

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS		PARENT PERMISSION INTERSCHOLASTIC ATHLETICS	
Name of Parent/Guardian:		Student-athlete:	
Street Address:		School:	Grade:
City:	State:	Zip Code:	Date of Birth: Phone: Home - Work -
Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:			
<input type="checkbox"/> Basketball	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Baseball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track	<input type="checkbox"/> Lacrosse
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Field Hockey
<input type="checkbox"/> Football	<input type="checkbox"/> Swimming	<input type="checkbox"/> Wrestling	
General Requirements- We have read and discussed the general requirements for high school athletic eligibility. We understand that additional questions or specific circumstances should be directed to my student's coach, athletic director or principal.			
Athletic Eligibility, Academics: A student must meet the NCHSAA academic standards and earn a 2.0 QPA the previous 9-week grading period. A student whose semester (7-period day schedule) or term (4-period day schedule) QPA is 2.0 or greater but whose 2nd or 4th 9-weeks QPA is below 2.0 will be eligible to participate if the student agrees to attend and attends weekly tutoring sessions during the subsequent 9 weeks. Likewise, a student whose 2 nd or 4th 9-weeks QPA is 2.0 or greater but whose semester or term QPA is below 2.0 will be eligible to participate if the student agrees to attend and attends weekly tutoring sessions during the subsequent 9 weeks. A student's grades in summer school shall be considered in determining a student's final QPA for the semester or term. If a student's QPA after summer school is 2.0 or greater, the student will be eligible to participate if the student agrees to attend and attends weekly tutoring sessions during the subsequent nine weeks. See Policy 6145 for information on Hardship Waivers.			
Athletic Eligibility – Attendance. A student who is absent more than 10 days in a semester shall be ineligible for participation in any interscholastic athletic activity during the next semester unless granted a hardship waiver. See Policy 6145 for information on Hardship Waivers.			
Athletic Eligibility – Change of Residence or Special Transfer. A student who changes his/her domicile to or within Forsyth County, as defined by the NCHSAA, or is granted a special transfer, during a sports season shall be ineligible for interscholastic athletics at the new school in the same sport for the remainder of that sport's season. If a student or a student's parent(s) believe that the application of this policy will create an undue hardship, they may request a waiver of the policy for a good and just cause in accordance with the athletic eligibility review procedures set forth in Policy 6145.			
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 a WS/FCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the WS/FCS 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.			
Release- In consideration of the WS/FCS allowing the student-athlete to participate in athletics, we agree to release and hold the WS/FCS, its athletic coaches, and other employees free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.			
Insurance- School Board Policy 6145 requires that all students who participate in athletics be adequately covered by medical or accident insurance. We certify that we have purchased and will maintain in full force and effect during the student-athlete's participation in athletics the following insurance policy:			
Check One: <input type="checkbox"/> School Accident Insurance		<input type="checkbox"/> Name of Other Insurance Company:	Policy No:
Street Address:		Group No:	
City:	State:	ZIP	Policy Term, From: To:
CERTIFICATION AND MEDICAL AUTHORIZATION. We certify that all of the information provided by us on this form is correct. We agree to abide by the rules of the NCHSAA. We give our consent for the student to receive a medical screening examination prior to participation in athletics. If the student-athletic is injured while participating in athletics and the WS/FCS is unable to contact the parent, we grant the WS/FCS permission and the authority to obtain necessary medical care and/or treatment for the student's injury, including first aid, medical or surgical treatment recommended by a physician and we accept the financial responsibility for such medical care or treatment.			

MEDICAL HISTORY	Family Physician:
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To be completed by parents and student together. A **"YES"** answer to any of the following questions **will not** automatically disqualify a student from participation in athletics. Circle Answer

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| <ol style="list-style-type: none"> 1. Has anyone in the athlete's family died suddenly before age 50? 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? 3. Has the athlete ever been told that he/she has a heart murmur, heart problem or high blood pressure? 4. Has the athlete experienced chest pains with exercise or felt any extra strong or irregular heart beats? 5. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? 6. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? 7. Does the athlete have a history of a concussion (getting knocked out)? 8. Has the athlete ever suffered a heat related illness (heat stroke)? 9. Does the athlete have a chronic medical problem or see a doctor regularly for a particular problem? 10. Does the athlete have only one of any paired organs (If yes, circle: eye, ear, kidney, testicle, ovary)? 11. Does the athlete wear eye glasses or contact lenses? 12. Is the athlete taking any medications? (If yes, what: _____) 13. Is the athlete allergic to any medications or insects? (If yes, what: _____) 14. Has the athlete had any operations/surgery? (If yes, describe: _____) 15. Has the athlete had a tetanus booster in the last ten years?(Date: _____) 16. Does the athlete have anything he/she wants to talk to a doctor about? | <ol style="list-style-type: none"> 1. YES NO 2. YES NO 3. YES NO 4. YES NO 5. YES NO 6. YES NO 7. YES NO 8. YES NO 9. YES NO 10. YES NO 11. YES NO 12. YES NO 13. YES NO 14. YES NO 15. YES NO 16. YES NO |
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Please explain any "YES" answers:

DOCTOR'S EXAMINATION

Height:	Weight:	Blood Pressure: /	Pulse:
Vision Rt: 20/	Vision Lt 20/	Vision Both 20/	Optional - Body Fat (%)

ORGAN/SYSTEM	NORMAL	ABNORMAL (Explain)
Eyes/Pupils		
ENT		
Heart		
Lungs		
Abdomen		
Genitalia (If indicated)		
Musculoskeletal		
Neurological		
Skin		

LABORATORY (If indicated):

DOCTOR'S CERTIFICATION: I, the undersigned physician, certify that I have examined this student and find him/her medically:
 qualified, **qualified with conditions**, or **unqualified to participate in athletics.**
 The conditions for qualification or the reason(s) for disqualification are stated below:

Physician's Signature:	Street Address: ROBINHOOD PEDIATRICS & ROBINHOOD ADOLSCENT MEDICINE 1350 WHITAKER RIDGE DRIVE
Date: Telephone: (336) 718-8000	City: Winston-Salem State: NCZIP: 27106

The following are considered disqualifying conditions until medical or 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, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye or testicle.