

Raleigh Charter High School

Dear Parent of a Phoenix Athlete,

In the past we charged a fee for your student(s) to participate in athletics. Since athletic activities are extracurricular, the fee helped cover the costs associated with this extra opportunity for some of our students. During a typical year, our athletics budget has been about \$75,000, a cost of about \$500 per athlete. In previous years, fees ranged from \$175 to \$225 per student for a sport.

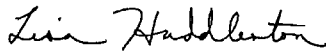
Laws regarding the charging of fees in charter schools have changed, and we are no longer allowed to charge athletic fees. Given the financial challenges we face as a school, this additional hit to our budget makes financing athletics difficult.

We believe that our athletics program is important for our students and our school. We want to be able to continue to offer the options currently available. Therefore, we are asking families with athletes to contribute to the athletics program. Your contribution to athletics would be a designated gift that fills a particular need in our budget. It doesn't diminish the continued need we have for support for the school as a whole through the Phoenix Fund. We hope you will consider supporting both endeavors. Every gift of any size is greatly appreciated.

A form for your athletics contribution is below. Please make your check payable to Raleigh Charter High School. Please write "athletics donation" on the memo line of your check. Donations may be dropped off at the front office or mailed to RCHS. You will receive an acknowledgment for your donation. If you have questions or need additional information, you may contact us at any time.

We are most grateful for the passionate support we receive for our Phoenix athletes, coaches, and teams. Go Phoenix!

With great appreciation,



Lisa Huddleston
Principal



Margaret Barnett
Director of Development

Enclosed is a donation in the amount of \$ _____ for the Raleigh Charter High School athletics program.

Printed parent name

Parent signature

Street

City

Zip

Phone

Email

Name of athlete(s)

Sport(s)

"Educating knowledgeable, thoughtful, contributing citizens"

1307 Glenwood Avenue, Raleigh, North Carolina 27605 • 919-715-1155 • www.raleighcharterhs.org • office@raleighcharterhs.org

ELIGIBILITY, CONSENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, LIABILITY WAIVER, AND RELEASE

The student-athlete and the student-athlete's parent(s)/legal custodian(s) must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed.

This document must be signed by the student-athlete of an NCHSAA member school and the student-athlete's parent(s)/legal custodian(s) before participation. Student-athletes may not participate without the signature of the student-athlete and the student-athlete's parent(s)/legal custodian(s).

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) have read and understood the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA). We understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or athletic director, that the Handbook is available on the NCHSAA's website (nchsaa.org) at no cost, and that we may review it in its entirety if we so choose. We know that our 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, rules adopted by the State Board of Education, and the rules of the NCHSAA. We agree to follow the rules of our school and the NCHSAA and to abide by the school's and the NCHSAA's decisions. We acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. We understand that classroom performance, dropping a class, or taking coursework through other educational options could affect eligibility to participate in athletics.

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 the 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.

LIABILITY WAIVER AND RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, death, serious neck, head, and spinal injuries that may result in complete or partial paralysis, serious injury to internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury to or impairment of other aspects of the body, or effects on the general health and well-being of the child. Although death and serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, we recognize the importance of the student-athlete following coaches' instructions regarding playing techniques, training, and other team rules. We recognize that we have a responsibility to help reduce that risk. We understand that student-athletes 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 (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) understand that all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, we understand that if the student-athlete is removed from a practice or

competition due to a suspected concussion, he or she will be unable to return to participation unless and until clearance is given in compliance with applicable laws. We also acknowledge that we have received, read, and signed the Gfeller-Waller Concussion Information Sheet, and that we have viewed the CrashCourse concussion education video.

* * *

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) hereby irrevocably and unconditionally release, acquit, and forever discharge the NCHSAA, its member schools, and the directors, officers, agents, attorneys, representatives, and employees of the NCHSAA and its member schools (collectively, the "Releasees" and each individually a "Releasee"), from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature whatsoever (including attorneys' fees) that the student-athlete and/or the student-athlete's parent[s]/legal custodian[s] incur or sustain to person, property, or both that arise out of, result from, occur during, or are otherwise connected with or related to the student-athlete's participation in interscholastic athletics, if due to the ordinary negligence of any Releasee(s).

* * *

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) hereby consent to allow the student-athlete to receive medical treatment that may be deemed advisable by the NCHSAA, its member schools, or member school representatives in the event of injury, accident, or illness while participating in interscholastic athletics, including, but not limited to, the transportation of the student-athlete to a medical facility. We consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a contest. We 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 if the student-athlete is a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. We further authorize the use or disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary. We agree that we have received adequate notice of health care services as required by N.C. Gen. Stat. § 115C-76.45(1) and that our consent herein to such services is sufficient to satisfy N.C. Gen. Stat. §§ 90-21.10B, 115C-76.45(1).

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) give the NCHSAA, its member schools, and member school representatives permission to use and disclose the necessary personally identifiable information from the student-athlete's education records including academic, financial, and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staff, NCHSAA legal counsel, and the media, for the purpose of receiving proper/necessary medical care and complying with the NCHSAA rules, State Board of Education rules, and any applicable laws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. **We further release the NCHSAA, its member schools, and the directors, officers, agents, attorneys, representatives, and employees of the NCHSAA and its member schools from any and all claims arising out of the use and disclosure of said necessary personally identifiable information.**

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) give the NCHSAA, its member schools, and member school representatives permission to release the student-athlete's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight, year in school, participation history, and other performance-based statistics) and other information as may be requested or presented. We agree that the student-athlete may be photographed or otherwise digitally or electronically captured during school-based competition, and that such product may be used in the course of normal NCHSAA business including commercial and internet-based video and still images. We acknowledge and agree that any of this material may be used without permission or compensation specifically related to the NCHSAA and its events,

without such use constituting a violation of rights under the Family Educational Rights and Privacy Act. We consent to the use of the student-athlete's name, image, likeness, and athletic-related information in reports of contests, promotional literature of the NCHSAA, 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 student-athlete's face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student-athlete. 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 student-athlete's member school. We understand that if we submit a revocation, the student-athlete will no longer be eligible for participation in interscholastic athletics; provided, however, that revoking authorization to use the student-athlete's name, image, likeness, and athletic-related information will not affect eligibility.

Student's Signature

Date of Birth

Grade in School

Date

READ THE ABOVE FORM COMPLETELY AND CAREFULLY.

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION AND ITS MEMBER SCHOOLS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN ATHLETIC PARTICIPATION THAT CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, ITS MEMBER SCHOOLS, AND ANY DIRECTOR, OFFICER, AGENT, ATTORNEY, REPRESENTATIVE, OR EMPLOYEE OF THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION OR ITS MEMBER SCHOOLS IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD (INCLUDING DEATH), OR FOR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE INHERENT IN ATHLETIC PARTICIPATION. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION HAS THE RIGHT TO REFUSE TO ALLOW YOUR CHILD TO PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent or Legal Custodian

Date

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)



HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date form completed: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____

How do you identify your gender (optional)? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (optional; check one): Y N

Have you been immunized for COVID-19? (optional; check one): Y N If yes, have you had: One shot Two shots Three shots Booster date(s) _____

List past and current medical conditions. _____

 Have you ever had surgery? If yes, list all past surgical procedures. _____

 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge 0	<input checked="" type="radio"/> 0	1	2	3
Not being able to stop or control worrying 0	<input checked="" type="radio"/> 0	1	2	3
Little interest or pleasure in doing things 0	<input checked="" type="radio"/> 0	1	2	3
Feeling down, depressed, or hopeless 0	<input checked="" type="radio"/> 0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU

	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU

(CONTINUED)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)				Yes	No
25. Do you worry about your weight?					
26. Are you trying to or has anyone recommended that you gain or lose weight?					
27. Are you on a special diet or do you avoid certain types of foods or food groups?					
28. Have you ever had an eating disorder?					
MENSTRUAL QUESTIONS (optional)			N/A	Yes	No
29. Have you ever had a menstrual period?					
30. How old were you when you had your first menstrual period?					
31. When was your most recent menstrual period?					
32. How many periods have you had in the past 12 months?					

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Gfeller–Waller NCHSAA Student–Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability—things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not return to play or practice if you have any symptoms or if you are still feeling dizzy, nauseous, or have a headache. If you have any of these symptoms, you should see a doctor.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

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

Raleigh Charter High School Athletic Participation Form

Date of Physical Exam: ___ / ___ / ___

Student Athlete Information:-----

Name: _____ Grade: _____

Gender: _____ Birthdate: ___/___/___ Age: _____

Address(Street, City, Zip): _____

Please list medical alerts such as allergic reactions, contact lenses, etc.:

Guardian 1 Information:-----

Name: _____ Employer: _____

Phone: _____ Email: _____

Guardian 2 Information:-----

Name: _____ Employer: _____

Phone: _____ Email: _____

Emergency Contact (other than guardians listed above):-----

Name: _____ Phone: _____

Relationship to Student: _____

Request for Permission:-----

We, the undersigned student and student's guardian, apply for permission to participate in the interscholastic athletics in the following sports (Please check all that apply):

- Basketball Cross Country Golf Swimming
 Track Soccer Volleyball Tennis

*Weight lifting may be a required component of condition for any sport.

Insurance:-----

Raleigh Charter High School (RCHS) does **not** carry accident or medical insurance to cover students' accidental injuries or illnesses. Parents' insurance must provide coverage for injuries of their student(s). RCHS Board policy addresses the insurance requirements for participating in specified activities. **Every student participant in a student activity that requires accident insurance shall furnish proof that compatible coverage is carried in a family insurance policy.** Student activities requiring insurance coverage include interscholastic athletic programs. Please acknowledge the method by which the required coverage will be provided. The policy number is required.

Name of Insurance Company: _____ Policy Number: _____

Verification by School Administration: _____ Date: _____

RCHS Athletic Participation Form

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 the RCHS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor RCHS 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.

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

- | | | | | |
|--|-----|-----|----|------------|
| 1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50? | 1. | YES | NO | DON'T KNOW |
| 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? | 2. | YES | NO | DON'T KNOW |
| 3. Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise? | 3. | YES | NO | DON'T KNOW |
| 4. Has the athlete ever had a broken bone, had to wear a cast or had an injury to any joint? | 4. | YES | NO | DON'T KNOW |
| 5. Does the athlete have a history of a concussion (getting knocked out)? | 5. | YES | NO | DON'T KNOW |
| 6. Has the athlete ever suffered a heat-related illness (heat stroke)? | 6. | YES | NO | DON'T KNOW |
| 7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? | 7. | YES | NO | DON'T KNOW |
| 8. Does the athlete take any medication(s)? | 8. | YES | NO | DON'T KNOW |
| 9. Is the athlete allergic to any medications or bee stings? | 9. | YES | NO | DON'T KNOW |
| 10. Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.) | 10. | YES | NO | DON'T KNOW |
| 11. Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition? | 11. | YES | NO | DON'T KNOW |
| 12. Has the athlete had surgery or been hospitalized in the past year? | 12. | YES | NO | DON'T KNOW |
| 13. Has the athlete missed more than five consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed has not been resolved in the past year? | 13. | YES | NO | DON'T KNOW |
| 14. Are you, the athlete, worried about any problem or condition at this time? | 14. | YES | NO | DON'T KNOW |

*Please give details on any "YES" answer from the above health history.

RCHS Athletic Participation Form

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. Players are under the coach's control from the time they arrive at the athletic site until they leave the field. It is expected that all athletes and managers adhere to the guidelines established by their coaches. Noncompliance with these expectations may result in consequences from the school.

Raleigh Charter High School Academic Eligibility Requirements:

Students with no more than one (1) D and no failing grades AND a 2.0 unweighted GPA, OR a 3.0 unweighted GPA AND any combination of grades, in the six weeks grading period prior to participation are eligible to participate. Students excluded from participation will be reevaluated at the end of the following six weeks grading period. Student-athletes will be evaluated at the end of each grading period.

Students who were not enrolled at RCHS during the grading period prior to participation must submit his/her grades from the previous school. The above standards apply to those grades.

NOTE: The NCHSAA policies supercede any and all local school policies.

Protect Your Eligibility. Know the Rules. To represent your school in athletics, YOU

1. **Must** meet the above RCHS Academic Requirements.
2. **Must** be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester.
3. **Must** be in attendance at least 85% of the semester prior to athletic competition.
4. **Must** not have exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering grade nine (9).
5. **Must** be under 19 years of age on or before October 16.
6. **Must** be present 100% of the student day on the day of an athletic event in order to participate.
7. **Must** have received a medical examination by a licensed physician within the past 365 days; if you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or competing.
8. **Must** turn in a completed RCHS Athletic Participation Form prior to the first day of practice.

Student-Athlete Pledge:

As a student-athlete, I am a role model. Using inappropriate language, taunting, baiting, or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship that my school expects. I accept my responsibility to model good sportsmanship that comes with being a student-athlete.

Parent/Guardian Pledge:

As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators and support groups. I will participate in cheers that support and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship our school expects. I accept my responsibility to model good sportsmanship as the parent of a student-athlete.

RCHS Athletic Participation Form

Transportation for Athletic Events:

Parent carpools and student drivers are the main modes of transportation for Phoenix athletes to and from athletic events. Athletic events include practices and contests of the sports offered by RCHS. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent, adult, and student 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 the team to any athletic event must return to the school with the team. The only exception to this policy is when the coach is made aware that the student-athlete will ride home with a parent/guardian. Student-athletes are not to ride home from athletic events with any person other than a pre-arranged guardian. Student-athletes who elect to ignore this policy may jeopardize their eligibility.

Medical Authorization:

As the parent/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, including an assigned RCHS representative, athletic trainer and/or coach. These records may be examined for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in, any athletic program at RCHS. I understand that these medical records will be kept confidential.

We, the undersigned student and parents/guardians, have read this document and understand all of the requirements for athletic participation at Raleigh Charter High School and agree to comply with the requirements set forth in this document. All information on this form is accurate and current. Providing false information on this form renders it void and may cause the student-athlete to lose eligibility. This document is valid only for the current school year.

_____	_____
Father's/Guardian Signature	Date
_____	_____
Mother's/Guardian Signature	Date
_____	_____
Student-Athlete's Signature	Date

For Official Use Only:		
School Year _____	Date Received _____	Checked for Completeness _____
Date of Current Physical Examination _____		
<i>Semester Prior to Participation:</i>		
Total Absences _____	Unexcused Absences _____	GPA _____
<i>Individual Course Grades:</i>		

Special Circumstances that alter standard eligibility requirements		

**Raleigh Charter High School Athletics
Permission to Drive/Ride with Students**

PARTICIPATING SPORT(S):

SEASON/YEAR OF PARTICIPATION:

NAME OF COACH:

NAME OF STUDENT-ATHLETE:

My child has permission to DRIVE students. YES _____ NO _____

My child has permission to RIDE WITH student drivers. YES _____ NO _____

Transportation to Athletic Events:

When transportation is by private vehicle, the vehicle' owner's liability coverage is applicable to any vehicular accident. Parents 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 insurance coverage required by the state of North Carolina.

It is expected that all student drivers possess a valid North Carolina driver's license and that the vehicle they are driving is covered by at least the insurance coverage required by the state of North Carolina. If a student-athlete is not able to secure transportation for athletic events, school officials should be contacted for assistance.

I have read and understand the above statements.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Sonner Aquatic Facility Waiver of Liability for Facility Use

Participant Details

First Name: _____ Last Name: _____ Date of Birth: _____

Parent/Guardian Details

First Name: _____ Last Name: _____ Email: _____

Address: _____ Phone: _____

Please read this form carefully and be aware that in signing up and participating in program(s) at the Sonner Aquatic Facility you will be waiving and releasing all claims for injuries you or the participants might sustain arising out of these programs.

Waiver of Liability

As a participant or guardian of a participant in this, or any future programs, I/we recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or losses which the participant(s) may sustain as a result of participating in any and all activities connected with or associated with such programs.

_____ I've read the above and agree.

Medical Authorization

I/we authorize any representative of Raleigh Swimming Association, (RSA), to have the participant treated in any medical emergency during their participation in the program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

_____ I've read the above and agree.

Pictures and Videos

On occasion, RSA will have photographers and/or videographers come to photograph/video our students in swim classes or sponsored events. The photographs/videos may be used in advertising, on our web site, in our scrapbooks, etc. Names of children will not be used.

_____ I've read the above and agree.

Closure Policy

RSA reserves the right to close the pool at any time due to inclement weather and/or pool contaminations. Closures will be communicated via posts to the RSA website (www.swimra.org).

_____ I've read the above and agree.

Signature Text

In enrolling myself, my child(ren) or future family members in programs operated at the William H. Sonner Aquatic Facility (owned and operated by Raleigh Swimming Association), I have read and understand the WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, PICTURES AND VIDEOS POLICY, CLOSURE POLICY, and I VOLUNTARILY affix my name in agreement.

_____ I've read the above and agree.

Signature _____ Date: _____