

Charlotte-Mecklenburg Schools
Middle School Student-Athlete Pre-Participation Form
TAB THROUGH FORM & TYPE INFORMATION OR PRINT FORM AND WRITE INFORMATION

PERSONAL & EMERGENCY CONTACT INFORMATION

Student-Athlete's Name (First, MI, Last): _____ CMS Student ID # _____
 Gender: M F Date of Birth: _____ Age: _____ Home Phone: _____
 Resides At Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Father's Name: _____ Daytime Phone: _____ Cell Phone: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Mother's Name: _____ Daytime Phone: _____ Cell Phone: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

If applicable... **Guardian's**
 Name: _____ Daytime Phone: _____ Cell Phone: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

• If student-athlete resides with other than parent(s), attach legal documentation of custody (guardianship or affidavit provided by Student Placement)

Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility

SPORT (check all sports you are considering to participate in)

Fall	Winter	Spring
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Basketball - Boy's	<input type="checkbox"/> Baseball
<input type="checkbox"/> Football	<input type="checkbox"/> Basketball - Girl's	<input type="checkbox"/> Soccer - Boy's
<input type="checkbox"/> Golf - Boy's	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Soccer - Girl's
<input type="checkbox"/> Golf - Girl's		<input type="checkbox"/> Track - Boy's
<input type="checkbox"/> Softball		<input type="checkbox"/> Track - Girl's
<input type="checkbox"/> Volleyball - Girl's		

INSURANCE

School Board Policy JLA requires that all students who participate in athletics be adequately covered by medical or accident insurance. We acknowledge that it is the signed responsibility to notify CMS of any changes that occur to the personal insurance policy below and affect the procedures in which the above-named individual may receive treatment; this includes loss of coverage. We certify that we have purchased and will maintain in full force and effect during student-athlete's participation in athletics the following insurance policy:

Check One: School Accident Insurance Personal Insurance Company

 Name of Insurance Company Policy Number Group Number

 Insurance Phone for Authorization Policy Holder

RELEASE

In consideration of CMS allowing the above-named individual to participate in athletics, we agree to release and hold CMS, 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 injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence.

ASSUMPTION OF RISK

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 the instructions of the coach in order to reduce the risk of injury to the student-athlete and other athletes. However, we acknowledge and understand that neither the coach nor CMS 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.

HIPAA / FERPA RELEASE

The above named student-athlete has opted his/her rights under the US Department of Health and Human Resources guidelines. By signing this release, the student-athlete allows sharing of medical information between the Sports Medicine Staff (team physicians and medical staff, athletic trainers, and student assistants), the CMS Athletics Staff (Athletic Director and Coaches), CMS Administration and his/her medical provider(s). In the event of an emergency situation, information may be shared with emergency medical personnel. Every reasonable effort will be made to protect this information. It is understood that once this medical information is disclosed, it is no longer protected under the HIPAA/FERPA guidelines.

SEVENTH GRADE ENTRY

- This is my _____ consecutive semester at _____ Middle School
- I initially entered the seventh grade in the fall of (yr.) _____
- Last semester I attended _____ School in City _____ State _____

Parent/Guardian Initials: _____ Student-Athlete Initials: _____

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CERTIFICATION / MEDICAL AUTHORIZATION

We certify that all of the information provided by us on this form is correct. We agree by the rules of the NCDPI and CMS. We give our consent for the student-athlete to receive a medical screening prior to participation in athletics and **acknowledge that this is simply a screening evaluation and not suitable for regular health care**. If the student-athlete is injured while participating in athletics and CMS is unable to contact the parent, we grant CMS permission and the authority to obtain necessary medical care and/or treatment for the student's injury including first aid, CPR, medical or surgical treatment recommended by a physician and we accept the financial responsibility for such medical care or treatment.

We (student and parents) certify that the home address shown in this document is the student's sole bona fide residence, and we will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of the student athlete. All information contained in this form is accurate and correct.

Student-Athlete: _____ **Date:** _____
(Signature)

Parent/Guardian: _____ **Date:** _____
(Please Print Name)

Parent/Guardian: _____ **Date:** _____
(Signature)