

2020-2021 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT AND PARENT(S)/LEGAL CUSTODIAN.

I acknowledge that I have read and understand, the North Carolina High School Athletic Association's (NCHSAA) Eligibility Rules. I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations and those imposed by the NCHSAA. I understand that local rules may be more stringent than the NCHSAA and agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

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

PARENTS, LEGAL CUSTODIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and parent/legal custodian 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.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student-athlete") is under the supervision of the member school. I **consent to medical treatment** for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, 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 further authorize the use or disclosure of my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

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 before the student is allowed to return to participation. I also acknowledge that I **have received, read and signed the Gfeller-Waller Concussion Information Sheet**.

I **consent to the NCHSAA's 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 and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the participant's face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCHSAA, upon its request, of all records relevant to the student-athlete's athletic eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence and physical fitness. The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the participant's member school. By doing so, however, we understand that the participant would no longer be eligible for participation in interscholastic athletics.

Student's Signature

Date of Birth

Grade in School

Date

Signature of Parent or Legal Custodian

Date

Apprentice Academy High School Consent Form & Liability Waiver for Sports

I hereby grant permission for my child to participate in various programs, events, trips or activities (hereinafter referred to as activities) operated or sponsored by the School.

I understand and acknowledge that a participant may incur personal or bodily harm while participating in sports-related activities, including but not limited to activities described as running, jumping, physical contact, etc. By signing this agreement, I assume all risks inherent in these activities and accept full responsibility for any and all damages or injuries of any kind; but I am also aware that reasonable care and supervision will be exercised by the adult supervision to provide for the general well-being of my child.

I further acknowledge placing my trust in my child to adhere to proper standards of conduct and to follow the rules set forth by the adult supervision in charge of the activity, the School's handbook and me as parent/guardian. I understand and assume the risks described above and those inherent with such activities, and I individually, on behalf of my child, do hereby release and discharge and covenant not to sue Apprentice Academy High School, its officers, directors, employees, agents and/or volunteers. for this activity and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which results in the injury or loss to my child or myself. I accept responsibility of notifying the School's coaching staff of any pre-existing conditions affecting my child.

This waiver of liability extends to officers, directors, employees, agents and/or volunteers of 3rd party entities (4M Fitness, City of Monroe, Union County, etc.) contracted by the school for athletic practices, workouts, and/or athletic events.

I further understand and acknowledge that the School will not allow my child to participate in such activities without my acceptance of and signature on this agreement.

_____ Male _____ Female ____/____/____
(Student Athlete) Birth Date

Parent/Guardian Name (Last, First)

_____ City, State, Zip Code
Street Address

_____ Home Phone _____ Work/Cell Phone Parent/Guardian _____ Email Address of Parent/Guardian

_____/____/____
Signature of Parent Date

The School desires to have a well-organized competitive program in an environment where the highest value is people. The School welcomes all individuals to participate and asks that you contribute to creating and maintaining this type of environment by agreeing to this sportsmanship contract in the following manner:

- Respect – I will respect the officials and supervisors of the activity. While I might not always agree with their rulings, I will respect them as people and treat them as I would like to be treated.
- Remember – I will remember where I am and will not use language or behave in a manner that tears down the relationships we are trying to build.
- Reconcile – In the case of relational breakdown or bad feelings produced during a game, I will do my best to rapidly reconcile with the other person and not leave the game with a grudge.

_____/____/____
Signature of Student Date