibility. This policy may be found on-line or at any Gaston County School.

**Mandatory Random/Drug Testing Program —** All high school students who participate in athletic programs will be required to participate in random AOD screening.

**Football:** — Student athletes who are members of the school football team must read, review with parent/guardian, and sign the memo dealing with helmets and compliance with NOCSAE standards. This memo will be available from your football coach and must be completed prior to practicing with pads.

**Transportation for Athletic Events** — If student transportation is by Gaston County system-owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. If student transportation is by private vehicle, the vehicle owner’s liability coverage is applicable to any vehicular accident. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals that they are transporting and must certify that any private vehicle used is covered by at least the North Carolina state required insurance coverage.

All student athletes who travel with a team to an away athletic event must return to the school with the team. The only exception to this policy is when both the coach and parent/guardian agree that it is beneficial for the student athlete to ride home with the parent/guardian. Student athletes are not to ride home from athletic events with any other person.

**Infections** – If a participant is suspected of having a communicable skin disease or condition that makes participation appear inadvisable, that student-athlete is not allowed to participate until the coach receives written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete’s participation would not be harmful to any opponent.

**Medical Authorization** — As the parent or legal guardian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer.

**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 a GCPSS 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 GCPSS 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 participation in athletes.

We, the undersigned student and parent/guardian, certify that the home address shown on 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. We have read this document and understand all of these requirements for athletic participation and agree to comply with the requirements set forth in this document. All information contained in this form is accurate and correct.

*Providing false information on this form renders it void and the student athlete may lose athletic eligibility.*

Student (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**For official use only:**

This form must be signed by the school principal in cases where the student has indicated on page 1 of this document that they have been convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state. In such cases, participation in high school athletics is denied.

School Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_



Dear Parents,

The following information is provided as prevention education and to encourage you to seek medical care should your child develop an infection.

### **WHAT IS A STAPH INFECTION?**

The bacteria, *Staphylococcus Aureus* (usually referred to as Staph), is commonly carried on the skin or in the nose of healthy people. Some strains of these bacteria are resistant to a class of antibiotic which is frequently used to treat Staph infections and therefore they are called Methicillin Resistant Staph Aureus or MRSA.

Staph bacteria, including MRSA, can live on the skin or in the nose of healthy people without causing any symptoms of disease. However, injury to the skin, such as a scrape or cut can allow an opportunity for the bacteria to enter the skin and cause an infection. Skin infections, such as abscesses and boils, are the most common forms of this infection. The infected area usually starts out as a small bump resembling a pimple or spider bite which becomes redder and often develops a purulent drainage.

Infections caused by Staph bacteria or MRSA are usually mild, limited to the surface of the skin, and can be treated successfully with proper hygiene and antibiotics. In rare cases, if left untreated or not recognized early, MRSA infections can be difficult to treat and can progress to life-threatening blood or bone infections because there are fewer effective antibiotics available for treatment.

### **WHO GETS A STAPH INFECTION?**

Staph bacteria can be spread among people having close contact with an infected person. MRSA is almost always spread by direct physical contact and not through the air. However, MRSA may also spread through indirect contact by touching objects such as towels, sheets, wound dressings, clothing, workout areas, or sports equipment contaminated with Staph bacteria.

### **WHAT SHOULD YOU DO IF YOU HAVE A SKIN SORE, ABSCESS OR BOIL?**

It is very important that you be seen by a healthcare provider. If you do not have a healthcare provider, you should go to the emergency room or an urgent care facility. In addition to seeking medical care, please inform your school nurse. It is important that the school nurse speak with you and your child.

### **WHAT CAN YOU DO TO PROMOTE HEALING AND TO PREVENT THE SPREAD OF THE INFECTION?**

- v Keep the infected area clean as directed by the healthcare provider and covered with a dry bandage.
- v Make sure the infected person, family, and close contacts must wash hands frequently with soap and water.
- v Avoid sharing personal items such as towels, washcloths, razors, clothing or uniforms which may have had contact with the infected wound.



**WHAT CAN YOU DO TO PROMOTE HEALING AND TO PREVENT THE SPREAD OF THE INFECTION?**

- v Wash bed linens and clothes that come into contact with the infected wound with hot water and detergent. Drying clothes in a hot dryer also helps kill bacteria.
- v Be sure to take ALL antibiotics and medication prescribed by the healthcare provider. v Keep return appointments until cleared by the healthcare provider.
- v Do not delay seeing a healthcare provider because you don't have a doctor or your inability to pay. Let the school nurse know of your situation so that she may be of help with resources.

**WHAT IS THE SCHOOL DOING TO PREVENT THE SPREAD OF INFECTIONS?**

- v Providing education to students, parents and staff.
- v Referring students with suspicious infections to healthcare providers.
- v Performing appropriate cleaning of athletic facilities and equipment.
- v Insuring infected skin is covered with a bandage and clothing.
- v Insuring that students not participate in an athletic event if they have a draining wound.
- v Asking students to stay home if they have a severe infection.
- v Encouraging good hygiene practices including hand washing.

**ATHLETE'S RESPONSIBILITIES:**

- v Wash hands frequently with soap and water.
- v Shower thoroughly with soap immediately after workout or practice.
- v Avoid sharing personal items (e.g. Razors, washcloths, towels, clothing or uniforms).
- v Report any suspicious skin sore or boil to your parent, coach, doctor and school nurse.
- v Uniforms or clothing worn for games or practice and washcloths and towels must be washed using a laundry detergent and hot water after each use.
- v Avoid body contact with others if draining pustules are present.
- v Cover skin sores with an adhesive bandage and clothing.
- v Carefully self check, including private body areas, all skin daily for rashes, pimples or boils that get worse instead of better.
- v Athletes involved in close contact sports should receive a body check (not including private body areas) for symptoms of MRSA by the appropriate athletic personnel prior to any game, match or tournament.

**I UNDERSTAND THAT IF I HAVE A SUSPICIOUS INFECTION OR IF I AM DIAGNOSED WITH STAPH OR MRSA I WILL NOT BE ALLOWED TO PARTICIPATE IN ATHLETICS UNTIL RELEASED BY A DOCTOR.**

**I HAVE READ AND UNDERSTAND THIS DOCUMENT AND AGREE THAT I WILL FOLLOW THE RESPONSIBILITIES OUTLINED IN THIS DOCUMENT AS A CONDITION OF PARTICIPATION IN ATHLETICS.**

\_\_\_\_\_  
(Athlete's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)