



2020-2021 NCISAA CONSENT TO PARTICIPATE AND RELEASE FORM

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

I acknowledge that my school is a member of the North Carolina Independent Schools Athletic Association (NCISAA) and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local conference regulations and those imposed by the NCISAA. I understand that local conference rules may be more stringent than the NCISAA and agree to follow the rules of my school and the NCISAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I acknowledge that I understand all pertinent rules that apply to my student-athlete and my school. I understand that a copy of the NCISAA Handbook is available at NCISAA.org.

PARENTS, LEGAL CUSTODIANS OR STUDENT-ATHLETES WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student-athlete and parent(s)/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, exposure to viruses or effects to the general health and well-being of the child, and in rare cases death. It is impossible to eliminate all risks. Because of these inherent risks, the student-athlete and his/her parent(s)/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(s)/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 any means, including but limited to an 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 NCISAA'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 NCISAA 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 NCISAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCISAA, 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-athlete and parent(s)/legal custodian individually and on behalf of the student-athlete, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCISAA 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-athlete'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-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. By doing so, however, we understand that the student-athlete would no longer be eligible for participation in interscholastic athletics.

Student-Athlete's Name

Date of Birth

Grade in School

Date

Student-Athlete's Signature

Date

Signature of Parent or Legal Custodian

Date

NCISAA Pre-Participation Physical Form

Student/Athlete's Name: _____ DOB: _____ Age: _____ Gender: _____

This is a **screening examination** for participation in sports. **This DOES NOT substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.**

Student-Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent/Legal Custodian Directions: Please make sure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question, please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed	Yes	No	Unsure
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, migraine, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student-athlete ever had a heat related injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion, or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in their chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Chest <input type="checkbox"/> Foot <input type="checkbox"/> Hip <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). a. Has the student-athlete had little interest or pleasure in doing things? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY	Yes	No	Unsure
24. Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting, or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother, or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here: _____

By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____ Phone #: _____

Signature of student/athlete: _____ Date: _____

Student-Athlete's Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP _____ (% ile) _____ (% ile) Pulse: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Sports(s): _____

****Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)****

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- *** C. Medical Waiver Form must be attached (for the condition of: _____)
- D. Not cleared for:
- Collision Contact Non-contact Strenuous Moderately strenuous Non-strenuous

Due to: _____

Additional Recommendations/Rehab Instructions: _____

Name of Physician/Extender: _____ (Please print)

Signature of Physician/Extender: _____ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: _____

Address: _____

Phone: _____

Physician Office Stamp

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the NCISAA Sports Medicine Advisory Committee and the NCISAA Board of Advisors.

CONCUSSION

INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

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 blackout 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 Feeling slowed down Difficulty concentrating Difficulty remembering new info.	Headache Fuzzy or blurry vision Nausea/Vomiting Dizziness Balance problems Sensitivity to noise or light	Irritability Sadness More emotional than normal Feeling nervous or anxious Crying more	Sleeping more than usual Sleeping less than usual Trouble falling asleep

Table 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 have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

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 Independent Schools Athletic Association.

Lawrence Academy Transportation Release

The undersigned, on behalf of themselves and their student(s), hereby agree to release, indemnify, and hold harmless Bertie Educational Foundation, Inc. dba LAWRENCE ACADEMY, its members, trustees, administration, faculty, and staff from any and all claims and damages arising from the enrollment, attendance, participation, withdrawal or expulsion from LAWRENCE ACADEMY programs of the student which is subject of this contract, including, but not limited to, participation in school and after-school activities, athletic programs, and resulting in any manner from the student's presence on LAWRENCE ACADEMY property. The undersigned also agrees that this release, indemnification and hold harmless agreement applies to claims and damages that arise from the undersigned's transport of students to and from school-related events, whether during school or after school, whether the undersigned is driving or someone is driving the undersigned's vehicle with the undersigned's permission, which events include but are not limited to athletic, educational, fundraising and charitable events, performances and trips. If the undersigned does use, or allow someone to use, the undersigned's vehicle for the transport of students, the undersigned agrees that the driver is properly licensed and that the vehicle is fully insured, including underinsured and uninsured motorist coverage, and the undersigned acknowledges that in so transporting a student, the undersigned is doing so of his or her own accord and is not acting as an agent or employee of the school, and therefore the school is not responsible for the actions or omissions of the undersigned or of any third party who may come in contact with and cause harm or damage to the undersigned, his or her student, his or her passengers, or his or her property.

Parent/ Guardian Signature

Date

School Representative

Date