



## ■ 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?				





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### 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



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### 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Student-Athlete Authorization for Disclosure of Protected Health Information

I, \_\_\_\_\_ parent or guardian of student/athlete \_\_\_\_\_

Hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel representing UNC Health Blue Ridge to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at (name of school) \_\_\_\_\_ School. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis athletic participation status and related individually identifiable health information. This protected health information may be released to other health care providers, hospitals and/or medical clinics and laboratories, pertinent athletic coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members and officials of the North Carolina High School Athletic Association. I understand that as a parent/legal guardian, my authorization/consent to the disclosure of the student-athlete's protected health information is a condition for the student-athlete's participation in interscholastic sports at the school. I understand that the student-athlete's protected health information is protected under federal law. I, the parent/legal guardian, understand that I may refuse to sign this authorization, but, if I do, the school may not allow the student-athlete to participate in interscholastic sports. I may revoke this authorization at any time by notifying the school's athletic director in writing, but if I do, it will not have any effect on actions taken in reliance of my prior authorization. This authorization expires one year from the date it is signed.

\_\_\_\_\_  
Printed Student-Athlete Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by (School Official, SMC Staff or Notary)

\_\_\_\_\_  
Date

05/19/2022



## LEGAL MEDICAL CONSENT

I/we hereby consent for (athlete's name) \_\_\_\_\_ to represent (name of school) \_\_\_\_\_ in athletics realizing that such activity involves the potential for injury. I/we acknowledge that even with the best coaching, the most advanced equipment, and strict observation of rules, injuries are still possible. On rare occasions, these injuries can be severe and result in total disability, paralysis, or even death. I/we further grant permission to the school, its contracted physicians, and/or athletic trainers to render aid, treatment, medical or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above. I/we further release the school, its agents, contractors, servants, and employees from any liability for damage and injury to the above individual and hereby accept the responsibility for any and all damages or injuries sustained as a result of participation in the sport(s) or extracurricular activities named above.

By the execution of this consent, the student-athlete named above and his/her parent(s)/guardian(s) do hereby consent to the screening, examination, and testing of the student-athlete during the course of the preparticipation evaluation by those personnel performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comment pertaining to the evaluation of student-athlete on the form attached hereto by those practitioners performing the evaluation. The student athlete named above and his/her parent(s)/guardian(s) do also consent to the dissemination of the information compiled from the preparticipation evaluation to the healthcare practitioners providing the service related to the preparticipation evaluation, the student athlete's coach(es) and the appropriate representatives of the school. This evaluation is not intended to replace a complete annual physical, which is recommended to all adolescents and should not be viewed as a substitute. In addition, this exam is not intended to interfere with any parent(s)/physician relationship that currently exists.

\_\_\_\_\_  
Student-Athlete Signature                      Date

\_\_\_\_\_  
Parent/Legal Guardian Signature                      Date

05/19/2022



## 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



## **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.**

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Signature of Parent or Legal Custodian

Date