

**Charlotte-Mecklenburg Schools
High School Student-Athlete Pre-Participation Form
PLEASE PRINT**

PERSONAL & EMERGENCY CONTACT INFORMATION

Student-Athlete's Name (First, MI, Last): _____ CMS Student ID # _____

Gender: M F Date of Birth: _____ Age: _____ Home Phone: _____

Resides At Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Father's Name: _____ Daytime Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Mother's Name: _____ Daytime Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

If applicable... **Guardian's Name:** _____ Daytime Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

- If student-athlete resides with other than parent(s), attach legal documentation of custody (guardianship or affidavit provided by Student Placement)
- If parents are separated or divorced, provide proof of court custody. If no custody order is available, provide documentation signed by both parents showing address of record for the student-athlete

Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility

Family Physician/Pediatrician: _____ Phone: _____

Preferred Hospital: _____ Permission to Transport: Yes No

SPORT (check all sports you are considering to participate in)

Fall	Winter	Spring
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Basketball - Men's	<input type="checkbox"/> Baseball
<input type="checkbox"/> Cross Country - Men's	<input type="checkbox"/> Basketball - Women's	<input type="checkbox"/> Golf - Men's
<input type="checkbox"/> Cross Country - Women's	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Lacrosse - Men's
<input type="checkbox"/> Football	<input type="checkbox"/> Indoor Track - Men's	<input type="checkbox"/> Lacrosse - Women's
<input type="checkbox"/> Golf - Women's	<input type="checkbox"/> Indoor Track - Women's	<input type="checkbox"/> Soccer - Women's
<input type="checkbox"/> Soccer - Men's	<input type="checkbox"/> Swimming/Diving - Men's	<input type="checkbox"/> Softball - Women's
<input type="checkbox"/> Tennis - Women's	<input type="checkbox"/> Swimming/Diving - Women's	<input type="checkbox"/> Tennis - Men's
<input type="checkbox"/> Volleyball - Women's	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Track - Men's
		<input type="checkbox"/> Track - Women's

Weightlifting may be a required component of conditioning for any sport.

INSURANCE

School Board Policy JLA requires that all students who participate in athletics be adequately covered by medical or accident insurance. We acknowledge that it is the signed responsibility to notify CMS of any changes that occur to the personal insurance policy below and affect the procedures in which the above-named individual may receive treatment; this includes loss of coverage. We certify that we have purchased and will maintain in full force and effect during student-athlete's participation in athletics the following insurance policy:

Check One: School Accident Insurance Personal Insurance Company

Name of Insurance Company _____ Policy Number _____ Group Number _____

Insurance Phone for Authorization _____ Policy Holder _____

RELEASE

In consideration of CMS allowing the above-named individual to participate in athletics, we agree to release and hold CMS, its athletic coaches, and other employees free, harmless and indemnified from and against any and all claims, suits, or causes of action arising from or out of injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence.

ASSUMPTION OF RISK

We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and the instructions of the coach in order to reduce the risk of injury to the student-athlete and other athletes. However, we acknowledge and understand that neither the coach nor CMS can eliminate the risk of injury in sports. Injuries may and do occur. *Sports injuries 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 that might occur from participation in athletics.

HIPAA / FERPA RELEASE

The above named student-athlete has opted his/her rights under the US Department of Health and Human Resources guidelines. By signing this release, the student-athlete allows sharing of medical information between the Sports Medicine Staff (team physicians and medical staff, athletic trainers, and student assistants), the CMS Athletics Staff (Athletic Director and Coaches), CMS Administration and his/her medical provider(s). In the event of an emergency situation, information may be shared with emergency medical personnel. Every reasonable effort will be made to protect this information. It is understood that once this medical information is disclosed, it is no longer protected under the HIPAA/FERPA guidelines.

We (student and parents) certify that the home address shown in this document is the student-athlete's sole bona fide residence, and we will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of the student-athlete. All information contained in this form is accurate and correct.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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 a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY			
23. 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"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. 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: _____

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 #: _____

Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant)

Athlete's Name _____ Age _____ Date of Birth _____

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

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

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. 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 _____
 (Signature and circle of designated degree required)

MD DO PA NP

Date of exam: _____

Address: _____

Phone _____

Physician Office Stamp:

(** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or 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 convulsions or concussions, 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 reviewed annually, and was last updated April 2012.

Charlotte-Mecklenburg Schools
Interscholastic Athletics
Student Honor Code

PLAY FAIR

This honor code must be signed before a student may dress out for an athletic contest.

STUDENT'S NAME _____

SCHOOL _____ GRADE _____

SPORT _____

I understand the eligibility requirements for me to take part in interscholastic athletics in Charlotte-Mecklenburg Schools. If I had questions, my athletic director has answered them.

By signing this honor code, I promise that:

- All information I am giving on this honor code is the truth. I understand that lying is cheating.
- I live in the attendance area for my school, or I was assigned here through the student assignment lottery, or I received a transfer to this school.
- The home address my parents gave to the registrar and the athletic director at my school is where I actually live today with my parents, legal guardian or custodian.
- I have written my correct and current home address below.
- I do not know of other students or parents who have given false information to CMS so they can be eligible to play sports.
- I will immediately report all suspected athletic eligibility violations to my principal and to either my coach or athletic director.

Further, I am aware that if I:

- give false information about athletic eligibility to my school, or
- do not report the use of false information about athletic eligibility by others, my entire team and I may be penalized by the North Carolina High School Athletic Association (high school only) and by Charlotte-Mecklenburg Schools. I may lose the privilege of playing sports for 365 days and my team may have to forfeit games.

STUDENT SIGNATURE _____

DATE _____

ADDRESS _____



REACH FURTHER.

Global competitiveness starts here.

Revised 11/09

Charlotte-Mecklenburg Schools
Interscholastic Athletics
Parent Honor Code

PLAY FAIR

This honor code must be signed before a student may dress out for an athletic contest.

STUDENT'S NAME _____

SCHOOL _____ GRADE _____

SPORT _____

I understand the eligibility requirements for the student named above to take part in interscholastic athletics in Charlotte-Mecklenburg Schools. If I had questions, the school's athletic director has answered them.

By my signature below, I promise that:

- I am the parent, legal custodian or legal guardian of the student named above or I have been designated as the Hardship Caregiver by the CMS Student Placement Office.
- This student meets the age requirements to participate on an athletic team.
- This student meets the academic requirements to participate on an athletic team.
- The home address I gave to the registrar and to the athletic director at this student's school is where this student and I actually live at the present time.
- We live in the attendance area for this school, or else this student was assigned here through the student assignment lottery or received a transfer to this school.
- I am not aware of other students or parents who have given false information to CMS so they may play on an athletic team.
- I will immediately report all suspected athletic eligibility violations to the principal and coach or athletic director at this school.

Further, I am aware that if I:

- give false address or other eligibility information, or
- do not report the use of false address or other eligibility information by others, or
- do not update my address with the school registrar and athletic director, this student-athlete and his or her athletic team may be penalized by the North Carolina High School Athletic Association (high school only) and by Charlotte-Mecklenburg Schools, including losing the privilege of playing sports for 365 days.

SIGNATURE OF PARENT, LEGAL CUSTODIAN, LEGAL GUARDIAN, OR HARDSHIP CAREGIVER

DATE _____ ADDRESS _____



REACH FURTHER.

Global competitiveness starts here.

Revised 11/09

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

NOTICE AND RELEASE

IMPORTANT: THIS NOTICE AND RELEASE MUST BE SIGNED AND RETURNED BEFORE YOUR SON/DAUGHTER CAN PARTICIPATE IN THIS PROGRAM.

TO: Parents of students interested in participating in Athletics

SUBJECT: Student Accident Insurance for Athletics

SPORT (S): _____

Please read this Notice and Release carefully and make sure that you understand its provisions before deciding whether to permit your son or daughter to participate in middle or senior high athletics.

1. Board of Education policy requires that the Student Accident Insurance offered by the school system, will be required for all students participating in middle and senior high school athletics unless an insurance waiver form is signed by the parent indicating adequate personal insurance and releasing the Board of Education and its employees from responsibility for any claim due to injuries received while participating in a school sponsored athletic program.
2. There are limitations in the Student Accident Insurance coverage. **IT WILL NOT ALWAYS PAY ALL OF THE CHARGES INCURRED FOR EVERY ACCIDENT.** For a summary of the coverage and benefits provided by the Student Accident Insurance, please read the current Student Accident Insurance Brochure that was furnished to each student at the beginning of the school year. If you did not receive the brochure or if you have questions about the insurance coverage provided under the policy, contact the Athletic Director at the school where your son/daughter is enrolled.
3. To be eligible for practice or participation in any school athletic program, each participant must receive an **ANNUAL MEDICAL EXAMINATION** and return a physical examination form each calendar year (once every 365 days) signed by a physician licensed to practice medicine.
4. Neither the Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to your son/daughter while he or she is participating in the school athletic program. This means that you will have to pay for any medical expenses not covered by the Student Accident Insurance, any personal insurance coverage that you might have and/or any other applicable insurance.

PLEASE COMPLETE THE BACK OF THE FORM

I, _____, (print name) hereby state that I have read and understand the provisions of this Notice and Release as well as the Student Accident Insurance Brochure. I further state that prior to signing this document, I have had an opportunity to ask questions and that my questions have been answered to my satisfaction. I acknowledge that neither the Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to my son/daughter while he or she is participating in the school athletic program. **I HEREBY WAIVE, RELEASE, AND DISCHARGE** the Charlotte-Mecklenburg Board of Education and its employees from any responsibility for claims resulting from injuries to my son/daughter due to his or her participation in this athletic program. I hereby certify that my son/daughter has received a **MEDICAL EXAMINATION** and has returned a physical examination form in compliance with the policy set forth in paragraph 3 of this Notice and Release. I certify that I consent to have my son/daughter participate in school athletic activity as identified on this Notice and Release. I make the following representation and selection (check one, sign and return promptly):

_____ I have adequate personal insurance that will cover injuries that might be sustained by my son/daughter as a result of his/her participation in the school athletics. I understand that in the event my son/daughter sustains any injuries as a result of his/her participation in school athletics, I am responsible for payment of medical expenses or other items not covered by any personal insurance.

_____ My son/daughter has enrolled in the Student Accident Insurance Program on ____/____/____, and I understand that in the event my son/daughter sustains any injuries as a result of his/her participation in school athletics, I am responsible for payment of any medical expenses or other items not covered by the Student Accident Insurance.

SIGNED: (Parent or Legal Guardian) _____ **Date** _____

ADDRESS: _____

STUDENT'S FULL NAME: _____

SCHOOL: _____

MPHS Zero Tolerance Pledge

The NCHSAA, CMS and MP emphatically oppose the use of tobacco, alcohol and other drugs by student-athletes, coaches and officials. The use of alcohol, tobacco, and illegal drugs is prohibited. Medical research clearly substantiates the fact that the uses of these or any mood modifying substances produce harmful effects on the human organism.

The student who wishes to experiment with such substances should remove himself from the team before he/she jeopardizes team performance, team reputation, team success, and physical harm to himself/herself or teammates.

Tobacco (In all forms): research emphasizes that the use of tobacco is physically harmful to young adults. The harm caused by this substance is not only a health problem. The community follows the progress of young athletes and any deviation from accepted training rules marks one as unwilling to "pay the price" If one squad member breaks the rules, the whole team is affected adversely.

Alcohol: There is no way to justify athletes using alcoholic beverages, even though social pressure may be hard to resist. The people who would like to draw the athlete into their drinking session will be the first to criticize them if they do not produce in game situations.

Drugs: Simply stated, drug abuse is the consumption of any chemical substance or the smoking of some plant derivatives for the purpose of mood modification. The use or misuse of drugs is a social problem. Students with a strong sense of purpose have no need for mood modifiers.

VIOLATIONS

If occurred in season or out of season, Myers Park has a zero tolerance policy as it relates to alcohol and drug use/abuse. Violators will be dismissed from their team and lose their athletic eligibility for the remainder of the year.

I have read the above and understand my responsibilities as an athlete. Furthermore, I pledge not to drink, use other drugs, or use tobacco at any time and know that it is not in my best interest in accordance to upholding higher standards as a student-athlete at Myers Park HS.

Student Athlete: _____

Date: _____

Parent/Guardian: _____

Date: _____

Sports Team _____