



Participation and Eligibility Packet High School Interscholastic Athletics 2020-2021

<input type="checkbox"/>	WS/FCS High School Interscholastic Athletics Participation Form: Permission, Acknowledgment and Release.....	2-4*
<input type="checkbox"/>	North Carolina High School Athletic Association Sport Pre-Participation Examination Form.....	5-7*
<input type="checkbox"/>	Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.....	8
<input type="checkbox"/>	Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form.....	9*
<input type="checkbox"/>	North Carolina High School Athletic Association Eligibility and Authorization Statement.....	10*
<input type="checkbox"/>	NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19.....	11-12*
<input type="checkbox"/>	COVID-19 Information.....	13
<input type="checkbox"/>	Student Athlete COVID-19 Safety Requirements and Recommendation.....	14
<input type="checkbox"/>	How to Safely Wear and Take Off a Cloth Face Covering.....	15
<input type="checkbox"/>	Wake Forest Baptist Health - Recommendations to Parents/Guardians.....	16
<input type="checkbox"/>	Wake Forest Baptist Health - Athletic Training Outreach Program.....	17
<input type="checkbox"/>	Permission and Release Form for Athletic Trainer Program Recordings.....	18*

****Indicates a form that must be completed, signed and returned to your student's school prior to your student being allowed to participate in any athletic activities, including workouts.***

**WINSTON-SALEM/FORSYTH COUNTY SCHOOLS
HIGH SCHOOL INTERSCHOLASTIC ATHLETICS PARTICIPATION FORM
PERMISSION, ACKNOWLEDGMENT AND RELEASE**

Name of Parent/Legal Custodian:		Name of Student-Athlete:	
Relationship to Student-Athlete (check one): <input type="checkbox"/> Biological/Adoptive Mother <input type="checkbox"/> Biological/Adoptive Father <input type="checkbox"/> Legal Custodian pursuant to Court Order <input type="checkbox"/> Other: _____			
Street Address:		School:	Grade:
City:	State:	Zip:	Date of Birth: Gender:
Parent/Legal Custodian Telephone Home: Work: Mobile:		Year Student-Athlete Entered 9 th Grade:	
Emergency Contact Person Name: Relationship to Student-Athlete:		Emergency Contact Telephone: Home: Work: Mobile:	
INSURANCE: WS/FCS Board Policy 6145 requires that all students who participate in athletics be adequately covered by medical or accident insurance. By signing below, we certify that we have purchased and will maintain in full force and effect during the student-athlete's participation in athletics the following insurance policy:			
Check One: <input type="checkbox"/> School Accident Insurance <input type="checkbox"/> Other Insurance Company		Policy No.:	
Name of Other Insurance Co.:			
Street Address of Other Insurance Co.:		Group No.:	
City:	State:	Zip:	Policy Term From: To:

Request for Permission: WS/FCS currently offers interscholastic athletics in the following sports: basketball, baseball, cross country, football, golf, soccer, softball, swimming, tennis, track, volleyball, wrestling, lacrosse, cheer, dance, and field hockey. We, the undersigned student and the student's parent/legal custodian, apply for permission to participate in one or more of the above-listed sports.

Athletic Eligibility, Academics: A student must meet the NCHSAA academic standards and earn a 2.0 Quality Point Average (QPA) the previous academic quarter (9 weeks) grading period. A student whose semester QPA is 2.0 or greater but whose 2nd or 4th quarter QPA is below 2.0 will be eligible for athletics if the student agrees to participate and attends the Academic Support Program (ASP) at the student's school during the following academic quarter. A student whose 2nd or 4th quarter QPA is 2.0 but whose semester QPA is below a 2.0 will be eligible for athletics if the student agrees to participate and attends ASP during the following academic quarter. Because Summer School grades are pass/fail, they will not affect a student's QPA. See Policy 6145 for Information on Hardship Waivers.

Athletic Eligibility, Attendance: A student who is absent more than ten (10) school days in a semester shall be ineligible for participation in any interscholastic athletics during the next semester unless granted a hardship waiver. See Policy 6145 for information on Hardship Waivers.

Athletic Eligibility, Change of Residence or Special Transfer: A student who changes his/her domicile to or within Forsyth County, as defined by the NCHSAA, or is granted a special transfer, during a sports season shall be ineligible for interscholastic athletics at the new school in the same sport for the remainder of that sport's season. If a student or a student's parent(s) believe that the application of this rule will create an undue hardship, they may request a waiver for a good and just cause in accordance with the athletic eligibility review procedures in Policy 6145.

Athletic Eligibility, Alcohol/Drugs: To be eligible to participate in athletics, the student with the consent of his/her parents must agree in writing to submit to random alcohol and drug testing. The student shall be tested for alcohol, marijuana, cocaine, amphetamines and any other controlled substances the Superintendent deems appropriate. Information about the alcohol/drug testing policy, program and procedures is provided in a separate brochure which all athletes and their parents are expected to read.

Consequences of a positive test: (The student shall not be suspended from school as a result of a positive test.)

First Offense: In the event a student fails or refuses to participate in the alcohol/drug test when selected at random, or tests positive for alcohol or drugs, the student shall be ineligible to participate in athletics for 365 days. However, if the student agrees to be assessed and to enroll in and successfully complete an alcohol and/or drug abuse education and/or intervention program, the student shall regain eligibility to participate in athletics immediately.

Second Offense: In the event a student tests positive a second time, fails or refuses to participate in the second alcohol/drug test when selected at random, the student shall be ineligible to participate in athletics for 365 days.

Possession, Use, Sale or Distribution: If an athlete possesses or is under the influence (to any degree) of alcohol or illegal drugs at school or any school activity, or if a student sells or distributes alcohol or a controlled substance, the athlete shall be ineligible for athletics for a minimum of thirty (30) school days in addition to being subject to suspension or expulsion from school as provided in Policy 5131.6 and AR 5131, Guidelines for Student Discipline.

By signing the form below, I, the student and I, the student's parent/legal custodian, acknowledge that we have read the information provided to us by WS/FCS explaining the WS/FCS Policy and procedures for random alcohol and drug testing. I, the student, agree to participate in random alcohol/d rug testing and I authorize WS/FCS, its agents or employees to release the results of my alcohol/drug test to me, my parent/legal custodian and school officials. I, the student's parent/legal custodian, give my child consent to participate in WS/FCS's random alcohol/drug testing program.

Athletic Eligibility, Other Rules to Know: To represent your school in athletics, YOU:

1. Must be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester, and must be in regular attendance at that school.
2. Must have not exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering 9th grade.
3. Must be under 19 years of age on or before August 31st.
4. Must live with your parents or legal custodian within the school administrative unit (exceptions must be approved by your principal and the NCHSAA). A student is eligible if he has attended school within that unit the previous two (2) semesters (if eligible in all other respects).
5. Must be present for a minimum of fifty percent (50%) of the student day on the day of an athletic contest in order to participate in the event.
6. Must have received and cleared a medical examination by a licensed physician (or physician's assistant) **on or after March 1, 2019** (please note that this date is a temporary extension of the 395-day deadline by the NCHSAA due to COVID-19). If you miss five (5) or more days of practice due to illness or injury, you must receive a medical release before practicing or playing.
7. Must not accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
8. Must not have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college.
9. Must not participate in unsanctioned all-star or bowl games.
10. May not receive instructions from your school's coaching staff during the school year outside your sports season (from first practice thorough final games). Instruction is limited to coach and one or multiple participants in small group settings.
11. May not, as an individual or a team, practice or play during the school day (from first practice through conference tournament). Exceptions: Golf and tennis players may play during the school day with prior permission from the Superintendent.
12. May not play, practice, or assemble as a team with your coach on Sunday.
13. May not dress for a contest, sit on bench, or practice if you are not eligible to participate.
14. Must not play more than three (3) games in one sport per week (exceptions: basketball, baseball, softball and volleyball); and not more than one (1) contest per day in the same sport (exceptions: baseball, softball and volleyball).
15. May attend only those summer camps to which you or your parent/legal custodian pay the fees.
16. Must not have been convicted of a crime classified as a felony under North Carolina or federal law or have been adjudicated delinquent for an offense that would be a felony if committed by an adult.

Athletic Eligibility, Acknowledgment: We, the undersigned student and parent/legal custodian, have read and discussed the general requirements for high school athletic eligibility. We understand any additional questions or specific circumstances should be directed to my student's coach, athletic director or principal. We certify that all information provided on this form is accurate and current. I, the undersigned parent/legal custodian, certify that the home address I provided in this document 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. I, the undersigned parent/legal custodian, further acknowledge I must not falsify any official eligibility information relating to my residence, and acknowledge that doing so may result in a loss of my student-athlete's eligibility for 365 days.

Risk of Injury and Illness: We acknowledge and understand that there is a risk of injury and illness involved in athletic participation, **including possible exposure to and illness from infectious diseases, including COVID-19.** We understand that the student-athlete will be under the supervision of a WS/FCS athletic coach. We agree to follow the rules and regulations of the sport and the instructions of the coach in order to reduce the risk of injury and illness to the student and other athletes. However, we acknowledge and understand that neither the coach nor the WS/FCS can eliminate the risk of injury and illness in sports. Injuries and illness may and do occur. *Sports injuries and illnesses 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 and illness that might occur from participation in athletics.

Assumption of Risk, Release of Liability and Indemnification: By signing this document, we assume any and all risk of injury and illness associated with the student-athlete's participation in interscholastic athletics. In consideration of the WS/FCS allowing the student-athlete to participate in athletics, we agree to release, hold harmless and indemnify the WS/FCS, its athletic coaches, and other employees from and against any and all claims, suits or causes of action arising from or out of any injury or illness the student-athlete may suffer as a result of participation in athletics other than an injury resulting from gross or willful negligence.

Release of Information: By signing below, I, the student and I, the student's parent/legal custodian, consent and give permission for WS/FCS to the use of student's name, likeness and athletic-related information in reports of contests, promotional literature, social media, websites and other materials and releases related to interscholastic athletics. We also consent and give permission for athletic events in which student participates to be livestreamed and/or recorded for on-demand streaming.

Local Athletic Field Trip Permission. As a member of an athletic team, the student athlete will be traveling by activity bus or other means of transportation to a number of local schools and venues this school year for athletic events. The athletic team's schedule contains information about the location of such athletic events. Student athletes will be supervised by their coach or other school personnel. By signing below, I (the student athlete's parent or legal custodian), give permission for my student athlete to travel as a member of an athletic team. If I have any questions about travel, I will ask the Head Coach, Athletic Director or Principal.

Medical Authorization: By signing below, I (the student athlete's parent or legal custodian), give consent for the student to receive a medical screening and examination prior to participation in athletics. If the student athlete is injured while participating in athletics and the WS/FCS is unable to contact me, I grant the WS/FCS permission and authority to obtain the necessary medical care and treatment for the student athlete, including but not limited to: first aid, medical treatment or surgical treatment recommended by a physician; and medical treatment recommended by the WS/FCS authorized athletic trainer. I further accept financial responsibility for such medical care or treatment on behalf of myself and my spouse.

Student Athlete Pledge: As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship that my school, my conference, and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

Parent Pledge: As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators and support groups. I will participate in cheers supporting and uplifting the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship that our school, our conference and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student athlete. I agree to comply with WS/FCS Policy 1170-Civility Policy.

NCHSAA Sportsmanship/Ejection Policy: We, the student and the parent/legal custodian, acknowledge we have read and understand the NCHSAA and the WS/FCS Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, flagrant contact, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing or contacting an official. See NCHSAA Sportsmanship/Ejection Policy and WS/FCS Administration Regulation 6145.2.

Code of Sportsmanship: We recognize interscholastic athletic events should be conducted in such a manner ensuring good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A student shall be under the coach's supervision and control at all times the student is participating in an athletic event. **In the event a student is ejected from an athletic contest, the WS/FCS and its schools will adhere to any and all penalties listed in the NCHSAA Handbook and the WS/FCS AR 6145.2 Section V Sportsmanship/Ejection Regulations.**

We, the undersigned student and parent/legal custodian, have read this document and understand all of the requirements for athletic participation at my school. We agree to comply with the requirements set forth in all applicable eligibility rules and this document. All information contained in this document is accurate and correct.

Student:	Date:
Parent/Legal Custodian:	Date:

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT
PREPARTICIPATION EXAMINATION FORM /
ASOCIACIÓN DE ATLETISMO DE LAS ESCUELAS DE SECUNDARIA SUPERIOR DE CAROLINA DEL NORTE
FORMULARIO DE EXAMINACIÓN PARA LA PARTICIPACIÓN EN DEPORTES

Student Athlete's Name / Nombre del estudiante atleta: _____

DOB / la fec. nac. : _____ Age / Edad: _____ Gender / Género: _____

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.**

Este es una evaluación para la participación en deportes. **No sustituye un examen detallado con el médico regular de su hijo(a), donde información de salud importante y preventiva puede ser cubierta.**

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

Instrucciones para el deportista: Por favor, revise todas las preguntas junto con su padre/madre/tutor legal y contéstelas lo mejor posible de acuerdo a su conocimiento.

Parent/Legal Custodian Directions: Please make sure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Instrucciones para los padres de familia: Por favor, asegúrese que todas las preguntas son contestadas lo mejor posible de acuerdo a lo que sabe. Si no entiende o no sabe la respuesta a una pregunta, por favor, pregúntele a su médico. El no divulgar información precisa puede perjudicar la salud de su hijo(a) mientras hace deporte.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed / En el espacio de abajo explique todas sus respuestas que contestó con "Sí" o "No sé"	Yes / Sí	No	Unsure / No sé
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, migraine, etc.]? List: ¿El deportista tiene alguna enfermedad crónica [diabetes, asma (asma inducida por ejercicio), problemas con los riñones, etc.]? Enumere:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills? ¿El deportista está tomando actualmente algún medicamento o pastillas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)? ¿El deportista tiene alguna alergia (a medicina, las abejas u otros insectos que pican, látex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait? ¿El deportista tiene la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion? ¿Alguna vez el deportista se ha lastimado la cabeza, ha sido noqueado, o ha tenido una contusión?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities? ¿Alguna vez el deportista se ha lastimado la cabeza (insolación) o calambres musculares severos con actividades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion, or startle? ¿Alguna vez el deportista se ha desmayado o casi se ha desmayado MIENTRAS está haciendo ejercicio, o al emocionarse o espantarse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise? ¿Alguna vez el deportista ha desmayado o ha perdido el conocimiento DESPUÉS de hacer ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)? ¿Alguna vez el deportista ha tenido fatiga (cansancio extremo) con el ejercicio (diferente de otros niños)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise? ¿Alguna vez el deportista ha tenido dificultad para respirar mientras está haciendo ejercicio, o le ha dado tos con el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma? ¿Alguna vez un médico le ha dicho al deportista que tiene asma inducida por el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student athlete that they have high blood pressure? ¿Alguna vez un médico le ha dicho al deportista que tiene presión alta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection? ¿Alguna vez un médico le ha dicho al deportista que tiene una infección del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur? ¿Alguna vez un médico ordenó un electrocardiograma u otra prueba para el corazón del deportista, o le han dicho al deportista que tiene un soplo en el corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in their chest during or after exercise or complained of their heart "racing" or "skipping beats"? ¿Alguna vez el deportista ha tenido molestias, dolor o presión en el pecho durante o después de hacer ejercicio o se ha quejado de sentir el corazón acelerado (palpitaciones) o latidos irregulares del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem? ¿Alguna vez el deportista ha tenido una convulsión o ha sido diagnosticado con un problema de convulsiones inexplicables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner, or pinched nerve? ¿Alguna vez el deportista ha tenido un nervio pinchado, quemado o lastimado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision? ¿Alguna vez el deportista ha tenido problemas con sus ojos o de visión?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? ¿Alguna vez el deportista ha tenido un esguince, dislocado, fracturado, roto o ha tenido inflamación repetida u otra herida en cualquier hueso o articulación? <input type="checkbox"/> Head/Cabeza <input type="checkbox"/> Shoulder/Hombro <input type="checkbox"/> Thigh/Muslo <input type="checkbox"/> Neck/Cuello <input type="checkbox"/> Elbow/codo <input type="checkbox"/> Knee/Rodilla <input type="checkbox"/> Forearm/Antebrazo <input type="checkbox"/> Shin/calf/Pantorrilla <input type="checkbox"/> Back/Espalda <input type="checkbox"/> Wrist/Muñeca <input type="checkbox"/> Ankle/Tobillo <input type="checkbox"/> Hand/Mano <input type="checkbox"/> Chest/Pecho <input type="checkbox"/> Foot/Pie <input type="checkbox"/> Hip/Cadera <input type="checkbox"/> Other/Otro: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? ¿Alguna vez el deportista ha tenido un problema alimenticio o usted tiene alguna preocupación acerca de sus hábitos alimenticios o su peso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery? ¿Alguna vez el deportista ha sido hospitalizado o ha tenido una cirugía?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation? ¿El deportista ha tenido un problema de salud o se ha lastimado desde su última evaluación física?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). (Coloque una marca al lado de cada enunciado que corresponda al deportista, provea más detalles en el espacio provisto a continuación).			
a. Has the student-athlete had little interest or pleasure in doing things? ¿El deportista ha tenido poco interés o placer en hacer las cosas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? ¿El deportista se ha sentido triste, deprimido o desesperado durante más de 2 semanas seguidas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? ¿El deportista se ha sentido mal acerca de sí mismo(a), que es un fracasado(a) o está defraudando a su familia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others? ¿El deportista ha tenido pensamientos donde estaría mejor muerto o ha pensado hacerse daño a sí mismo(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY/HISTORIA FAMILIAR	Yes / Sí	No	Unsure / No sé
24. Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)? ¿Algún miembro de la familia ha fallecido repentinamente o inesperadamente antes de los 50 años (incluyendo el síndrome de muerte infantil repentina (SIDS, por sus siglas en inglés), accidente de coche, ahogo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting, or seizures? ¿Algún miembro de la familia ha tenido ataques, desmayos o convulsiones repentinos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother, or brother with sickle cell disease? ¿El padre, madre o algún hermano(a) del deportista tienen la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here / Escriba acerca de las respuestas a las cuales contestó "Sí" o "No sé":

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.

Al firmar en la parte de abajo usted está indicando que está de acuerdo con que ha revisado y contestado todas las preguntas anteriores/ Cada pregunta es respondida y es correcta según mi conocimiento. Además, como padre de familia o tutor legal, doy mi consentimiento para esta evaluación y doy permiso para que mi hijo(a) participe en deportes.

Signature of parent/legal custodian / Firma del padre/tutor legal: _____

Date / Fecha: _____ Phone / Telefónico #: _____

Signature of athlete / Firma del deportista: _____ Date / Fecha: _____

Student-Athlete's Name: _____ Age: _____ Date of Birth: _____

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

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Sports(s): _____

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: _____ (Please print)

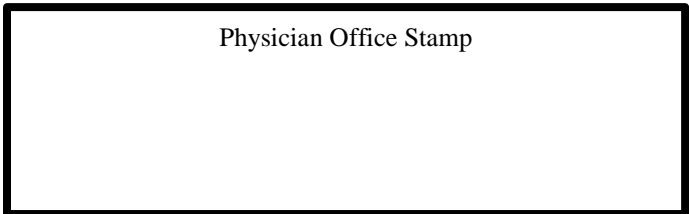
Signature of Physician/Extender: _____ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: _____

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 NCHSAA Sports Medicine Advisory Committee and the NCHSAA Board of Directors.**

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

NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

Name		
Sport		
For the questions below, please circle yes or no		
YES	NO	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
Today or in the past 2 weeks have you had any of the following symptoms:		
YES	NO	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
YES	NO	Shaking chills?
YES	NO	A new or worsening cough, shortness of breath or difficulty breathing?
YES	NO	Racing heart, heart skipping beats or fluttering of the heart?
YES	NO	Unusual dizziness, particularly with exercise?
YES	NO	Fatigue or difficulty with exercise?
YES	NO	A sore throat different than associated with seasonal allergies?
YES	NO	New loss of taste or smell?
YES	NO	Nausea, vomiting or diarrhea?
YES	NO	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
YES	NO	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: _____

Signature of parent/legal custodian: _____

Date: _____

In reviewing the initial screening documents, it is important to note the answers to the questions as shown above. Please note the following relative to YES answers:

Question: Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?

Individuals answering "YES": **REQUIRED** to obtain, in writing, a statement from the Doctor, Physician Assistant, or Nurse Practitioner who oversaw the COVID-19 care and is released the individual to resume full participation in athletics.

Question: Today or in the past 2 weeks have you had any of the following symptoms:

Individuals answering "Yes" to any of the questions found in the section: **REQUIRED** to see a Doctor, Physician Assistant or Nurse Practitioner (or their designee) and obtain, in writing, a statement that the student-athlete had a negative test for COVID-19 and has been released to resume full participation in athletics.

Return to Play Forms are provided for use by the students.

COVID-19 Information

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. The virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Transmission from individuals with mild or no apparent symptoms remains a risk. Any scenario in which many people gather together poses a risk for COVID-19 transmission. Symptoms may appear 2-14 days after exposure to the virus.

People with the following symptoms may have COVID-19:

- Fever or chills (fever is determined by measuring a temperature of 100.4 F or greater, or feeling warm to the touch, or giving a history of feeling feverish)
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Congestion or runny nose
- Cough
- Fatigue
- Muscle or body aches
- Sore throat
- Headache
- Gastrointestinal symptoms (nausea, vomiting, or diarrhea)

The North Carolina High School Athletic Association (“NCHSAA”) has categorized sports based on their risk of infection. According to the NCHSAA, “Lower Infection Risk Activities” are activities “that can be done with physical distancing or individually with no sharing of equipment or the ability to clean the equipment between use by competitors.” The NCHSAA identifies the following as “Lower Infection Risk Activities”: cross country, golf, baseball, softball, swimming and diving, tennis, and track and field. The NCHSAA defines “Higher Infection Risk Activities” as activities that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants. The NCHSAA identifies the following as “Higher Infection Risk Activities”: football, cheerleading, lacrosse, basketball, soccer, wrestling and volleyball.

Vulnerable individuals are defined as, but not limited to, people age 65 years and older and others with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system may be compromised by treatment such as by chemotherapy for cancer, certain medication for rheumatoid arthritis and other conditions requiring immune suppression. The NCHSAA discourages students who are considered vulnerable individuals from participating in workouts during Phase 1. If your student athlete is, or may be, a vulnerable individual, you may notify the student athlete’s head coach so that WS/FCS may proceed appropriately.

Resources for additional information regarding COVID-19:

- NC COVID-19 Information Hub <https://www.nc.gov/covid19>
- NC Department of Health and Human Services <https://covid19.ncdhhs.gov/>
- Centers for Disease Control and Prevention <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- 211 and Hope 4 NC Helpline (855) 587-3463 for mental health and wellness resources

If you have COVID-19 related questions regarding athletics within WS/FCS, please contact your student athlete’s Principal, Athletic Director or WS/FCS Director of Athletics John Sullivan at (336) 748-4000 or jlsullivan@wsfcs.k12.nc.us.

Student Athlete COVID-19 Safety Requirements and Recommendations

Student Athletes must comply with all safety requirements implemented as a result of COVID-19. Safety requirements and recommendations are based on guidance from the NCHSAA and the North Carolina Department of Health and Human Services and are subject to change. At this time, the safety requirements and recommendations for student athletes during Phase 1 are:

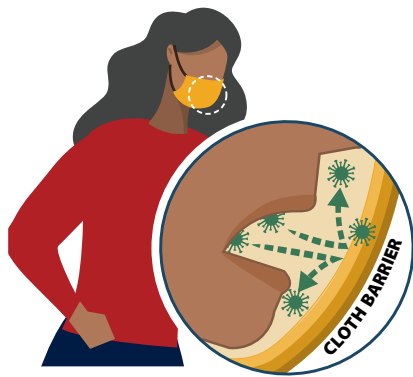
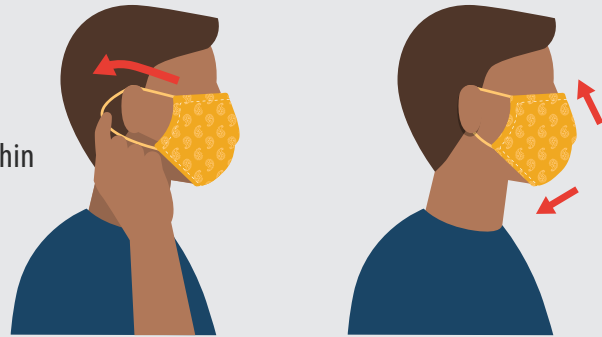
- Maintain a minimum distance of 6 feet from other individuals at all times.
- Strongly recommended to wear a cloth face covering when not actively engaged in physical activity. Face coverings/masks must not be shared.
- Avoid touching your face, eyes, and nose.
- Cough and sneeze into elbows or cover with a tissue. Used tissues should be thrown in the trash.
- Wash hands with soap and water for at least 20 seconds, or use hand sanitizer containing at least 60% alcohol often, especially after sneezing, coughing and touching frequently used items or surfaces.
- Wear appropriate clothing and shoes at all times to minimize sweat from transmitting onto equipment/surfaces.
- Report in appropriate attire and immediately return home to shower after participation and wash workout clothing. Wear appropriate workout clothing (do not share clothing). Individual clothing/towels must be washed and cleaned after every workout.
- No spitting (e.g., sunflower seeds, phlegm).
- No physical contact such as high-fives, fist/elbow bumps, and hugs.
- Must bring their own water bottle, clearly labeled with his/her name. No sharing of water bottles or food.
- No spectators are allowed.
- Undergo a daily screening for signs/symptoms of COVID-19 prior to participating, including a temperature check.
 - An individual with a temperature of 100.4 °F or higher, or who reports any COVID-like symptoms (1) is not allowed to participate; (2) will be sent home; and (3) will be directed to their primary care practitioner (Family Medicine, Pediatrics or Internal Medicine) for evaluation and potential need for further testing.
 - An individual who has a positive pre-workout screening is not allowed back until he/she has a note from their healthcare provider indicating that they do not need to be tested or that their symptoms are not due to COVID-19.
 - The NCHSAA's Return to Play form for a negative COVID-19 test may be found on the WS/FCS's athletics webpage at <https://www.wsfcs.k12.nc.us/Page/102>.
- If a student athlete tests positive for COVID-19:
 - To resume workouts, the student athlete must meet each of the following criteria:
 - No fever for 72 hours without fever reducing medications, since recovery;
 - Resolution of respiratory symptoms;
 - At least 10 days have passed since symptoms first appeared; and
 - A note of clearance from a licensed medical provider (MD, DO, NP, PA).
 - The NCHSAA's Return to Play form for COVID-19 infection may be found on the WS/FCS's athletics webpage at <https://www.wsfcs.k12.nc.us/Page/102>.
- All student athletes who were in the same workout "pod" or had close contact with an individual who tests positive will be asked to:
 - Quarantine (stay at home) until 14 days after their last exposure, unless they have had a negative PCR COVID-19 test;
 - Check their temperature twice a day and watch for developing symptoms of COVID-19; and
 - If possible, stay away from people who are at higher-risk for getting very sick contracting COVID-19.

How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Dear Parent/Guardian,

The Wake Forest Baptist Health Sports Medicine team, including physicians and athletic trainers, have been following closely the discussions and announcements from our State government and the NCHSAA regarding easing of restrictions and planning for phasing back into sports participation. I support the NCHSAA and State Board of Education recommendations and policy regarding extension of valid Pre-participation examination (PPE) forms through the 2020-2021 academic year. There is ample evidence to show this is a safe policy for by far the majority of student athletes in our nation and state. Additionally, any large group sports physical event would certainly expose our student athletes to unnecessary risk of possible COVID19 infection.

There are some situations, however, that requesting and potentially requiring medical evaluations prior to participation would be wise. Some of our athletic trainers, in reviewing this year's policy on PPE, astutely realized there are groups of individual students with known medical issues that justify annual reassessment prior to intense physical activity. They have, previous to COVID19, identified these students and, as conscientious medical professionals, been extra vigilant in assuring these students were re-evaluated and cleared by a qualified medical provider. With the loss of spring sports and off-season conditioning, many of these students will be at higher risk of complications during return to practice this summer.

Additionally, our student athletes, along with all our county's students, have been an unprecedented experience that significantly disrupted their mental, emotional, physical and even spiritual routines. There is little doubt that many students have some unmet wellness needs due to the relative isolation and life disruption. Issues related to depression, anxiety, substance abuse, physical abuse, eating disorders, and general hygiene have potentially gone unaddressed not just for the last several months, but possibly longer. Encouraging all students to re-connect with their primary care provider has the great potential to help them find the resources to address these issues and help them prepare for whatever further disruption or re-integration process awaits us all in the next months to years.

For these reasons, we at Wake Forest Baptist Health Sports Medicine suggest the following recommendations:

- 1) Require all student athletes with known prior medical issues for which the student has been treated in the past 2 years have a medical clearance visit with their primary care physician or specialist. Clearance note to be presented to the school athletic trainer prior to participation in organized athletic activities.
- 2) Require all student athletes with prior flu-like illness or suspected or confirmed COVID infection in the past 3 months be seen by qualified medical provider to provide clearance for participation, due to heart related concerns associated with these infections.
- 3) Recommend to all student athletes and their parents encouraging them to get a PPE/annual check-up from their primary care provider to address any unmet wellness needs in preparation for return to physical activity.

Our goal is to provide expert medical guidance to the school system, individual student athletes and their parents as we promote safe return to sport and lifelong comprehensive wellness. Please do not hesitate to contact us at any time.

Sincerely,



Heath C Thornton, MD

Medical Director

Athletic Training Outreach Program



Wake Forest Baptist Health Athletic Training Outreach Program

Sports Medicine

Wake Forest Baptist Health is proud to deliver high quality athletic training services to local secondary schools, including the student-athletes of the Winston-Salem / Forsyth County school district. WFBH athletic trainers are board certified healthcare professionals and licensed by the state of North Carolina. As part of a complete healthcare team, the WFBH athletic trainer works under the direction of a WFBH licensed physician and in cooperation with other professionals such as school nurses, physical therapists, athletic administrators, coaches, and parents.

We strive to provide student athletes of the Winston-Salem / Forsyth County school district with access to an evidence based healthcare collaboration from acute injury recognition, immediate injury management, referral by the athletic trainer to the appropriate medical providers, quick access to formal rehabilitation with the expert WFBH physical therapy staff along with implementation of the most current return to play guidelines to ensure optimal return to sports participation with the lowest relative risk for re-injury. In addition, our program offers educational resources and preventive programs individualized to specific sports to decrease the student athletes' risk for future injuries.

Our WFBH athletic trainers also follow best practices when completing return-to-play protocols following concussions. The goal is "return to learn" first, meaning re-assimilation into the classroom environment in accordance to school board policy. Once that is accomplished and the student-athlete is symptom free, the next step is they must complete the "return-to-play" concussion protocol under the supervision of the athletic trainer. Finally, the student-athlete will need a signed concussion release form from a physician in order to return to competition.

Wake Forest Baptist Health Certified Athletic Trainers' knowledge base includes:

- Evaluation and assessment of injury and athletic-related illness
- Recognition and evaluation of head injuries & concussions
- Acute/emergency or on-field care of injury
- Rehabilitation of orthopedic injuries
- Risk management and injury prevention
- General medical conditions and disabilities
- Health and wellness issues
- Nutritional aspects of injury and illness

Key functions Wake Forest Baptist Health Certified Athletic Trainers' perform for student-athletes:

- Design and implement injury prevention programs
- Evaluate, treat, and rehabilitate injured student-athletes
- Prepare athletes for practices and games
- Monitor field, environment, and weather conditions (including heat index; lightning)
- Attend all home athletic events, matches and games (including practices)
- Develop return-to-play programs for injured athletes
- Communicate with physicians, parents, and coaches about injuries
- Develop emergency action plans for schools

Wake Forest Baptist Health strives to offer same day or next day appointments for all student athletes with our Sports Medicine providers. Please call (336) 716-3286 or see your WFBH athletic trainer to arrange an appointment. Please visit www.wakehealth.edu/Sports-Medicine for additional information.

2020-2021 Permission and Release Form for Athletic Trainer Program Recordings

Parent/Guardian's Name:	Student's Name:
Street Address:	Student's School:
City: State: Zip:	Student's Date of Birth:
Telephone or Cell Phone Number:	Student's Grade in School:
Email:	Sports in Which Student Participates:

Dear Parent or Guardian:

Winston-Salem/Forsyth County Schools (“WS/FCS”) strongly believes in the contribution of an athletic program to the total educational process. The safety of the thousands of WS/FCS student athletes that participate in interscholastic athletics each year is extremely important to us. We are proud to have partnered with Wake Forest University Baptist Medical Center (“WFBMC”) to establish and implement a program at our high schools that provides valuable sports medicine and athletic training services to our student athletes (“the Program”). Periodically, WS/FCS and WFBMC desire to feature certain media, which may include interviews, photographs, images, sound bites, and other footage (each, “a Recording” and collectively, “Recordings”) of the student athletes who interact with certain members of the WFBMC athletic training Program team at our high schools in order to promote and publicize the Program. These Recordings may appear in publications, on websites, and on social networking sites (such Facebook, Twitter, and Instagram) belonging to WS/FCS or WFBMC. The Recordings may also appear in local media outlets, such as newspapers, television news, and their affiliated websites and social networking sites. The Recordings may contain the student’s image, likeness, voice, and name.

The purpose of this permission and release form is for parents and guardians to make their preferences and permissions known for their student’s participation in Recordings that will be used by WS/FCS, WFBMC, or both to promote and publicize the Program. Please complete, sign, and return this form to the Athletic Director at your student’s school. Your selection remains valid for the 2020-2021 school year. You may change your selection at any time by completing a new form and submitting it to the Athletic Director at your student’s school.

By signing below, the undersigned states that (please select one option):

- I grant permission** to WS/FCS, WFBMC, or both to use Recordings that include the above-named student in publications, on websites, and on social networking sites (such as Facebook, Twitter, and Instagram) belonging to WS/FCS, WFBMC, or both. I understand that Recordings that include the above-named student may also appear in local media outlets, such as newspapers, television news and their affiliated websites and social networking sites. I understand that the Recordings may contain the student’s image, likeness, voice, and name. I understand that the Recordings will become the property of WS/FCS or WFBMC, as applicable, and may not be returned. I also understand that I may not be asked to inspect or review the Recordings prior to use, production, or other distribution. I understand that I will not receive any royalties or compensation arising out of any use, production, or other distribution of the Recordings. I agree to hold harmless, release, and forever discharge, WS/FCS and WFUBMC, and its affiliates and subsidiaries, from all claims, demands, and causes of action which, I, my heirs, representatives, or any other persons acting on my behalf or on behalf of my estate, have or may have by reasons of this permission and release form.
- I do not grant permission** for the above-named student to be interviewed, photographed or recorded to promote and publicize the Program.

Parent/Guardian Signature*:	Date:
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*If student is 18 years of age or older, he/she may sign this form for himself/herself.