

# Elkin Middle School

300 Elk Spur St. • Elkin, North Carolina 28621  
Phone 336-835-3858 • Fax 336-835-3253



Dear Parent:

Please read the following and return with your child's application to participate in sports.

The Elkin Board of Education provides all sports accident insurance coverage at no cost to all students participating in sports. This insurance is an excess cost benefit program. Excess cost benefit programs pay only after other insurance such as a family health plans have paid. However, if the student has no other insurance coverage, the excess benefit program would pay 100% of the allowable charges.

If you choose to cover your child with student accident insurance (school-time or 24-hour coverage), please be aware that state law prohibits the same insurance company from paying double benefits on the same accident. For example: If you purchase student insurance coverage for your child and your child is hurt while participating in a sport, the all sports coverage provided by the Board of Education will pay benefits on the injury, but the student insurance will not because the insurance is provided by the same company.

Please follow these guidelines if your child is injured while participating in a sport.

1. Make sure the hospital and/or doctor is made aware of your personal insurance coverage as well as the coverage under the all sports plan provided by the Board of Education.
2. Immediately notify the Secretary/Treasurer at Elkin Middle School that your child was injured. Make sure that you give complete information regarding the accident.
3. As soon as you receive a statement from your personal insurance company regarding the benefits paid, forward a copy of the statement and a copy of the charges (doctor, hospital, etc.) to the Secretary/Treasurer at Elkin Middle School. If your child has no personal insurance, forward a copy of the charges (doctor, hospital, etc.) to the Secretary/Treasurer at Elkin Middle School immediately upon receipt.
4. If you have not heard from the all sports insurance company within 30 days of sending the above to the Secretary/Treasurer at Elkin Middle School, please call the Secretary/Treasurer to check the status of your claim.

A copy of the benefit coverage for the all sports plan is attached for your convenience.

I have read the above information concerning insurance coverage for my child.

My child \_\_\_\_\_

(child's name)

does \_\_\_\_\_ does not \_\_\_\_\_ have personal insurance coverage.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## **ATHLETIC ELIGIBILITY REQUIREMENTS FOR ELKIN HIGH SCHOOL STUDENTS**

- 1. Athletes must reside in the Elkin City Schools district or be officially released from their previous school.**
- 2. Athletes must have been in attendance for at least 85% of the previous semester.**
- 3. Athletes must pass 3 out of 4 courses during the preceding semester and meet local promotion standards.**
- 4. Athletes must pass a medical examination once every 365 days by a licensed medical doctor.**
- 5. To be eligible for participation in a sport, a student can not be 15 years old on or before October 16.**
- 6. A player shall not dress for a game or scrimmage when he/she is not eligible to participate in the game. Ineligible players are not allowed to participate in practice at any time.**



**Athlete's Directions:** Please review all questions with your parent or guardian and answer them to the best of your knowledge.

**Physician's Directions:** We recommend repeating the thirteen questions listed below and carefully reviewing details of any positive answers.

YES	NO	DON'T KNOW		
			1	Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister), died suddenly before the age of 50?
			2 A	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2B	Have you ever been told you have a heart murmur or heart problems?
			3	Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4	Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?
			5	Does the athlete have a history of concussion (getting knocked out)?
			6	Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
			7	Does the athlete have anything he/she wants to talk to the doctor about?
			8	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			9	Does the athlete take any medicine?
			10	Is the athlete allergic to any medications or bee stings?
			11	Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, ect.)?
			12	Do you wear contacts or eye glasses?
			13	Date of last tetanus booster. DATE:

Elaborate on any positive answers:

I have answered and reviewed the questions above and give permission for my child to participate in sports.

Signature of Parent or Guardian: \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION

POST OFFICE BOX 3216  
FINLEY GOLF COURSE ROAD  
CHAPEL HILL, NC 27515-3216  
http://www.nchsaa.unc.edu

PHONE: (919) 962-2345  
FAX: (919) 962-1686  
ELIGIBILITY FAX: (919) 962-4439  
EJECTIONS FAX: (919) 962-7812

## ATHLETIC PARTICIPATION (to be completed by the student-athlete)

School Year \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

This is my \_\_\_\_\_ consecutive semester at \_\_\_\_\_ Middle School, and I entered

the sixth grade in \_\_\_\_\_ of 20 \_\_\_\_\_. Last semester, I attended \_\_\_\_\_  
\_\_\_\_\_ School and passes \_\_\_\_\_ (number) courses.

I certify that the above information is correct, that I have read the summary of NCHSAA eligibility rules and that I agree to abide by those standards and those of my school.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

Date \_\_\_\_\_

Student-Athlete's Name \_\_\_\_\_

Student-Athlete's Signature \_\_\_\_\_

(continue on next page)

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## SPORT PREPARTICIPATION HISTORY FORM

FORM CURRENTLY RECOMMENDED BY NCMS SPORTS MEDICINE COMMITTEE (7/93)

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_



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## PARENTAL PERMISSION (to be completed by the parent or guardian)

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director or coach.

I certify that the home address as parents shown on the reverse is my sole bona fide residence and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student-athlete. All other information contained on this form is accurate and current.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of the student-athlete named on the reverse for the activities **NOT MARKED OUT BELOW**:

BASEBALL  
BASKETBALL  
CROSS COUNTRY  
FOOTBALL  
SOFTBALL

GOLF  
INDOOR TRACK  
OUTDOOR TRACK  
SOCCER  
CHEERLEADING

SWIMMING  
TENNIS  
VOLLEYBALL  
WRESTLING

OTHERS (school may list) \_\_\_\_\_

Date \_\_\_\_\_ Parent's or Guardian's Signature \_\_\_\_\_

**NOTE:** This statement should be on file in the principal's office and is valid for one school year only.

(continue on reverse)

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PER

PHYS

Examination

Patient's Name: \_\_\_\_\_

\*1 BP \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_ Vision: (R) \_\_\_\_\_ (L) \_\_\_\_\_

\*2 Cardiovascular Exam \_\_\_ Normal \_\_\_ Abnormal Comments:  
Murmur \_\_\_ Yes \_\_\_ No Describe:

\*3 Musculoskeletal Exam Record laxity, weakness, instability, decreased ROM-if abnormal

Knee \_\_\_ Normal \_\_\_ Abnormal  
Ankle \_\_\_ Normal \_\_\_ Abnormal  
Shoulder \_\_\_ Normal \_\_\_ Abnormal  
(Other Orthopedic \_\_\_ Normal \_\_\_ Abnormal  
Problems, e.g. neck, feet, scoliosis)

4. Optional Exam-should be done if history is positive. Comments:

ENT \_\_\_ Normal \_\_\_ Abnormal  
Chest \_\_\_ Normal \_\_\_ Abnormal  
Abdomen \_\_\_ Normal \_\_\_ Abnormal  
Genitalia \_\_\_ Normal \_\_\_ Abnormal  
Skin \_\_\_ Normal \_\_\_ Abnormal

\* ASSESSMENT: 5A. \_\_\_ No problems identified 5B. \_\_\_ Other

\* RECOMMENDATIONS: 6A. \_\_\_ Unlimited 6B. \_\_\_ Limited to specific sports 6C. \_\_\_ Deferred until (e.g., rehab., recheck, consultation, lab, etc.)

\* REEXAMINE: 7A. \_\_\_ Yearly and after any injury that limits participation for greater than one week. 7B. \_\_\_ Other:

REQUIRED ELEMENTS ARE IN ASTERISK

I certify that I have examined the above student and that such examination revealed ( \_\_\_ conditions \_\_\_ no conditions) that would prevent this student from participation in interscholastic sports.

Are you licensed to practice medicine in the United States? \_\_\_ Yes \_\_\_ No

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

If student is not qualified, list reasons for disqualification: \_\_\_\_\_

(The following are considered disqualifying until medical and 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 or one kidney, eye, testicle or ovary, etc.)