

READ ALL INFORMATION AND RETURN THE LAST PAGE TO THE COACH OR ATHLETIC DIRECTOR AND KEEP THE ELIGIBILITY REQUIREMENTS FOR YOUR RECORDS.

PHYSICAL & HEALTH HISTORY

All student athletes must have a current physical and health history (issued within twelve months of the end of each season) to participate in tryouts, practices and contests. We will submit a new physical before the copy on file in the Athletic Department expires.

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 CHCCS athletic coach. We agree to follow the rules 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 CHCCS can eliminate the risk of injury in sports. Injuries may and do occur. **(PARENTS/GUARDIANS MUST PROVIDE PROOF OF INSURANCE/MEDICAL COVERAGE BEFORE ALLOWING CHILD TO PARTICIPATE)**

ATHLETICS CODE-OF-CONDUCT PLEDGE (VIOLATION OF THIS CODE WILL RESULT IN DISCIPLINARY ACTION)

As a student athlete, I know 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 OPAC conference, and NC DPI and hereby accept the responsibility and privilege of representing CHCCS and my community as a student athlete.

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 OPAC conference, and NC DPI. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent/guardian of a student athlete.

As a coach, I acknowledge that I am a role model. I know that the principles of good sportsmanship are integrity, fairness, and respect. While teaching the skills of the game, I must also teach student athletes how to win and lose graciously, and that sport is meant to be educational and fun. I know the behavior expectations of me by this school, OPAC conference, and NC DPI, and hereby accept my responsibility to be a model of ethical behavior, integrity, and good citizenship.

PERMISSION TO TRAVEL

Transportation of student athletes is usually provided by CHCCS Transportation Services and the school district's 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 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/legal guardian agree that is beneficial for the student athlete to ride home with the parent/legal guardian or another designated person. Prior to the first contest, a written request should be given to the head coach for a travel exemption upon return to school from an away contest.

PHOTOGRAPHS/VIDEO/INTERVIEWS/MEDIA COVERAGE

Please contact the Athletic Director or Coach (**THROUGH WRITTEN REQUEST**) if you do not want your child's photograph on the school's website, the booster's website, or in other CHCCS publication.

HAZING

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. This includes having younger kids on teams do specific jobs for older kids on the team.

RESIDENCY CONFIRMATION

We confirm that this student athlete meets the residency requirements set forth by the CHCCS School District, OPAC and NC DPI.

SUBSTANCE ABUSE POLICY

We have read and understand the CHCCS student substance abuse policy that can be found in the student handbook or on-line at CHCCS. (School Board policy code 4320 & 4325).

FALSE INFORMATION

We understand that competing under a name other than the student athlete's own, falsifying the participant's date-of-birth or providing a false address renders the student athlete ineligible and will result in immediate suspension from the team.

EQUIPMENT

We understand that the student athlete is responsible for each item of equipment issued to him/her. We agree to pay for any lost or stolen equipment at the full replacement cost. Any athlete who has not returned or paid for lost equipment / uniforms will be denied the right to participate in athletics until your fees are paid.

EJECTION POLICY—We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCDPI and CHCCS 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.

1st Ejection -- Two game suspensions in all sports except one game for Football; *Fighting will be a four game suspension.*

2nd Ejection -- Suspended for the remainder of the sport season.

3rd Ejection – Suspension for athletics for one calendar year (365 days from the date of the third ejection)

ELIGIBILITY & PARTICIPATION: (Condensed Version)

- Must meet residency requirements set forth by CHCCS School District, OPAC and NC DPI.
- Must be regularly enrolled at a CHCCS Middle School.
- Must not have been recruited to attend a specific Middle School.
- Must be in attendance & be on time 85% each quarter; Can not miss or be tardy more than 7 days the previous quarter.
- Must be in attendance for at least 4 of 7 academic periods of the school day to participate in practices/contests and /or arrive at school by 11:30am as defined by CHCCS.
- Must not have 2 or more failing “F” grades in the previous quarter, including the 4th quarter of the previous school year.
- Progress report grades can determine probationary status and / or removal from a team.
- One “D” and or “F” grade and behavior concerns are subject to probationary eligibility status.
- Probationary status can not occur for consecutive quarters.
- Must have a minimum of a 2.0 weighted Core and Overall GPA from the previous quarter.
- Must abide by CHCCS Student Substance Abuse & Tobacco Products policy.
- Must not turn 15 years of age before August 31 of current school year.
- Must have a current (within 12 months) physical / health history and permission / insurance forms on file with the AD.
- Must have proper insurance coverage (school plan, personal plan, or company plan).
- Must not be guilty of misconduct (ejections) during sporting matches.
- Must not exceed a maximum of two seasons per sport.
- Must not participate for more than four consecutive semesters.
- Must not dress or sit on the bench for a game/scrimmage when not eligible to participate.
- Must return or pay for lost equipment/uniforms; Participation will be denied in athletics until your fees are paid.
- A student receiving Out of School Suspension (OSS) may not participate or be a spectator at any school event until the authorized date of return to school.
- A student receiving In School Suspension (ISS) cannot practice, play or attend sponsored events until the authorized date of return to class.
- Repeated (more than one) school suspensions may result in suspension or removal from the team.
- If an athlete voluntarily quits a team, he/she may not join another team during the same season without consent from AD.
- Student athletes and their parent/guardians are responsible for reviewing and following all rules set forth by the following governing organizations:

Orange Person Athletic Conference (OPAC)

NC DPI Middle School Athletic Manual (revised July 2012)

North Carolina State Board of Education (NCSBE/DPI)

www.ncpublicschools.org

Chapel Hill-Carrboro Board of Education (CHCCSBOE)

www.chccs.k12.nc.us

Chapel Hill–Carrboro City Schools 2015-2016 MS ATHLETIC PARTICIPATION CONSENT FORM

Name _____ Home Phone: _____ Circle Grade: 7 8

Student ID # _____ School Attended Last Year _____

Gender: M / F Date of Birth: _____ Race: _____ Age: _____

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

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

Legal Custodian: _____ Daytime Phone or Cell Phone: _____

EMERGENCY CONTACT INFORMATION

We understand that every attempt will be made to contact parents/guardians in the event of an emergency. We give our consent for coaches and/or athletic trainers to use their judgment in securing medical aid and ambulance services. We prefer to be contacted as follows:

Name _____ Tel # _____ Cell # _____ Relationship _____

REQUEST FOR PERMISSION: We, the undersigned student and the student's parent/legal custodian, apply for permission to participate in interscholastic athletics in the following sports: (Check all sports that apply)

- | | | | | |
|---------------------------------------|--|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Ultimate Frisbee | |

INSURANCE INFORMATION AND CONSENT TO PARTICIPATE

We understand that there are inherent risks involved with participation in interscholastic sports. By participating we agree to assume those risks which include, but are not limited to, such injuries as death, paralysis, head/spinal injuries, sprains/strains, contusions, and lacerations. We assume responsibility in case of accident or injury. We certify that _____ is covered by accident/health insurance.

Student Name

INSURANCE PROVIDER _____ **POLICY NUMBER** _____

Please check here if student athlete needs assistance with health insurance _____

CONVICTIONS: Check all that apply to, _____ (student name):

_____ Is not 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

_____ Is convicted of a felony in this or any other state

_____ Is adjudicated 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: _____ Phone Number _____

We have read and understand the requirements for participation in middle school athletics in Chapel Hill-Carrboro City Schools. We certify that this student athlete meets all eligibility requirements. We agree to fulfill our responsibilities in compliance with the rules set forth. We understand that additional questions or specific circumstances should be directed to our child's Coach or Athletic Director. We certify that all information on this form is accurate and current. *Providing false information on this form may cause the student athlete to lose athletic eligibility.*

Athlete's printed name Athlete's signature Date

Parent / Guardian's printed name Parent / Guardian's signature Date

Address (Street, City, Zip)