



STUDENT AND PARENT CONSENT FORMS

2017 / 2018

LEXINGTON ATHLETIC DEPARTMENT

(Please Sign and Return Completed Packet to Athletic Director)

I have read the Lexington Senior High School Student/Parent Handbook of Interscholastic Athletics including the rules, regulations and policies. I fully understand its meaning and consequences and support its enforcement by persons responsible.

These forms must be filled out and completed before any participation in Athletics. This needs to be done on a yearly basis during your career at Lexington Senior High School. The forms will be kept on file in the athletic administrator's office. Thank you for your cooperation and support.

Signature of Athlete

Signature of Parent/Guardian

Signature of Head Coach

Signature of Athletic Director / Date Received

**EMERGENCY INFORMATION / MEDICAL TREATMENT CONSENT
FORM AND VIDEO - NEWS RELEASE**
(To be completed by the parent/guardian)

In emergency contact:

Name Phone

Name Phone

I, _____ parent/guardian of _____ grant the team physician, certified athletic trainer and associated medical staff to medically treat my child who is a minor. I allow necessary examination and medical treatment by certified athletic trainer, and accompanied medical staff of Lexington Senior High School. Medical treatment includes but is not limited to: initial evaluations, assessment evaluations, taping and bracing, stretching, cryotherapy, thermotherapy, hydrotherapy, and rehabilitation exercises. I am also aware that I am giving consent for my child to be hospitalized if necessary. I also recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

Please make the following notations on my son/daughter's records:

Allergies to medications: _____

Medications for long term illness (indicate illness and medications): _____

Relevant medical information (e.g. contact lens wearer; history of diabetes, epilepsy; heart murmur)

Date _____ Signature of Parent/Guardian _____

LCS Photo, Video and News Interview Release Form: I do hereby grant to Lexington City Schools the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal and external promotion and informational activities of Lexington City Schools. I also agree to allow my child to be interviewed and/or photographed by representatives of the external media in relation to any and all coverage of Lexington City Schools in which they are involved. I also agree to allow my child's work and/or photograph to be published on the Lexington City Schools Internet/Intranet Web Pages and/or LCS publications. I further understand that by signing this release, I waive any and all present, or future compensation rights to the use of above stated material(s).

Student Athletes 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, officials, 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 good sportsmanship expected by our school, conference and the NCHSAA. I hereby accept my responsibility to be a good model of good sportsmanship that comes with being the parent of a student athlete.

Parent / Legal Guardian Signature

**ATHLETIC TRANSPORTATION PERMISSION
FORM**

Lexington Senior High School

Destination: All LSHS Athletic Events as scheduled by the Athletic Department at LSHS.

Date / Time of Trip: All event dates will be communicated to athletes and parents by Head Coach both at the start of the season and during the season as events are added. An "event" is defined as interscholastic competition, athletic training scheduled to take place off campus, field trip, athletic-related event such as a team dinner.

Departure time from the school campus will be determined by travel time and team needs. The athletic department will do everything it can to depart after the instructional day, however, there are times when an early departure from school will be required. This will not affect a student's attendance or tardy count.

Please complete the following:

Student Name: _____ Parent / Guardian: _____

Home Phone: _____ Parent / Guardian Cell #: _____

Home Address: _____

Place of Employment: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Additional Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

By signing below, I am indicating that I understand that all student-athletes must ride to and from team events with the team, utilizing school transportation. Exceptions to this should be requested from the Head Coach and must be approved by the Athletic Director and Administration prior to the event. I also understand that while every attempt will be made to provide athletes and parents with an estimated time of return, there are many factors at athletic events that can make determining the exact return time difficult.

() I hereby give permission for my child, _____ to accompany the team as described above. I also authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense should an emergency arise. I certify that my child is in good health and can participate in all normal activities of the team.

Signature of Parent / Guardian

Date

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Student-
Athlete
Initials

Parent/Legal
Custodian(s) Initials

	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or 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 a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or 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 listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student- Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete Date

Signature of Parent/Legal Custodian Date

2017-2018 North Carolina High School Athletic Association Eligibility and Authorization Statement

This document is to be signed by the participant of an NCHSAA member school and by the participant's parent.

I have read, understand and acknowledge receipt of the eligibility rules of the North Carolina High School Athletic Association. I understand that a copy of the NCHSAA Handbook is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All NCHSAA bylaws and regulations from the Handbook are also posted on the NCHSAA web site at www.nchsaa.org

I understand that an NCHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than NCHSAA rules.

I understand that participation in interscholastic athletics is a **privilege not a right**.

Student Code of Responsibility

As a student athlete, **I understand and accept** the following responsibilities:

I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.

I will be **fully responsible** for my own actions and the consequences of my actions.

I will **respect the property** of others.

I will **respect and obey the rules** of my school and laws of my community, state and country.

I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.

I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration.

I understand that if I drop a class, take course work through Post Secondary Enrollment Option, or other educational options, this action could affect compliance with NCHSAA academic standards and my eligibility.

Informed Consent – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, LEGAL CUSTODIAN'S OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN NCHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, **that** a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.

I consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

I have received, read and signed the Gfeller-Waller Concussion Information Sheet.

I consent to the NCHSAA use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation.

Must Be Signed Before Participation

Student's Signature

Birth date

Grade in School

Date

Signature of Parent or Legal Custodian

Date

Student Athletes Pledge

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 (profanity, sexist and racist remarks), taunting, trash talking and unnecessary physical contact. I know the academic standards, behavior expectations of my school, my conference and the NCHSAA and hereby accept responsibility and privilege of representing this school and community as a student athlete by adhering to those guidelines.

Student Athlete Signature

TO: Parents of Students Participating in Athletics

DATE: _____

SUBJECT: STUDENT INSURANCE

SCHOOL _____

SPORTS: _____

The Lexington City Schools Board of Education requires that the student insurance offered will be compulsory for all students participating in junior and senior high school athletics unless a insurance waiver form is signed by the parent indicating adequate personal insurance and releasing the Board of Education and its employees from responsibility for any claim due to injuries received while participating in a school sponsored athletic program. Please be sure that you understand the following before deciding whether to permit your son or daughter to participate:

I. There are limitations in the Student Accident Insurance coverage. It will not always pay all charges for every accident.

Read the description of the current Student Accident Insurance carefully and be sure that you understand it.

2. Neither the Board of Education nor any of its employees will assume responsibility for claims resulting from injury to your child while he/she is participating in this program. This means that you will have to pay for any necessary medical treatment not covered by the Student Accident Insurance or any personal insurance that you might have.

1. _____ My son/daughter is already enrolled in the Student Accident Insurance Program, and I understand that I am responsible for payment of any charges not covered by this policy.

2. _____ I have adequate personal insurance and release the Board of Education and its employees from any responsibility in this matter.

* Name of Current Health Insurance Provider _____

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

ADDRESS: _____

DATE: _____

Each player must also receive a MEDICAL EXAMINATION by a physician licensed to practice medicine each calendar year (once every 365 days) in order to be eligible for practice or participation in interscholastic athletic contest. This verification **must** be in hands of Athletic Director and Data Manager prior to participation.

