



## North Hills Christian Athletics Department Participation Document Checklist

	NHCS Athletic Code of Conduct <b>(Student &amp; Parent Signature Required)</b>
	Athletic and Activity Liability Waiver Form
	NHCS Athletic Participation & Physical Form
	Student-Athletic & Parent Concussion Information Sheet <b>(Student &amp; Parent Initials &amp; Signatures Required)</b>
	Read and comply with NHCS Athletic Handbook

**PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY, FAILURE TO COMPLY COULD LEAD TO DELAYED PARTICIPATION BY YOUR STUDENT-ATHLETE(S):**

1. Per the state athletic association, ALL paperwork expires at the end of the school athletic year June 30. We are required to have new forms on file that fall within the school athletic calendar year which is July 1<sup>st</sup> – June 30<sup>th</sup>, NO EXCEPTIONS.
2. **ALL of the above documents are required for the student-athlete to participate in any NHCS sponsored sport.**
3. Forms must be submitted as on whole packet to the school, failure to do so could lead to missing paperwork which will prevent your son/daughter from participating until new forms are turned in.
4. ONE PACKET PER STUDENT-ATHLETE, DO NOT COMBINE SIBLINGS ON ANY OF THE FORMS

If you have any questions please contact:

Andy Brannigan, Athletic Director  
abrannigan@northhillschristian.com

# North Hills Christian School - Athletic Code of Conduct

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

## Attendance

All athletes are expected to attend every practice and game. If, for any reason someone is unable to attend practice/game, he/she must notify the coach with at least 24 hour notice if possible. Athletes who skip a practice/game will be considered unexcused and could be suspended for their next game per the discretion of their coach. If an absence is excused, a player may dress out for a game, but the coach may choose not to start a player who missed a practice preceding a game. If you are injured, you are expected to attend practice unless you have been excused by your coach. Athletes are expected to communicate thoroughly and frequently with their coaches about attendance issues.

## Behavior

Athletes are expected to have a positive attitude both on and off their field of play at all times. Disrespect to coaches, teachers, fans, teammates, parents, officials, and other students will not be tolerated. Poor sportsmanship will not be tolerated. This may include not only words and attitude, but also gestures, verbal language, and body language. Disruptiveness in the classrooms or during practices or games will not be tolerated. Students are expected to well represent NHCS, their families, and Jesus Christ.

## Consequences

Depending upon the severity of an infraction, students who break the Athletic Code of Conduct may be subject to a range of penalties. At the discretion of the coach, consequences may include suspension from games or dismissal from the team. Additional consequences may be imposed by the school's administration, including detention, in school suspension, out of school suspension, or dismissal from the enrollment of NHCS.

I have read, understand, and will abide by the North Hills Christian School – Athletic Code of Conduct.

\_\_\_\_\_  
(Print Player Name)

\_\_\_\_\_  
(Player Signature)

\_\_\_\_\_  
(Date)

**PARENT SIGNATURE REQUIRED:** \_\_\_\_\_



# NORTH HILLS CHRISTIAN SCHOOL

EQUIPPING HEARTS AND MINDS OF STUDENTS TO IMPACT THE WORLD FOR CHRIST

## North Hills Christian School Athletic and Activity Liability Waiver Form

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

This liability waiver form must be completed and signed by the parent or guardian for each student athlete before participation in any North Hills Christian School (hereafter NHCS) athletic game, activity, contest or event. The original must be on file in the Athletic Department office.

### Parent/Guardian Release

FOR AND IN CONSIDERATION OF the mutual promises, covenants; conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows: The undersigned hereby releases and forever discharges North Hills Christian School along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any NHCS sponsored athletic game, activity, contest or event that takes place at any location.

The undersigned hereby assumes all risk of injury associated with any such athletic game, activity, contest, or event and fully indemnifies and holds harmless NHCS along with its agents, employees, directors; officers, assigns, and attorneys, from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which NHCS along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any NHCS sponsored athletic game, activity, contest or event that takes place at any location.

***This liability waiver/release applies to the following student-athlete (One form per student):***

Student's Name \_\_\_\_\_ who is currently on an athletic team for:

North Hills Christian School  
2970 West Innes Street  
Salisbury, NC 28144

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

**NORTH HILLS CHRISTIAN SCHOOL ATHLETIC PARTICIPATON FORM**

This form is to be completed and filed with the school before the student can participate in any school athletic program

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PARENTS/LEGAL GUARDIANS NAMES: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ DOCTOR'S PHONE: \_\_\_\_\_

I certify that the information contained in this application is correct and I agree to abide by the eligibility rules and regulations of the NCCSA and the North Hills Christian School Athletic Department.

DATE: \_\_\_\_\_ STUDENT SIGNATURE: \_\_\_\_\_

**INSURANCE INFORMATION – EACH ATHELTE MUST BE COVERED BY INSURANCE**

I will have my son/daughter covered by  SCHOOL INSURANCE  MY OWN INSURANCE

Should your son/daughter’s insurance be discontinued for any reason during the year please notify the school immediately. Student athletes must be covered to continue participation. It is the responsibility of the parent/guardian to provide continuous coverage. School insurance cannot be purchased after the sales period has ended.

**MEDICAL HISTORY (to be completed by parent/guardian)**

- |   |     |    |
|---|-----|----|
| A. Birth deformities (one eye, one kidney, etc.)?       | YES | NO |
| B. Known past illness of more than one week duration?   | YES | NO |
| C. Medical conditions currently under treatment?        | YES | NO |
| D. Fractures, dislocations or other disabling injuries? | YES | NO |
| E. Any permanent deformity or disability?               | YES | NO |
| F. Allergy (drugs, food, clothing, etc.)?               | YES | NO |
| G. Mental disorder or convulsions?                      | YES | NO |
| H. Anemia or other blood disorder?                      | YES | NO |

**For Female Athletes Only**

- |   |     |    |
|---|-----|----|
| 1. Unusual menstrual periods or cycles? | YES | NO |
|---|-----|----|

If any of the above are answered YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

**PARENTAL PERMISSION**

As a parent / legal guardian of \_\_\_\_\_, I hereby give my consent for his/her participation in athletic practices and events.

I also grant permission for treatment deemed necessary for any condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment excluding immediate emergency medical treatment.

I agree to the need for a screening medical examination and certify that the medical history given on the front is accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**NORTH HILLS CHRISTIAN – ATHLETIC PHYSICAL FORM  
MEDICAL EXAMINATION (to be completed by a Medical Doctor)**

DATE OF PHYSICAL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_

	Normal	Abnormal	Comments
EYES			
ENT			
HEART			
LUNGS			
ABDOMEN			
MUSCULAR-SKELETAL			
NEUROLOGICAL			
SKIN			
GENITALIA (males only)			

URINALYSIS: \_\_\_\_\_

OTHER (where indicated): \_\_\_\_\_

I certify that I have examined this student and find him/her medically QUALIFIED / NOT QUALIFIED to compete in high school athletics.

If athlete is not qualified please list reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

Address & phone # \_\_\_\_\_

NOTE: The following are considered disqualifying until specific medical and parental releases are obtained – acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic head disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye or testicle.

# 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.*

## 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