

Gray's Creek High School

Athletic Eligibility Check List 2016-17

To: Student Athletes and Parents

This packet of forms must be filled out completely and be on file at Gray's Creek High School prior to any participation in any Gray's Creek High School athletic team tryout or practice.

It is mandatory that all student athlete signature and dates be completed as well as all parent/legal custodian signatures and dates be completed.

Here is a check list of the forms in the packet that must be completed:

___ **CCS Student-Athlete Eligibility and Permission form**

___ **NCHSAA Sport pre-participation Exam Form (Physical)**

___ **Student-Athlete & Parent/Legal Custodian Concussion Statement**

___ **Athletic Participation Form**

___ **Statement of Parent**

___ **GCHS Pledge Form**

___ **GCHS Residency Form**

___ **NCHSAA Eligibility & Authorization Statement**

Cumberland County High Schools

STUDENT-ATHLETE ELIGIBILITY and PERMISSION FORM

This form must be completed and filed in the office of the Athletic Director before the student/athlete will be allowed to participate in any athletic activity.

(Please Print All Information)

School: _____ Grade: _____ Student ID Number: _____ Date: _____

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of my student athlete named below for the following activities circled below:

- | | | | |
|--------------|---------------|------------|---------------|
| Baseball | Football | Softball | Cross Country |
| Basketball | Golf | Swimming | Soccer |
| Bowling | Indoor Track | Tennis | Wrestling |
| Cheerleading | Outdoor Track | Volleyball | |

Others (School may list): _____

STUDENT/ATHLETE NAME: _____, _____, _____
Last First Middle

Student/Athlete Date of Birth: _____
Month Day Year

Address: _____ Phone: _____, _____, _____
Street Home Work Cell

City State Zip Code

Parent/Legal Custodian: _____, _____
Last First Middle

Address: _____ Phone: _____, _____, _____
Street Home Work Cell

City State Zip Code

We (Student/Athlete & Parent/Legal Custodian), certify that the above information is accurate and that the home address on all forms/records is the sole bonafide residence of the student/athlete and that we will notify the school/principal immediately of any changes in residence, since such a move may alter the eligibility of the student/athlete. Falsification of residence information will result in loss of eligibility for 365 days.

Signature of Student/Athlete: _____ Date: _____

Signature of Parent/Legal Custodian: _____ Date: _____

ELIGIBILITY

- AGE (cannot become 19 years of age before August 31 of current school year)
- ATTENDANCE (in attendance at least 85% of the previous semester – absent no more than 55 class periods (block schedule))
- ACADEMICS (must pass Block Schedule – 3 out of 4, Traditional – 5 out of 7, A/B Schedule – 6 out of 8 during the preceding semester)
- Must have a weighted 2.0 GPA or a 70 average for the previous semester
- EIGHT SEMESTER RULE (cannot participate for a period lasting longer than 8 consecutive semesters beginning with first entry in the 9th grade or on High School team)
- MAXIMUM NUMBER OF SEASONS (Four separate seasons – 1 per year)
- PASS PHYSICAL EXAM (a physical must be done for each school year)
- VOLUNTARY TRANSFER students cannot participate in sports for 365 days from the first approved date of the first year of eligibility.

Signature of Parent/Legal Custodian: _____ Date: _____

**Cumberland County HIGH SCHOOLS
ATHLETIC CODE of CONDUCT**

Participation in any athletic activity is an important part of the educational experience in the Cumberland County Schools. A primary goal of such activities is to teach students character and self-discipline skills that will enable them to develop to their highest potential. As role models for their peers and younger students, students who participate in athletic activities ("participating students") are held accountable for their actions at a higher standard than other students. Because of the public nature of the athletic programs sponsored by the Cumberland County Schools, participating students are expected to conduct themselves in a manner that will reflect the high standards and ideals of their school and community. The participating student athlete becomes subject to this Code of Conduct upon the student's signature and date below and continues until graduation from high school. Participating student athletes are subject to this code at all times during the calendar year, including summer months, whether on or off campus. For summer month violations, any discipline or punishment imposed would go into effect at the next scheduled athletic activity by the student athlete. This Code of Conduct is, in addition to, any specific team/activity rules or regulations established by the individual programs.

***1. DRUGS AND ALCOHOL**

The possession, use, distribution and/or sale of illegal or counterfeit drugs/alcohol, including possession of paraphernalia for ingestion of such substances by participating students is not acceptable and prohibited. If school officials receive credible evidence, such as a police report or criminal charges related to a drug or alcohol offense, or have a reasonable suspicion that a violation under this section has occurred, the school officials will investigate. If after investigation of the charges, school officials determine that the participating student committed the violation, he/she shall be subject to disciplinary action as outlined below.

Every effort will be made by the school and individual activity programs to make participating students aware of the detrimental effects of drugs and alcohol. Students and/or parents of students suspended under this section will receive information regarding counseling. Any participating student found in violation of this offense at any time while on any school premises, including activity buses or other school-approved transportation, will be suspended from further participation according to the Cumberland County Student Code of Conduct. All offenses occurring off campus will be determined as specified below:

First Offense: The principal will suspend the student athlete for a minimum of 20% of the next consecutive athletic/extra-curricular contests, not to include scrimmages. The suspension may require being served over two seasons if the incident occurs near the end of the first season. At the discretion of the principal in consultation with the athletic director and/or coach, the student athlete may practice with the team during this suspended time frame and/or be allowed to travel with the team, as well as on the sideline or bench with the team in appropriate attire.

With the first violation, the student athlete must be evaluated by a drug/alcohol counselor as recommended by the school, must comply with all recommendations and treatment programs, and must furnish a negative drug test (at the student athlete's cost) prior to resuming participation.

Additionally, the student athlete must agree to be drug tested for a period of 365 calendar days following the violation of the drug and alcohol policy.

He/she must agree to pay for any random drug tests selected by the school representatives.

Second Offense: The student athlete will be suspended from all athletic activities for a period of 365 calendar days from the first day of the offense. To be allowed to participate again, the student athlete must have completed an approved county counseling program on substance abuse.

Third Offense: The student athlete will be excluded from all athletic activities for the remainder of his/her high school career in the Cumberland County Schools.

***2. TOBACCO USE (Principal's decision is final) Participating students found to have used tobacco while subject to this Code will be suspended from participation as outlined:**

First Offense: The student athlete will be suspended for a minimum of 10% of the next consecutive athletic contests, not including scrimmages. The suspension may require being served over two seasons if the incident occurs near the end of the first season. At the discretion of the head coach, the student athlete may practice with the team during this suspended time frame and be allowed to travel with the team. Also, at the head coach's discretion, the student athlete may be on the sideline or bench with the team in appropriate attire.

Second Offense: The student athlete will be suspended for a minimum of 20 % of the next consecutive sports season games/contests, not including scrimmages. The suspension may require being served over two seasons if the incident occurs near the end of the first season. At the discretion of the head coach, the student athlete may practice with the team during the suspended time frame and be allowed to travel with the team. Also, at the head coach's discretion, the student athlete may be on the sideline or bench with the team in appropriate attire.

Third Offense:

The principal will suspend the student athlete from all interscholastic activities for 45 days or the remainder of the season whichever comes first.

*NOTE: These rules are meant as minimum consequences. The principal, athletic director or coach has the discretion to increase the consequences as he/she feels is most beneficial to his/her athletic program or team.

3. CRIMINAL CHARGES

A participating student athlete charged with a criminal offense, misdemeanor or felony, other than a minor traffic offense, will be suspended from athletic participation until further review by the principal and director of student activities. A student convicted of a felony offense will be immediately suspended from all athletic participation according to the NCHSAA policy. The participating student athlete must inform his or her coach or appropriate staff of any criminal charges against them as soon as practicable, but no later than the student's next participation in any athletic event, to include practices, rehearsals, etc. Failure to do so may result in further disciplinary action.

3b. DIVERSION PROGRAM

Section 3b Students charged with a criminal offense and referred to the Diversion Program & do not successfully complete the program shall be suspended in accordance with the Athletic Code of Conduct.

4. REVIEW PROCEDURE

- i. A participating student may request a review of the disciplinary action involving items 1, 2, & 3 by providing written notice to the Superintendent or his designee within two (2) school days of the date of the Principal's notification to the student and/or parent. The notice shall state the reason for the review.
- ii. The Superintendent, or his designee, will review the record of the disciplinary action and issue a decision within five (5) school days of receipt of the request for review. The Superintendent or his designee will inform the student and parent of the decision of whether to uphold, modify, or overturn the disciplinary action. The decision of the Superintendent shall be final.
- iii. Any disciplinary action, including suspension from participation, will remain in effect during the review process.
- iv. Failure by the participating student to adhere to appeal content requirements and timelines as set forth will result in immediate dismissal of the appeal. We, the parent/legal custodian and the student/athlete, have read and understand the Athletic Code of Conduct and agree to comply. We also understand that participation in athletic activities is a privilege and participating students possess no property right to continued participation. We also understand that the student athlete is a representative of the school and role model to others at all times, whether on or off campus. The parent/legal custodian and participating student/athlete further understands that inappropriate behavior, whether illegal or not, may result in suspension from athletic participation.

5. SCHOOL SUSPENSIONS

- A. In-School (full day or days) or out of school short-term (10 days or less) suspensions – ineligible to participate in any athletic activity on the day(s) the student is serving suspension.
- B. Out of School Long-Term (11 days or greater) – ineligible to participate in any athletic activity for the remainder of semester or suspension period (whichever is greater).
- C. Disciplinary assignment to alternative school or character academy – ineligible to participate in any athletic activity for the remainder of semester or completion of assignment (whichever is greater).

6. INAPPROPRIATE BEHAVIOR

A participating student athlete who engages in any conduct or behavior, which is inconsistent with the student's position as a role model or representative of the Cumberland County Schools, is subject to disciplinary action, including suspension as determined by the Principal. Coaches or school officials may also establish additional training regulations and rules of conduct. Inappropriate social media behavior falls within this category.

7. The decision of the school principal is final for items 5 & 6 as it relates to athletic participation.

Signature of Student/Athlete: _____ Date: _____

Signature of Parent/Legal Custodian: _____ Date: _____

PLEASE INSURE THE HIGHLIGHTED AREAS OF THIS FORM ARE SIGNED BEFORE RETURNING IT TO THE SCHOOL. INCOMPLETE FORMS WILL BE INVALID & RETURNED TO THE STUDENT.

NOTE: This statement is valid for one school year only.

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: _____ Age: _____ Sex: _____

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.

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

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know 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 positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the 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 athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the 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 athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the 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 athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his 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 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 athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of 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"/> Chest <input type="checkbox"/> Hip <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"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, 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"/>

Elaborate on any positive (yes) answers: _____

If additional space is needed attach a separate sheet

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: _____

Signature of Athlete: _____ Date: _____ Phone #: _____

Athlete's Name _____ Age _____ Date of Birth _____

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

Vision R 20/ _____ L 20/ _____ Corrected: Y N

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

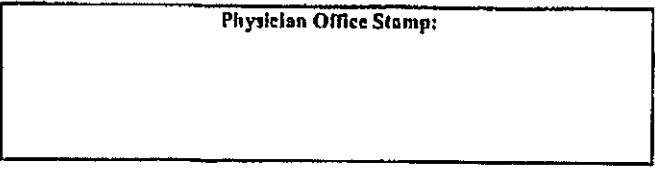
Due to: _____

Additional Recommendations/Rehab Instructions:

Name of Physician/Extender: _____

Signature of Physician/Extender _____ MD DO PA NP
 (Signature and circle of designated degree required)

Date of exam: _____
 Address: _____
 Phone: _____



(*** 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 North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.
 This form is current as of April 2016

PARENT/GUARDIAN COPY

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 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.

RETURN FORM TO ATHLETIC DIRECTOR/ATHLETIC TRAINER/1ST RESPONDER

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/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 this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/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 on the Concussion Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

CUMBERLAND COUNTY SCHOOL DISTRICT Home Room _____
Athletic Participation Form

Participation in athletics is voluntary. It is important to realize that there is a possibility that catastrophic injury may occur due to athletic competition. The Cumberland County School District has an insurance policy (non-duplicating), which covers injuries sustained while involved in school athletics. This policy will pay only for medical expenses not covered by your own health insurance coverage. A sample of the policy BENEFIT PACKAGE AND LIMITATIONS is available through the Cumberland County School District Athletic Department.

Name of Student _____ Year 20 _____

Sport: _____

Do you subscribe to Blue Cross/Blue Shield or other hospital/medical insurance plan?
Yes _____ No _____

Name of Plan: _____ Certification or Policy # _____

STATEMENT OF ATHLETIC DIRECTOR

This is to certify that a sports physical exam and an athletic eligibility check has been completed as of the following date: _____

Signature: _____

STATEMENT OF PARENT

This is to certify that I have read the statements on the reverse side of this card and hereby give permission for my child to participate in the sport named.

Parent/Guardian Signature: _____

Home Phone: _____ Work: _____ Cell: _____

Contact Person: * _____

*Contact person is to be called only if parent cannot be reached.

Relationship to Athlete: _____

Telephone No.: _____

Please state any medical information school personnel should have in case of emergency:

Physical Limitations: _____

Allergies: _____

Medications: _____

Other: _____

Family Physician: _____ Telephone No.: _____

Grays Creek High School

Coaches Pledge

As a coach, I acknowledge that I am a role model. I know that the principles of good sportsmanship are integrity, fairness, and respect. While teaching the skills of the game, I must also teach student athletes how to win and lose graciously, and that sport is meant to be educational and fun. I know the behavior expectations of me by this school, conference, and the NCHSAA, and hereby accept my responsibility to be a model of ethical behavior, integrity, and good citizenship.

Coach Signature

Date

Student Athlete Pledge

As a student athlete, I know 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, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Student Athlete Signature

Date

Student Athlete's 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, our conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Parent(s) signature

Date

Gray's Creek High School 2016-2017
Residency Verification Form

STUDENT _____

GRADE _____

SPORT (S) _____

RESIDENCY (HOME ADDRESS)

CHECK ALL THAT APPLY:

- Primary residence is in assigned district/attendance area (if answer is "no", please note below how assigned to GCHS by LEA)
- Transfer (within the same LEA)
- Satisfied 365 day ineligibility rule: or
- Granted LEA waiver of 365 day ineligibility rule
- Transfer (From LEA to a different LEA)
- Satisfied 365 day ineligibility rule; or
- Granted NCHSAA waiver of 365 day ineligibility rule
- Non-Traditional/Non-Boarding Parochial School Attendance
- Residence is located within the same county as the non-traditional/non-boarding parochial school;
Or
- Residence is not located within the same county as the nontraditional/non-boarding Parochial school but is located within a 25 mile radius; or
- Student is a member of a parochial church and submits an authorized pastor verification form
- Student lives with biological parent (s)
- Student lives with legal (court ordered) custodian(s)
- Student has attended current school past two (2) semesters & has not otherwise transferred
- Is the address listed above the residence for the past 12 months? (If answer is "no" please note former address below)
- Other (please specify below)

