

Cleveland County School System

Middle School Athletic Participation Form Student ID # _____

Name: _____ Home Phone #: _____

Address: _____ County _____

City: _____ State: _____ Zip Code: _____

Gender: M / F Date of Birth: _____ 20____ Age: _____ Grade: _____

Father's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Mother's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Legal Custodian: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular #: _____

Alternate Emergency Contact Person: _____

Relationship: _____ Daytime Phone: _____

Insurance: The Cleveland County School System furnishes an Interscholastic Athletic Insurance Policy that provides limited benefits for all students in the system who participate in high school and middle school sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for students with other insurance coverage, but it pays after the primary insurance policy has paid. In cases in which a student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the CCS athletic insurance policy is the primary policy.

If your son or daughter should be injured while participating in a middle school sponsored or supervised interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by CCS:

- Pick up a claim form at your school.
- See a physician within 30 days of the injury.
- Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 90 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

Assumption of Risk: It is understood and acknowledged that there is a risk of injury involved in athletic participation. The student athlete will be under the supervision and direction of a CCS athletic coach. Following the rules of the game and the instructions of the coach can reduce the risk of injury to the student and to other athletes. However, it is understood that neither the coach nor CCS 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 athletics.

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and circle the correct responses before seeing a physician for the athlete's physical examination.

1.	Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES	NO	DON'T KNOW
2.	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	YES	NO	DON'T KNOW
3.	Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?	YES	NO	DON'T KNOW
4.	Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	YES	NO	DON'T KNOW
5.	Does the athlete have a history of a concussion (being knocked out)?	YES	NO	DON'T KNOW
6.	Has the athlete ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	YES	NO	DON'T KNOW
7.	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	YES	NO	DON'T KNOW
8.	Does the athlete take any medication(s)?	YES	NO	DON'T KNOW
9.	Is the athlete allergic to any medications or bee stings?	YES	NO	DON'T KNOW
10.	Does the athlete have only one of any paired organ? (eyes, kidneys, testicles, ovaries, etc.)	YES	NO	DON'T KNOW
11.	Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition?	YES	NO	DON'T KNOW
12.	Has the athlete had surgery or been hospitalized in the past year?	YES	NO	DON'T KNOW
13.	Has the athlete missed more than five consecutive days of participation in usual activities because of an illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	YES	NO	DON'T KNOW
14.	Are you, the athlete, worried about any problem or condition at this time?	YES	NO	DON'T KNOW
15.	Does the athlete have diabetes?	YES	NO	DON'T KNOW
16.	Is there a family history of diabetes?	YES	NO	DON'T KNOW

*Please give details on any "YES" answer from the above health history.

Parents Signature: _____ Date: _____

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Pulse _____ Blood Pressure _____

	Normal	Abnormal Findings		Initials
1. Eyes				
2. Ears, Nose, Throat				
3. Mouth & Teeth				
4. Neck				
5. Cardiovascular				
6. Chest & Lungs				
7. Abdomen				
8. Skin				
9. Genitalia-Hernia (male)				
10. Musculoskeletal: ROM, strength, etc.				
• Neck				
• Spine (Scoliosis)				
• Shoulders				
• Arms/hands				
• Hips				
• Thighs				
• Knees				
• Ankles				
• Feet				
11. Neuromuscular				
12. Diabetes – check appropriate answers	YES	NO		
IF YES, INSULIN-DEPENDENT	YES	NO		
			NON-INSULIN DEPENDENT	YES <input type="checkbox"/> NO <input type="checkbox"/>

Comments re: Abnormal Findings: _____

Please Print/Stamp

Physician's Name	_____
Street Address	_____
City, State, Zip Code	_____
Telephone	_____

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner in the United States. (Doctor of Chiropractic Medicine is not satisfactory).

Physician's Signature: _____ Date: _____

PARTICIPATION RESTRICTIONS:

Name _____

Date of Birth _____

Eligibility: In order to be eligible for any athletic activity, the athlete:

- Must meet all eligibility requirements prior to the first tryout/practice date.
- Must complete a CCS Middle School Athletic Participation Form and turn in to the school's Athletic Director. The physical portion of the form is valid only for 365 days from the date of the examination.
- Middle School athletic eligibility is based on previous semester.
- Must meet local promotion requirements for the previous school year in order to be eligible for the fall semester. Students must advance from one grade to another.
- Must earn passing grades (D or better) during each semester in ALL required core courses to be eligible for participation during the succeeding semester. In addition to the core course requirements, at least fifty percent of all elective courses must be passed.
- Must be in attendance 85% of previous semester to be eligible.
- Must not turn 15 on or before October 16th of that school year.
- No student may be eligible to participate at the Middle School level for a period lasting longer than 4 consecutive semesters beginning with the student's first entry into 7th grade.
- Must, if you miss five (5) or more days of practice due to illness or injury, receive a medical release from a licensed physician before practicing or playing.
- Must not practice **OR** play if ineligible.
- Must practice a total of six (6) days before playing in a game in all sports except football, where a player must practice nine days.
- Must not, as an individual or a team, practice or play during the school day.
- Must not play, practice, or assemble as a team with your coach on Sunday.
- Must be present 50% of the student day on the day of an athletic team practice or contest.
- Must not participate (practice or play) in any athletic event if assigned to In-school suspension (ISS) or Out-of-School Suspension (OSS) during that assigned time.
- Out of state athletic events must be approved by the Superintendent.

Hazing: According to CCS Board Policy, hazing is prohibited. No group or individual shall require a student to wear abnormal dress, play abusive or ridiculous tricks on him/her, frighten, scold, beat, harass, or subject him/her to personal indignity.

Transportation for Athletic Events—All athletes must be transported to athletic events on CCS activity buses. The coach or school can allow athletes to ride home from an athletic event with the parent/legal custodian. Student athletes are not to ride home from athletic events with any other person other than their parents/legal custodian.

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. Players are under the coach's control from the time they arrive at the athletic facility until they leave. It is expected that all athletes, coaches, managers, and spectators adhere to good sportsmanship behavior.

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, and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Parent 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. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Name _____

Date of Birth _____

Sports Medicine and Consent to Treat: Permission is granted to the school athletic trainer or sport safety technician to provide any necessary minor or emergency treatment(s) to the student athlete prior to his/her admission to any medical facility. Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment for the above-named student athlete. I understand that every effort will be made by the attending physician to contact me prior to treatment. Permission is granted to the athletic trainer, sport safety technician, or assigned CCS representative, to examine records concerning examination or treatment received by the student athlete. These records may be examined for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in, any athletic program in CCS. I agree to furnish the CCS sports medicine staff member with any reports or copies of medical records that are requested. I understand that these medical records will be kept confidential.

Parent/Legal Custodian Permission to Participate: The student’s parent(s) or legal custodian(s) grant permission for their middle school student to participate in interscholastic athletics in the following sports:

(Please check all sports that apply)

- () Football () Volleyball () Cheerleading () Soccer
- () Basketball () Softball () Track () Cross Country
- () Tennis () Wrestling () Baseball () Golf

Parental Permission: I have read and reviewed the general requirements for middle school athletic eligibility, and have discussed these requirements with my student athlete. I understand that additional questions or specific circumstances should be directed to my student’s coach, athletic director, or principal. I certify as a parent or legal custodian that the home address on this form is my sole bona fide domicile, and I will notify the middle school principal immediately of any change in domicile since such a move may alter the eligibility status of my student athlete. According to CCS Board Policy 4050 a “legal custodian” is a person or agency awarded legal custody of a child by a court of law.

All information on this form is accurate and current. Providing false information on this form may cause the student athlete to lose athletic eligibility for 365 days. In accordance with the rules of CCS, I have read, reviewed, completed (where necessary), and agree to comply with the requirements set forth in this document. This document is valid only for the current school year. The physical portion (page 2) of the form is valid for 365 days from the date of the examination.

Father (Signature) Date

Mother (Signature) Date

Legal Custodian (Signature) Date

Student Athlete: I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) / legal custodian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

Student Athlete (Signature) Date