

DAVIDSON COUNTY SCHOOLS STUDENT ATHLETIC PARTICIPATION FORM

STUDENT INFORMATION	
School Name _____	Date _____
Name _____ <small style="display: flex; justify-content: space-between; font-size: 8px;">LAST FIRST MIDDLE</small>	
Address _____ <small style="text-align: center;">ADDRESS LINE 1</small>	Phone # () _____ <small style="text-align: center;">AREA</small>
_____ <small style="text-align: center;">ADDRESS LINE 2</small>	Date of Birth _____ <small style="text-align: center;">MONTH/DAY/YEAR</small>
_____ <small style="text-align: center;">CITY, STATE, ZIP CODE</small>	Grade _____ Gender M F <small style="text-align: right;">(circle)</small>
Has the student ever been convicted of a felony? <small>(circle)</small> YES NO	
Father's Name _____ Daytime Phone () _____ <small style="text-align: center;">AREA</small> Home Phone () _____ <small style="text-align: center;">AREA</small> Cell Phone () _____ <small style="text-align: center;">AREA</small>	Mother's Name _____ Daytime Phone () _____ <small style="text-align: center;">AREA</small> Home Phone () _____ <small style="text-align: center;">AREA</small> Cell Phone () _____ <small style="text-align: center;">AREA</small>
EMERGENCY CONTACT INFORMATION	PHYSICIAN INFORMATION
Contact Name _____ Daytime Phone () _____ <small style="text-align: center;">AREA</small> Home Phone () _____ <small style="text-align: center;">AREA</small> Cell Phone () _____ <small style="text-align: center;">AREA</small>	Family Physician Name: _____ Phone # () _____ <small style="text-align: center;">AREA</small> Hospital Preferred: _____
INSURANCE	
<p>It is strongly recommended that all student athletes be enrolled in a comprehensive accident and health insurance program. This is a requirement for participation in the varsity football program; parents must either provide proof of existing coverage (for football participation) or elect to enroll in the football insurance program (information is available at the school).</p> <p>Students participating in any athletic activity other than varsity football may elect to participate in the voluntary insurance program (information available at the school). This is an excellent opportunity to "cover" your child's participation in athletic activities at a reasonable cost.</p> <p style="text-align: center;"><u>INSURANCE IS REQUIRED OF ALL FOOTBALL PLAYERS</u></p> <p>Does your child plan on playing football? <small>(Circle)</small> YES NO</p> <p>Insurance Company Name: _____</p> <p>Group # _____ Policy # _____</p>	
RISK OF INJURY	
<p>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 DCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury. However, we acknowledge and understand that neither the coach nor DCS 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.</p> <p>Therefore, we agree to release and hold Davidson County Board of Education, its coaches/employees free, harmless, and indemnified from and against any and all claims, suits, or causes of action arising out of any injury that the student athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.</p>	
_____ <small>STUDENT SIGNATURE</small>	_____ <small>DATE</small>
_____ <small>PARENT SIGNATURE</small>	_____ <small>DATE</small>

CODE OF 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. A player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athletic ejected from an athletic contest.

NCHSAA Regulations 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, my conference, and the NCHSAA, 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 that comes with being the parent of a student athlete.

NCHSAA Sportsmanship/Ejection Policy: We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA 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: 2-game suspension in all sports *except* one (1) game for football.

2nd ejection: Suspended for remainder of sport season.

3rd ejection: Suspended for *ALL* athletic competition for 365 days from date of 3rd ejection.

AUTHORIZATION TO PARTICIPATE

1. I have answered and reviewed the questions above and give permission for my child to participate in sports.
2. As the parent or legal guardian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer/first responder.
3. We certify that the home address shown in this document file is my sole bona fide residence, and I will notify the school principals immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information contained in this form is accurate and correct.
4. We certify that the student athlete meets the NCHSAA/DCS eligibility requirements which include factors such as age, attendance, scholastic, medical examination, residency and has not been convicted of a crime classified as a felony or adjudicated delinquent for an offense that would be a felony if committed by an adult.
5. We, the undersigned student and parent/guardian, have read this document and understand all of these requirements

Student: _____
Signature

Date

Parent/Guardian: _____
Signature

Date

Parent/Guardian: _____
PLEASE PRINT NAME