Charlotte-Mecklenburg Schools
Middle School Student-Athlete Pre-Participation Form
TAB THROUGH FORM & TYPE INFORMATION OR PRINT FORM AND WRITE INFORMATION

PERSONAL & EMERGENCY CONTACT INFORMATION

Student-Athlete's Name (First, MI, Last): _____ CMS Student ID # _____

Gender: ☐ M ☐ F Date of Birth: _____ Age: _____ Home Phone: _____

Resides At Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Father's Name: _____ Daytime Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Mother's Name: _____ Daytime Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

If applicable… Guardian's Name: _____ Daytime Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

• If student-athlete resides with other than parent(s), attach legal documentation of custody (guardianship or affidavit provided by Student Placement) **Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility**

SPORT (check all sports you are considering to participate in)

Fall	Winter	Spring
☐ Cheerleading	☐ Basketball - Boy's	☐ Baseball
☐ Football	☐ Basketball - Girl's	☐ Soccer - Boy's
☐ Golf - Boy's	☐ Cheerleading	☐ Soccer - Girl's
☐ Golf - Girl's		☐ Track - Boy's
☐ Softball		☐ Track - Girl's
☐ Volleyball - Girl's		

INSURANCE

School Board Policy JLA requires that all students who participate in athletics be adequately covered by medical or accident insurance.
We acknowledge that it is the signed responsibility to notify CMS of any changes that occur to the personal insurance policy below and affect the procedures in which the above-named individual may receive treatment; this includes loss of coverage. We certify that we have purchased and will maintain in full force and effect during student-athlete's participation in athletics the following insurance policy:

Check One: ☐ School Accident Insurance ☐ Personal Insurance Company

Name of Insurance Company _____ Policy Number _____ Group Number _____

Insurance Phone for Authorization _____ Policy Holder _____

RELEASE

In consideration of CMS allowing the above-named individual to participate in athletics, we agree to release and hold CMS, its athletic coaches, and other employees free, harmless and indemnified from and against any and all claims, suits, or causes of action arising from or out of injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence.

ASSUMPTION OF RISK

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 the instructions of the coach in order to reduce the risk of injury to the student-athlete and other athletes. However, we acknowledge and understand that neither the coach nor CMS 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.

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 CMS Athletics Staff (Athletic Director and Coaches), CMS 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.

SEVENTH GRADE ENTRY

• This is my _____ consecutive semester at _____ Middle School

• I initially entered the seventh grade in the fall of (yr.) _____

• Last semester I attended _____ School in City _____ State _____

Parent/Guardian Initials: _____ **Student-Athlete Initials:** _____

MEDICAL HISTORY

Please take the time, read through the questions, and answer to the best of your knowledge.

The following questions should be answered by the student-athlete with the assistance of a parent/guardian. Explain any "Yes" answers below. If additional space is needed, please attach to this form.

General Medical History	YES	NO
1. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	☐	☐
2. Has the athlete had surgery other than a tonsillectomy?	☐	☐
3. Has the athlete ever been hospitalized?	☐	☐
4. Does the athlete have sickle cell trait?	☐	☐
5. Does the athlete have history of seizures?	☐	☐
6. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?	☐	☐
7. Do you have any skin problems other than acne?	☐	☐
8. Has the athlete ever suffered a heat-related illness (heat exhaustion or heat stroke)?	☐	☐
9. Have you ever had a head injury, been knocked out, lost your memory, had your 'bell rung', or concussion?	☐	☐
10. Have you had mononucleosis or any significant illness in the last 60 days?	☐	☐
11. Do you wear glasses or contacts?	☐	☐
12. Does athlete have trouble with hearing/wear hearing aid(s)?	☐	☐
13. Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)?	☐	☐
14. Have you ever taken any supplements or vitamins to help with weight loss/gain or improve performance?	☐	☐
15. Do you have any allergies (seasonal/insects/food/medicines)?	☐	☐
16. Do you want to weigh more or less than you do now?	☐	☐
17. Do you lose weight regularly to meet weight requirements for you sport or other reasons?	☐	☐
18. Do you feel stressed out, tired, or depressed?	☐	☐
19. Have you ever been denied or restricted from participation in sports?	☐	☐
20. Are there any other issues you would like to discuss with a healthcare professional?	☐	☐
FEMALES ONLY	**YES**	**NO**
21. Are your periods irregular (not every month)?	☐	☐
22. Are your periods heavy?	☐	☐

Cardiovascular History	YES	NO
1. Do you cough, wheeze or have extreme trouble breathing with exercise?	☐	☐
2. Do you use an inhaler?	☐	☐
3. Ever passed out/nearly passed out during/after exercise?	☐	☐
4. Ever been dizzy during or after exercise?	☐	☐
5. Ever had chest pain/discomfort during or after exercise?	☐	☐
6. Do you tire more easily or more quickly than your friends during exercise?	☐	☐
7. Ever had a racing of your heart or skipped heartbeats?	☐	☐
8. Ever been told you had a heart murmur?	☐	☐
9. Ever been told you have high blood pressure?	☐	☐
10. Has any member of your family:		
• Died of heart problems or sudden death before age 50?	☐	☐
• Been told they had a serious heart problem before age 50?	☐	☐
• Been told they had Marfan's syndrome?	☐	☐
Hypertrophic or dilated cardiomyopathy?	☐	☐
Heart rhythm abnormality?	☐	☐

Orthopedic History	YES	NO
1. Has the athlete ever ----------broken or fractured any bones?	☐	☐
2. Has the athlete ever subluxed or dislocated any joint?	☐	☐
3. Have you ever had a stinger, burner, or pinched nerve?	☐	☐
4. Have you had any other problems related to your:		
• Neck, spine, or back?	☐	☐
• Shoulders?	☐	☐
• Elbows?	☐	☐
• Wrists, hands, fingers?	☐	☐
• Hips?	☐	☐
• Knees?	☐	☐
• Ankles, feet, or toes?	☐	☐
• Other?	☐	☐

Please explain "Yes" answers in the space below. Please put date(s) of any injuries along with explanation:

_____

_____

_____

_____

CERTIFICATION / MEDICAL AUTHORIZATION

We certify that all of the information provided by us on this form is correct. We agree by the rules of the NCDPI and CMS. We give our consent for the student-athlete to receive a medical screening prior to participation in athletics and ***acknowledge that this is simply a screening evaluation and not suitable for regular health care.*** If the student -athlete is injured while participating in athletics and CMS is unable to contact the parent, we grant CMS permission and the authority to obtain necessary medical care and/or treatment for the student's injury including first aid, CPR, medical or surgical treatment recommended by a physician and we accept the financial responsibility for such medical care or treatment.

We (student and parents) certify that the home address shown in this document is the student's sole bona fide residence, and we will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of the student athlete. All information contained in this form is accurate and correct.

Student-Athlete: _____ **Date:** _____
(Signature)

Parent/Guardian: _____ **Date:** _____
(Please Print Name)

Parent/Guardian: _____ **Date:** _____
(Signature)

Page 3 of this document must be completed by a Physician, Physician's Assistant or Nurse Practitioner

Name (First, MI, Last): _____ CMS Student ID # _____

PHYSICAL EXAMINATION: ***To be completed by a Physician, Physician's Assistant or Nurse Practitioner ONLY***

Height: _____ Weight: _____ Pulse: _____ Blood Pressure (sitting): (arm) _____ (leg) _____

Vision: Right 20 / _____ Left 20 / _____ Corrected: Y N Body Fat% (opt.): _____ UA (opt.): _____

	Normal	Abnormal Findings	Initials
General Medical			
Appearance/Emotional Affect			
Head/Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart (standing/supine)			
Pulses (include femoral)			
Lungs			
Abdomen (include liver, spleen)			
Skin			
Neurologic (Balance, Coordination)			
Genitalia (males onl y)			
Orthopedic Record if any laxity, weakness, instability, decreased ROM			
Cervical/Spine			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Cardiologic (optional)			
EKG			
Echocardiogram			
Neurologic (optional)			
Baseline Neuropsychological Testing			

CLEARANCE

I, the undersigned, certify that I have examined this student-athlete and find him/her medically:

☐ **Cleared**

☐ **Deferred until:** (e.g. Rehab, consultation, lab, referral, etc.) _____

☐ **May participate in the following sport(s) ONLY:** *(CHECK ALL THAT APPLY)*

_____ Contact/Collision _____ Limited Contact _____ Non-Contact/Strenuous _____ Non-Contact/Non-Strenuous

Classification of Sports by Contact			
Contact/Collision	**Limited Contact**	**Non-Contact**	
		Strenuous	***Non-Strenuous***
☐ Football	☐ Baseball/Softball	☐ Discus, Javelin, Shot Put	☐ Golf
☐ Soccer	☐ Basketball	☐ Running/Cross Country	
	☐ Cheerleading	☐ Swimming	
	☐ Volleyball	☐ Tennis	
	☐ High Jump, Pole Vault	☐ Strength Training	

Please specify each condition requiring clearance before participating in a sport in the classification checked above:

_____

_____

☐ **Not cleared** Due to: _____

The following are considered disqualifying, but not limited to, until medical and parental releases are obtained: Atlantoaxial instability; Bleeding disorder; Hypertension; Dysrhythmia; Mitral valve prolapse; Acute infections; Obvious growth retardation; Diabetes mellitus; Jaundice; Severe visual or auditory impairment; Pulmonary insufficiency; Organ transplant recipient; Enlarged liver or spleen; Hernia; Musculoskeletal deformity associated with functional loss; History of convulsions or repeated concussions; Absence of one kidney, eye, testicle, ovary, etc.

Physician's Name: _____

Address: _____

_____

Phone: _____

Physician Office Stamp:

Signature _____ MD PA NP **Date of exam:** _____

Charlotte-Mecklenburg Schools
Interscholastic Athletics

Student-Parent Honor Code

This Honor Code must be initialed and signed before a student may dress and/or compete in an athletic contest.

STUDENT'S NAME (print)**:** _____

SCHOOL (print)**:** _____ **SPORT:** _____ **GRADE:** _____

PARENT / LEGAL CUSTODIAN / LEGAL GUARDIAN / HARDSHIP CAREGIVER NAME (print)**:** _____

STUDENT'S DOMICILE (print)**:** _____ _____ _____

Number & Street | City/Town, State | Zip Code

I understand the eligibility requirements for the student named on the Honor Code to take part in interscholastic athletics in Charlotte-Mecklenburg Schools. If I had questions, the school athletic director answered them prior to my initialing/signing the Honor Code.

My initials and signature acknowledge that:

Student-Athlete *Initials*		**Parent, Legal Custodian, Legal Guardian or Hardship Caregiver** *Initials*
N/A	I am the parent, legal custodian or legal guardian of the student named above or I have been designated as the Hardship Caregiver by the CMS Student Placement Office.	
	ALL information I am providing on this Honor Code is the truth. My correct and current address is provided above. I understand that lying is cheating.	
	The address listed on this form, and provided to the school registrar & school athletic director where the student is enrolled, is where I actually live at the present time.	
	I currently live in the attendance area for the school listed on this Honor Code, or the student was assigned to the school listed on the Honor Code through the student assignment lottery, or the student received a transfer to the school.	
	I am not aware of any other students or parents who have given false information to CMS so they can participate on an athletic team.	
	I will immediately report all suspected athletic eligibility violations to the principal or athletic director at the school listed on this honor code.	
	I am aware that if I provide false information concerning athletic eligibility to the school and/or do not report information about known athletic eligibility falsifications of others that I may be penalized by the North Carolina High School Athletic Association (high school only) and by Charlotte-Mecklenburg Schools. I may lose the privilege of participation in athletics for 365 days and my team may have to forfeit contests.	N/A
N/A	I am aware that if I provide false information concerning athletic eligibility; do not report information about known athletic eligibility falsifications of others; and/or do not update my home address with the school registrar and athletic director the student-athlete listed above and his or her athletic team may be penalized by the North Carolina High School Athletic Association (high school only) and by Charlotte-Mecklenburg Schools, including losing the privilege of participation in athletics for 365 days and the team may have to forfeit contests.	

_____ _____

Signature of Student Listed Above | Date

_____ _____

Signature of Parent, Legal Custodian, Legal Guardian or Hardship Caregiver Listed Above | Date

Revised 5/14/14

CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

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.

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name:_____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s):_____

□ We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.*
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/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 this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/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 on the Concussion Information Sheet.	

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Legal Custodian Date

MIDDLE SCHOOL FOOTBALL ONLY GREEN FORM

NOTICE AND RELEASE

IMPORTANT: **THIS NOTICE AND RELEASE MUST BE SIGNED AND RETURNED BEFORE YOUR STUDENT-ATHLETE CAN PARTICIPATE IN THE MIDDLE SCHOOL FOOTBALL PROGRAM.**

To: Parents of students interested in participating in the Middle School Football Program

Subject: Student Accident Insurance – Middle School Football

Please read this Notice and Release carefully and make sure that you understand its provisions before deciding whether to permit your student-athlete to participate in the Middle School Football Program.

1. The Charlotte-Mecklenburg School System provides accident insurance in the amount of $25,000 at no charge for all students participating in the Middle School Football Program. **The Middle School Football accident insurance benefits provided by the school system will pay only toward those covered expenses in excess of expenses recoverable from other insurance.** This means that any applicable personal insurance that you may carry would apply first, and the Middle School Football Accident Insurance would apply only to those covered expenses not paid by your other insurance. If you do not have other insurance, the Middle School Football Accident Insurance will pay toward covered expenses up to $25,000.

2. There are limitations under the Middle School Football Accident Insurance coverage. **It will not always pay all of the charges incurred for every accident.** This insurance only provides certain benefits for injury or loss due to practicing and playing in the Middle School Football program. For a summary of the coverage benefits, please refer to the Student Accident Insurance Information (for Middle School Football) that has been furnished to each student interested in participating in the Middle School Football Program. If you did not receive the information or if you have questions about the insurance coverage provided to participants in the Middle School Football Program, contact the Athletic Director/Coach where your student-athlete is enrolled.

3. Every player is required by the National Federation of State High School Athletic Associations (NFSHSAA) regulations to wear a mouth guard. An additional $150.00 per sound natural tooth is available for any player who sustains injuries to their teeth as a result of the failure of the mouth guard, provided that they were wearing the required mouth guard at the time of the injury.

PLEASE COMPLETE THE BACK OF THE FORM

MIDDLE SCHOOL FOOTBALL ONLY GREEN FORM

4. To be eligible for practice or participation in the Middle School Football Program, each participant must receive an **ANNUAL MEDICAL EXAMINATION** and return a physical examination form each calendar year (once every 365 days if signed before 1/1/2016 or once every 395 days if signed after 1/1/2016) signed by a physician licensed to practice medicine.

5. Neither the Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to your Student Athlete while they are participating in the Middle School Football Program. This means that you will have to pay for any medical expenses not covered by the Middle School Football Accident Insurance, any personal insurance coverage that you might have and/or any other applicable insurance.

I, _____, (print name) hereby state that I have read and understand the provisions of this Notice and Release as well as the Student Accident Insurance information for the Middle School Football Accident Insurance coverage. I also state that prior to signing this document, I have had an opportunity to ask questions and that my questions have been answered to my satisfaction. I acknowledge that neither the Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to my Student-Athlete while they are participating in the Middle School Football Program. In consideration of my Student-Athlete being permitted to participate in the Middle School Football Program, I **hereby waive, release, and forever discharge** the Charlotte-Mecklenburg Board of Education and its employees from any responsibility for claims resulting from injuries to my Student-Athlete due to their participation in the Middle School Football Program. I also state that my Student-Athlete has received a Medical Examination and has returned a physical examination form in compliance with the policy set forth in paragraph 4 of this Notice and Release. I certify that I consent to have my Student-Athlete participate in the Middle School Football Program offered at their school.

SIGNED: (Parent or Legal Guardian)_____ **Date** _____

Address: _____

Student's Full Name: _____

School: _____ _____

2016