

Cumberland County Schools

AUTHORIZATION FOR ATHLETIC PARTICIPATION

(please print all information)

SCHOOL _____

SPORT _____

Date _____

Name Last: _____ First: _____ Middle: _____

Address _____

Phone _____

Grade _____

Student ID Number _____ Name of Parent/Legal Guardian _____

Address _____ Work Number _____

STUDENT ATHLETE ELIGIBILITY

Date of Birth: Month _____ Day _____ Year _____

This is my _____ consecutive semester in High School (count 9tb grade)

* I first entered 9tb grade in Month _____ Year _____

Last semester I attended _____ School and passed _____ Number of courses.

We (Student/Athlete & Parent/Legal Guardian), certify that the above information is accurate and that the home address on all forms/records is the sole bonafide residence of the athlete and that we will notify the school/principal immediately of any changes in residence, since such a move may alter the eligibility of the Student/Athlete. All other information contained in this form is accurate and current.

Date _____ Signature of Athlete _____

Date _____ Signature of Parent/Legal Guardian _____

Note: this form must be completed in all details and filed in the office of the Associate Principal (Athletic Director) before the student will be allowed to practice or compete in any athletic event.

*** Does not apply to middle school**

Cumberland County High Schools Training Regulations

1. Any athlete who is found guilty of drinking or being in possession of alcoholic beverages; or misusing, possessing, selling, or distributing drugs, depressants, or stimulants, shall be suspended from athletics for the remainder of the school year. The possession and use of drugs prescribed by a physician may constitute an exception to these rules. Athletes should be aware that these rules are in effect 12 months of the year.

2. Any athlete who is found guilty of smoking or using tobacco in any form shall be suspended from athletics.

A) First Offense: the athlete will be suspended for 14 days of the current competitive varsity sports season. Violations occurring during the summer or during any other period when the athlete is not a member of Cumberland County Schools interscholastic team shall be penalized at the beginning of the athlete's next competitive season. Any suspensions which cannot be completed during the current competitive season shall be completed during the athlete's next season. Any athlete under suspension must complete the entire season or seasons of competition to receive credit for days served.

B) Second Offense: The length of suspension will be 28 days administered according to the same guidelines as for the first offense.

3. Violation of the training regulations may result in the revoking of any awards for which the athlete might otherwise be eligible. Seniors are not considered to have completed their athletic careers for Cumberland County Schools until his or her team has been eliminated from tournament play or the awards ceremonies have been completed, whichever occurs last.

4. Coaches or school officials may impose more severe penalties at their discretion. Coaches in each sport may also establish additional training regulations and rules of conduct.

5. After each training violation has been reviewed and heard and all avenues exhausted with the individual coach, the Student/Athlete and/or his/her parents may appeal to the Athletic Director.

6. It is the intent that suspension should constitute a positive measure for rehabilitation, Therefore, during the period of suspension, the coaches, counselors, and school administrators will make an effort to encourage and support a student who sincerely demonstrates a desire to represent his/her school as an athlete.

7. It is the responsibility of every athlete to be familiar with the training regulations. It is the responsibility of each head coach to make certain that every squad member has been fully informed of the Cumberland County Schools training regulations and/or any additional rules of conduct and performance pertaining to his/her sport.

8. Each athlete and parent will assume the responsibility for caring for all equipment and supplies issued to the athlete by the coach or his representative(s) and for turning all such supplies and equipment into the coach at the conclusion of each season. Parents and athletes will be charged for any lost or damaged equipment.

9. Any student convicted of a criminal misdemeanor offense other than a traffic violation, with the exception of DWI, will be suspended from athletic participation for the period of one calendar year from date of conviction.

10. As per NCSHAA, any student convicted of a felony will lose athletic eligibility in North Carolina for the remainder of his/her high school career.

We, the parent/legal guardian and student/athlete, have read and understand the training regulations and agree to comply. We, the parent/legal guardian and student/athlete, also understand that participating in athletics involves an element of danger and risk of personal injury, and we have opted to participate with that awareness in mind. (please sign below indicating you have read and understand all of the above):

Parent/Legal Guardian _____ Date: _____

Student/Athlete _____ Date: _____

Parent or Legal Guardian Permission Form

By the nature, participation in Interscholastic Athletics includes risk of injury, which range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Permission Form, we acknowledge that we have read the above information. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK Described IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

"I hereby give my consent for _____(name of athlete) to:

- 1. Represent his/her school in approved athletic activities except those crossed out in this booklet by the examining medical doctor;
- 2. To accompany any school team of which he/she is a member of its local or out-of-town trips;
- 3. To receive through a medical doctor of the schools' choice, emergency medical care which may become reasonably necessary in the course of such athletic events or such travel."

Signature of Parent/Legal Guardian _____ Date _____

I have read the foregoing and will abide by the principles and regulations contained herein.

Signature of Student/Athlete _____ Date _____

PHOTOGRAPHIC/VIDEOTAPING PERMISSION

THE CUMBERLAND COUNTY PUBLIC SCHOOL SYSTEM USES PHOTOGRAPHS, SLIDS, VIDEOS, OR ILLUSTRATIONS OF STUDENTS FOR MANY PURPOSES SUCH PHOTOGRAPHS, VIDEOS, OR OTHER ILLUSTRATING MATERIAL MAY BE USED IN NEWSLETTERS OR PUBLICATIONS PRODUCED BY THE SCHOOL SYSTEM, IN SLIDE PRESENTATIONS AND / OR VIDEOS ABOUT THE SCHOOLS, BY THE NEWS MEDIA IN SCHOOL - RELATED NEWS COVERAGE, IN VIDEO PRODUCTIONS AIRED ON TELEVISION PRODUCED BY THE SCHOOL SYSTEM OR IN OTHER SIMILAR FORMS OF COMMUNICATION.

THIS FORM ALLOWS YOU AS A PARENT OR GUARDIAN TO CHOOSE WHETHER YOUR CHILD MAY BE IN A VIDEO, PHOTOGRAPH, OR OTHER ILLUSTRATION USED BY THE CUMBERLAND COUNTY SCHOOL SYSTEM OR THE NEWS MEDIA.

CHECK ONE:

_____ I GIVE MY PERMISSION TO CUMBERLAND COUNTY PUBLIC SCHOOL SYSTEM OR THE NEWS MEDIA TO MAKE PHOTOGRAPHS, SLIDES, VIDEOS, OR ILLUSTRATIONS OF MY CHILD. FURTHER, I AUTHORIZE THEIR USE WITHOUT INSPECTING OR APPROVING THE FINISHED PRODUCT OR ITS SPECIFIC USE.

_____ I DO NOT GIVE PERMISSION FOR MY CHILD TO BE INCLUDED IN PRESENTATION(S) BY THE CUMBERLAND COUNTY SCHOOL SYSTEM OR THE NEWS MEDIA.

PARENT/GUARDIAN _____ STUDENT'S NAME _____

DATE OF SIGNATURE _____ STUDENT'S SCHOOL _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

STUDENT'S GRADE _____ STUDENT'S TEACHER _____

EXAMINATION

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

- 1. EYES _____
- 2. ENT _____
- 3. HEART _____
- 4. LUNGS _____
- 5. ABDOMEN _____
- 6. GENITALIA (Males Only) _____
- 7. SKIN _____
- 8. MUSCULOSKELETAL _____
- 9. NEUROLOGICAL _____

LABORATORY

Urinalysis _____

Other (Where Indicated): _____

I certify that I have examined this student and find him/her medically: Qualified Not Qualified
to compete in interscholastic sports.

Licensed to practice medicine Yes No

Physician's Signature _____

Address _____ Date _____

If student is not qualified, list reasons for disqualification: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency. organic heart disease or hypertension. enlarged liver or spleen, hernia, muscular skeletal deformity associated with functional loss. history of convulsions or concussions. absence of one kidney. eye or eyes, or testicle.)