

## 2025-26 WCPSS Middle School Athletics Form

### INSTRUCTIONS

This form must be completed in its entirety prior to being eligible for athletic participation. Please note that there are nine pages to this form and all of them must be completed. Incomplete forms will delay your athletic participation.

**Use the following checklist to determine if the WCPSS Middle School Athletic Participation form is complete.**

- ☐ All student and parent contact information.
- ☐ Current sport planning to participate in.
- ☐ Conviction section is complete.
- ☐ Request for Permission – Sports not allowed to participate in are listed. Please note: WCPSS Middle School Interscholastic sports are basketball, baseball, cheerleading, football, soccer, softball, track, and volleyball.
- ☐ Athlete's health history is complete.
- ☐ Provide details for any "yes" answers in the Athlete's Screening Examination.
- ☐ Athlete's Screening Examination must be signed and dated by the student athlete and the parent or legal custodian
- ☐ Physical Exam Section is completed and signed by a physician (MD, DO, PA, NP). Note: Doctor of Chiropractic Medicine is not satisfactory.
- ☐ Physical Exam Section is dated by the attending physician and signed (MD, DO, PA, NP).
- ☐ Physical Exam Section must include the medical office name, address, and phone number of the office where the physical exam was conducted. This may be stamped by the physician's office.
- ☐ Participation form is signed and dated by student athlete.
- ☐ Participation form signed and dated by a parent or legal custodian.
- ☐ Concussion Information for Student/Athletes & Parent/Legal Custodians has been read and understood.
- ☐ Student-Athlete & Parent/Legal Custodian Concussion Statement has been filled out, read, initialed and has signatures.
- ☐ Make copies of the completed forms for your records

### ELIGIBILITY

In order to be eligible for any athletic activity, the athlete:

1. Must be currently enrolled in seventh or eighth grade in WCPSS.
2. Must meet all eligibility requirements prior to the first tryout/practice date.
3. Must have a completed and signed Middle School Athletic Participation Form prior to the first tryout/practice date.
4. Must not participate if he/she becomes 15 years of age on or before August 31 of the current school year.
5. Must receive a medical examination once every 395 days by a licensed medical physician, physician's assistant or family practitioner in the United States.
6. Must read the Concussion Information Sheet, initial and sign the Student-Athlete & Parent/Legal Custodian Concussion Statement each year.
7. Must meet promotion requirements to be eligible for fall semester. The State Board of Education defines promotion as "progressing to the next grade." Students retained either by the school or the parents will be ineligible for the fall semester.
8. 6 Semester Rule - No student may be eligible to participate at the Middle School level for a period lasting longer than 6 consecutive semesters beginning with the students' first entry into 6<sup>th</sup> grade. The principal shall have evidence of the date of each player's entry into the 6<sup>th</sup> grade.
9. Must have earned passing grades in at least 70% of courses taken during the previous semester.
10. 85% attendance requirement in the semester prior to athletic participation.
11. Must not participate (practice or play) if ineligible.
12. Must not participate (practice or play) in any athletic event if suspended or is actively serving in the in-school suspension program for that day or days.
13. Must be present in school the entire day in order to participate in practices or games.
14. Must live with a parent or legal custodian within the Wake County Public School System administrative unit. (Must notify the athletic director if not living with a parent or legal custodian.)
15. A player must practice a total of six days before playing in a game in all sports except football, where a player must practice eight days.
16. Students absent from athletic practice five or more days due to illness or injury shall receive a medical release by a licensed physician before re-admittance to practice or play.
17. If school is not in session or school closes early, no practice or game will take place. There will be no practice on Saturdays (this includes year round schools), holidays, or vacation days.

## 2025-26 WCPSS Middle School Athletic Participation Form

**Instructions:** Print or type and return to school. All student and parent contact information must be complete. All insurance information must be complete. Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.

Athlete's Name: \_\_\_\_\_  
\_\_\_\_\_  
(Last) (First) (Middle)  
Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_ Sport: \_\_\_\_\_  
Grade: \_\_\_\_\_ Track #: \_\_\_\_\_ (Year-Round Schools Only)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name of Parent 1: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Name of Parent 2: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
\*Legal Custodian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Alternate Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Orthopedist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_  
Medical Alerts: Are you allergic to any type of Medications, List: \_\_\_\_\_  
Other allergic reactions, List: \_\_\_\_\_

Convictions: Check the box that applies to \_\_\_\_\_ (student name)

- ☐ Is not convicted of a felony in this or any other state OR adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.
- ☐ Is convicted of a felony in this or any other state.
- ☐ Is adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

The following must be completed if the student is convicted of a felony or is adjudicated as a delinquent:

Convicted or adjudicated of: \_\_\_\_\_  
City and State: \_\_\_\_\_ Date Convicted/Adjudicated: \_\_\_\_\_

Description of offense: \_\_\_\_\_  
Court Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## INSURANCE

The Wake County Public School System (WCPSS) furnishes an Interscholastic Athletic Insurance Policy that provides **limited benefits** for all students in the system who participate in school sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for students with other insurance coverage, but it pays only when other benefits have been exhausted. In cases in which a student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the WCPSS athletic insurance policy is the primary policy.

If your son or daughter should be injured while participating in a school sponsored or supervised interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by WCPSS:

- Pick up a claim form at your school.
- See a physician within 30 days of the injury.
- Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 60 days of the injury and should include the Explanation of Benefits form from your primary insurance carrier. Please list below the name of your primary insurance carrier and policy number.

## Athletic Participation Form

**Instructions:** Student Athlete and Parent/Legal Custodian must read and sign this form.

**Student Athlete Pledge:** As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

**Parent Pledge:** As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

**Football:** Student athletes who are members of the school football team must read, review with parent(s)/legal custodian(s), and sign an extra form entitled Safety List for Football Players. The form emphasizes specifics of tackling, blocking, running the ball, basic hitting (contact) position, fundamental technique, and fitting/use of equipment. The form is available from your football coach and must be completed prior to practicing with pads.

**Request for Permission:** We, the student's parent/legal custodian, give my consent for the above-named student to represent his/her school in interscholastic sports, except for those sports crossed out below: (Ex. ~~Football~~)

Football	Volleyball	Cheerleading	Soccer	Baseball
Basketball	Softball	Track	Intramurals	Other _____

**Medical Authorization:** As the parent or legal custodian 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 and athletic trainer or first responder.

**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 WCPSS 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 WCPSS 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.

**Parental Permission:** I have read and reviewed the general requirements for middle school athletic eligibility, and have discussed these requirements with my student athlete. I understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal. I certify as a parent or legal custodian that the home address on this form is my sole bona fide domicile, and I will notify the middle school principal immediately of any change in domicile since such a move may alter the eligibility status of my student athlete. According to WCPSS Board Policy 6201 a "legal custodian" is a person or agency awarded legal custody of a child by a court of law.

**Changes in Medical Conditions:** If your child's medications, need for medical assistance, or medical conditions change after completing this form, contact the Athletic Trainer or First Responder and provide updated health information.

**We, the undersigned student and parent/legal custodian, certify that the home address shown on this document is our sole, bona fide domicile as provided to the Wake County Public School System's Office of Student Assignment. We also agree that we will notify the middle school principal immediately of any change in domicile, because such a move may alter eligibility status.**

**We have read the eligibility rules and this document and understand all of the requirements for athletic participation. We agree to comply with the requirements set forth in the eligibility rules and this document. All information contained in this document is accurate and correct. Providing false information on this form may cause the student athlete to lose athletic eligibility.**

**Media Release:** The WCPSS uses internal and external media to promote its athletic programs in a variety of ways, which may include the use of photographs or videos of student athletes. WCPSS may, for example, take a video recording of an athletic event or practice to be used by coaches to improve team performance, or by the athletics department to promote an individual school's program or highlight a certain athletic event. I grant permission for WCPSS to use my child's image for display, publication, or release in print, video, or digital media. I further understand and acknowledge that my child's image may appear on the WCPSS or individual school websites and may be released to external organizations (such as the NCHSAA) or the media.

If your child's medications, needs for medical assistance, or medical conditions change after completing this form, contact the Athletic Trainer or First Responder and provide updated health information.

Student Athlete: _____ (Signature)	_____ (Printed Name of Student Athlete)	Date _____
Parent: _____ (Signature)	_____ (Printed Name of Parent)	Date _____
Legal Custodian: _____ (Signature)	_____ (Printed Name of Legal Custodian)	Date _____



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

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

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F or M): \_\_\_\_\_

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	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  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?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
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)?				
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)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				





## ■ 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 <ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
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 <ul style="list-style-type: none"> <li>• Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> 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 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 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