

North Carolina High School Athletic Association

City / County Athletic Directors Meeting
Wednesday, October 9th, 2013



NCHSAA Mission/Vision

- Mission: Provide governance and leadership for interscholastic athletic programs that support and enrich the educational experience of students.
- Vision: The NCHSAA will be the national model for developing and inspiring greatness through interscholastic athletic experiences.

NCHSAA Strategic Plan

5 Areas of Focus

- Education and Development
- Policy and Procedures
- Communication and Public Relations
- Safety and Well-Being of Student-Athletes
- Budget, Funding and Revenue

NCHSAA Core Values

- **Sportsmanship**
- **Integrity**
- **Fair Play**
- **Honesty**
- **Respect**
- **Equity**
- **Fair Competition**
- **Development of Student-Athletes**

Coaches Education Requirement

- Strategic Plan and Coaches Education
- NFHS “FUNDAMENTALS OF COACHING” Course (\$35)
 - Target date of August 1, 2015
 - www.nfhslearn.com
 - All non-faculty and newly hired coaches
 - If currently a non-faculty coach, certification course must be completed prior to first day of practice.
 - Approximately 7400
- Certification of Coaches – AIC
 - 4 Courses for Certification

Coaches Education

- **60 Day window for new hires has ended for most “new” hires for fall sports**
- **Check compliance with the NFHS “Fundamentals of Coaching” course requirement**
 - **www.nfhslearn.com--COACH SEARCH—Type in name and state—all course completed will be there for review**
- **NFHS Concussion Course – Concussion in Sports**
- **NFHS Heat Acclimatization**
- **AED / CPR Certification**
- **Pole Vault Course**

Athletic Directors' Professional Development

- **NIAAA**
 - **CAA**
 - **CMAA**
- **CEU's?**
- **Professional Development Funds?**
- **Increase Numbers?**

NCADA Mentoring Program

- Mentoring Program for Athletic Directors
- Bobby Guthrie
 - bobbyguthrie71@gmail.com
 - cell phone 919-604-7136

NCHSAA 100th Anniversary

Honoring the Past
Embracing the Present
Shaping the Future



NCHSAA 100th Anniversary

- Community Service
 - Football Feeding Frenzy
 - Donate Time
 - Donate Money
 - Winners Honored at State Championship Game
- Championship Team Reunions
 - INVITE YOUR TEAMS!!!
- 100th Anniversary GALA
 - January 11th, 2014
 - Embassy Suites, Cary



Eligibility, Boundary and Transfer Policy

- Effective Date - August 1
- A student is eligible at any school upon initial entry into ninth grade
 - Initial entry - first day of class that a student in attendance and counted present or the first day of practice as a member or potential member of a school's athletic team.
- After initial entry into ninth grade, boundary and transfer criteria apply

Boundary Criteria

- The student must live within the member school's boundary as established by the LEA; or
- If the student's member school does not have a boundary established by an LEA (e.g. charter school, non-boarding parochial school, etc.), then the boundary for the member school shall be considered to be (i) the entire county in which the member school is located; and (ii) any addresses within a 25 mile radius of the member school as measured by an NCHSAA-designated computer program; or
- There will be no boundary limitation if the student is a member of a parochial church affiliated with a non-boarding parochial school member and submits an authorized pastor verification form.

Transfer Criteria

- A student transferring from one member school to another member school within the same LEA must sit out 365 days for athletic participation. The LEA may create criteria for immediate athletic eligibility for transfers within the LEA.
- A student transferring from one member school in one LEA to another member school in a different LEA must sit out 365 days for athletic participation. Exceptions for immediate eligibility for transfers from one LEA to a different LEA will be heard by a special NCHSAA transfer committee.
 - Note: if a member school is not part of a defined LEA (e.g. charter school, non-boarding parochial school, etc.), then the member school itself will be considered its own LEA for purposes of this policy (i.e. exceptions involving these member schools will all under subsection (b) above).
- Waiver Process
 - Can be found on website
- Caution
 - Attend a school out of LEA and returns to home school, would be ineligible for 365 days.

Transfer – Waiver Criteria

Requirements:

Release and Acceptance (PowerSchool capability),
Waiver Request, Statement of information

Basis(es) for Request:

1. Special Curricular Needs
2. Documented Medical Needs
3. Student's parent/legal custodian is a permanently assigned employee of another school system
4. Family/student child care needs
5. Documented Safety Concerns
6. Federal or State Mandated Transfers
7. Other Serious or Continuing Hardship



NCHSAA TRANSFER RULE WAIVER INSTRUCTIONS



TO: NCHSAA Member School Principals
FROM: NCHSAA Staff
RE: Process to Request a Waiver of the 365 Day Waiting Period for Transfers from Member Schools in One LEA to Member Schools in Another LEA

NOTE: The Receiving Member School (the school to which the student has transferred) must submit all required documentation on behalf of the transferring student and the member school Principal will be the point of contact for the NCHSAA.

The NCHSAA's Transfer Policy is set forth in the NCHSAA Handbook as follows:

After initial entry into the ninth grade, and absent a bona fide move as provided in the Residence Section in this Handbook:

- (a) a student transferring from one member school to another member school within the same LEA must sit out 365 days for athletic participation. The LEA may create criteria for immediate athletic eligibility for transfers within the LEA.
- (b) **A student transferring from one member school in one LEA to another member school in a different LEA must sit out 365 days for athletic participation. Exceptions for immediate athletic eligibility for transfers from one LEA to a different LEA will be heard by a special NCHSAA transfer committee.**

NOTE: If a member school is not part of a defined LEA (e.g., charter school, non-boarding parochial school, etc.), then the member school itself will be considered its own LEA for purposes of this policy (i.e., exceptions involving these member schools will fall under subsection (b) above).

The NCHSAA's Process for Transfer Rule Waiver Requests is set forth as follows:

In order for the NCHSAA to review a Transfer Rule Waiver Request submitted by a member school on behalf of a transferring student, the Receiving Member School must submit the following documents to the NCHSAA:

1. Paperwork establishing the student has applied for, and received, both a waiver and acceptance from both the Previous and Receiving Member Schools and/or school systems;
2. A completed "Transfer Rule Waiver Request" form prepared and submitted by the Receiving Member School.
3. A completed "Statement of Information Regarding Transfer" form signed by the Principals of both the Previous and Receiving Member Schools; and

The default rule is that, after initial entry into the ninth grade, and absent a bona fide move, transferring students from a member school in one LEA to a member school in a different LEA will be ineligible to participate in athletics for 365 days from the student's enrollment in the

Receiving Member School. The NCHSAA staff will review all paperwork, including the Statement of Information Regarding Transfer form (to understand the positions of both principals regarding the intent of the transfer), and may elect to request additional information and/or conduct a conference call/in-person meeting to discuss the waiver request. Once the NCHSAA staff has completed its review, the NCHSAA will render a decision on the waiver request. This decision may be appealed only as provided in the NCHSAA Bylaw VIII.

The Burden to Establish Grounds Necessary for Waiver:

In order to receive a waiver of this rule, the Receiving Member School bears the burden of establishing that the transfer was not done for athletics purposes. This burden may only be established by information presented to the NCHSAA in the required documents (unless additional information is requested by the NCHSAA).

Important Notes:

- Regardless of the outcome of this Transfer Rule Waiver Request, Receiving Member Schools must always ensure that students are eligible in all other respects (e.g., academics, attendance, etc.).
- Any approved Waiver Requests will still be subject to the “same sport during the same sport season” rule.
- Once a waiver request is granted, and a student enrolls in the Receiving Member School or participates in the athletics program, the student will remain eligible at the Receiving Member School (assuming students are eligible in all other respects).
- If a waiver request is granted, and a student enrolls in the Receiving Member School or participates in the athletics program, any subsequent transfer of the student (including back to the Previous Member School, to the school of residence assigned by the local board of education, etc.) will be subject to the NCHSAA’s Transfer Policy (i.e., the student will be subject to the 365 day ineligibility rule). Upon such an occurrence, a subsequent Receiving Member School may submit a Transfer Rule Waiver Request on the basis of changed circumstances (regarding the basis for the original Request) or on a new basis (see Transfer Rule Waiver Request form).
 - Example: Student and parents reside in Durham County. Based on the family’s residence the student would normally be assigned to Charles E. Jordan High School in Durham. However, the student begins the 9th grade at Chapel Hill High School. Prior to the beginning of the 10th grade the student wants to transfer from Chapel Hill High School to Jordan High School. The student will be subject to the Transfer Rule and, absent a waiver, will be ineligible to participate in athletics at Jordan High School for 365 days.

Transfer Waiver Criteria - Release and Acceptance

- Must have release from departing school (school system) and acceptance from receiving school prior to initialization of transfer waiver
 - PowerSchool Component
 - Select an individual student
 - Under enrollments, select Transfer Information
 - Select the printer icon
 - It will print out the page for Release and Acceptance



NCHSAA TRANSFER RULE WAIVER REQUEST FORM



I. Background and Contact Information

Receiving Member School: _____
(Member School Requesting Waiver)
Principal Name: _____
E-mail and Phone Number: _____

Student Name: _____
Parent/Legal Custodian(s) Name(s): _____
Student Address: _____

Previous School Name: _____
(Member School from which student is transferring)
Principal Name: _____
E-mail and Phone Number: _____

II. Basis(es) for Request to Waive 365 Day Ineligibility Rule

Please check one or more of the following:

_____ **Special curricular needs.**

A student is unable to obtain in his or her regularly assigned school those specially needed courses of study or programs necessary to pursue specialized educational or career goals. Proper documentation must be submitted to establish this basis. NOTE: This basis requires the showing of more than just a different class, it must be course of study or program that is not offered at the regularly assigned school.

_____ **Documented medical needs.**

A student provides documentation provided by a physician (or comparable professional provider such as a psychologist, etc.) containing a detailed professional opinion that the student's mental, emotional or physical health would be adversely affected by the student's attendance at his or her regularly assigned school.

_____ **Student's parent/legal custodian is a permanently assigned employee of another school system.**

A student provides documentation establishing (a) his or her parent/legal custodian is a permanently assigned employee of the Receiving Member School or system; and (b) the Receiving Member School would be the school assigned to the student if his or her parent/legal custodian resided at the parent/legal custodian's work location in the school system. NOTE: This basis requires the showing that the parent/legal custodian is a permanently assigned employee, not a temporary, volunteer or lay employee/coach.

- Example No. 1: Student and Parent live in Durham County, and Student would normally be assigned to Charles E. Jordan High School in Durham (and attends Jordan High School after entry into the ninth grade). Parent is a permanently

assigned employee at Carrboro High School. A waiver would properly be considered for the Student if she transferred to Carrboro High School.

- Example No. 2: Student and Parent live in Durham County, and Student would normally be assigned to Charles E. Jordan High School in Durham (and attends Jordan High School after entry into the ninth grade). Parent is a permanently assigned employee at McDougle Elementary School in Chapel Hill. Based on the address for McDougle Elementary School, a student would be assigned to Chapel Hill High School. Therefore, a waiver would properly be considered for the Student if she transferred to Chapel Hill High School.

_____ **Family/student child care needs.**

The family or student provides documented child care needs that necessitate a transfer to avoid a serious and continuing hardship.

_____ **Documented safety issues.**

A student provides documentation of an unsafe environment at his or her school (e.g., physical or emotional violence/threats make continued attendance at his or her school unsafe, etc.).

_____ **Federal or State mandated transfers.**

A student provides documentation of a transfer made pursuant to the Unsafe School Choice or School Improvement Choice Transfer under the No Child Left Behind Act, the Transfer of Homeless Students as provided in 42 U.S.C. 11431 et. seq., or any other applicable federal or state law allowing a similar right to transfer (including North Carolina or federal court orders).

_____ **Other serious and continuing hardship.**

The student provides documentation establishing a serious and continuing hardship which cannot reasonably be eliminated or reduced by means other than a transfer from his or her regularly assigned school.

The default rule is that, absent a bona fide move, transferring students from a member school in one LEA to a member school in a different LEA will be ineligible to participate in athletics for 365 days from the student's enrollment in the Receiving Member School. In order to receive a waiver of this rule, the Receiving Member school bears the burden of establishing (1) the existence of one or more of the basis(es) listed above; and (2) that the transfer was not done for athletics purposes.

Please use the following space and/or attach additional pages along with the required documentation to support the selected basis(es):

Important Notes:

- Regardless of the outcome of this Transfer Rule Waiver Request, Receiving Member Schools must always ensure that students are eligible in all other respects (e.g., academics, attendance, etc.).
- Any approved Waiver Requests will still be subject to the “same sport during the same sport season” rule.
- Once a waiver request is granted, and a student enrolls in the Receiving Member School or participates in the athletics program, the student will remain eligible at the Receiving Member School (assuming students are eligible in all other respects).
- If a waiver request is granted, and a student enrolls in the Receiving Member School or participates in the athletics program, any subsequent transfer of the student (including back to the Previous Member School, to the school of residence assigned by the local board of education, etc.) will be subject to the NCHSAA's Transfer Policy (i.e., the student will be subject to the 365 day ineligibility rule). Upon such an occurrence, a subsequent Receiving Member School may submit a Transfer Rule Waiver Request on the basis of changed circumstances (regarding the basis for the original Request) or on a new basis (see Transfer Rule Waiver Request form).
 - Example: Student and parents reside in Durham County. Based on the family's residence the student would normally be assigned to Charles E. Jordan High School in Durham. However, the student begins the 9th grade at Chapel Hill High School. Prior to the beginning of the 10th grade the student wants to transfer from Chapel Hill High School to Jordan High School. The student will be subject to the Transfer Rule and, absent a waiver, will be ineligible to participate in athletics at Jordan High School for 365 days.

Submitted By:

Principal Signature: _____
Date: _____



NCHSAA TRANSFER: STATEMENT OF INFORMATION



DATE THIS STATEMENT WAS SENT TO PREVIOUS MEMBER SCHOOL: _____
TRANSFERRING STUDENT: _____

This Statement of Information must be submitted as part of a Receiving Member School's request to waive the default eligibility waiting period (365 days) as provided in the NCHSAA's transfer rule. The purpose of this Statement is to allow both member schools to offer their positions regarding whether this transfer has been done for athletics purposes. Both member school positions will be considered by the NCHSAA.

RECEIVING MEMBER SCHOOL: _____
(School to which student is transferring)

Principal Signature: _____
Principal Name: _____
E-mail and Phone Number: _____

After reviewing the facts and circumstances regarding the transfer of the above-referenced student, including discussing this matter (if appropriate) with my athletics director, coaches, etc., my position is that (initial one):

- ☐ This transfer WAS NOT done for athletics purposes.
- ☐ This transfer WAS done for athletics purposes. NOTE: If you believe the transfer was done for athletics purposes you should not continue this waiver process.

PREVIOUS MEMBER SCHOOL: _____
(School from which student is transferring)

Principal Signature: _____
Principal Name: _____
E-mail and Phone Number: _____

After reviewing the facts and circumstances regarding the transfer of the above-referenced student, including discussing this matter (if appropriate) with my athletics director, coaches, etc., my position is that (initial one):

- ☐ This transfer WAS NOT done for athletics purposes.
- ☐ This transfer WAS done for athletics purposes. NOTE: Please attach a separate statement describing your position.

NOTE TO PREVIOUS MEMBER SCHOOL: You MUST return this form to the Receiving Member School within fourteen (14) days of receipt so that the Principal may submit this form to the NCHSAA. Failure to return the form within this time frame will result in the waiver of your position as part of the NCHSAA's consideration of this waiver request.

Officiating

- Officials' Fee Structure
 - Across the Board Increase by 10%
 - Beginning in 2014-15
- HUDL Program
 - Video Exchange Program
 - Utilized by 75% of football/basketball teams in NCHSAA
 - Officiating Video Program Endorsed by NCFCA
 - Officiating Film Review
 - Supervisors/Evaluators grade films, edit training slides, and send video clips to officials to review calls

Officiating

- RefPay - Arbiter
 - Technology program that allows schools to pay officials by clicking a button
 - Schools send officiating funds to the Bank of Utah as often as they want
 - Examples:
 - Some send \$10,000 to cover game fees for the entire year
 - Some send \$1,500 at a time and have to mail several checks during the year
 - Just keep balance in the fund to pay officials based on games/seasons
 - Online process for payment, validation, bank draft, and IRS documents for both the school and official
 - Cost is about \$1.00-\$1.10 per transaction (check) = \$450.00 a year

NCHSAA Sports Information



Sportsmanship

- Fighting Still a Major Concern
 - Player ejected for fighting is suspended
 - 2 Contests in Football
 - 4 Contests in all other sports
 - Player must complete the STAR Sportsmanship program before returning to competition
 - Send certificate to Mark – 919-240-7396
 - Head Coach must take the NFHS “Teaching and Modeling Behavior” course before returning to competition – Cost \$20
 - www.nfhslearn.com
 - Send certificate to Mark – 919-240-7396
 - Failure to comply with the mandate is a \$500 fine for use of an ineligible player/coach and forfeiture of any contests.

Eligibility

- **Checklists**
 - **Student-Athlete**
 - **Team**
 - **Master Eligibility Sheet**

**NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION
STUDENT-ATHLETE ELIGIBILITY CHECKLIST**

This form is to be used for student-athletes when questions have been raised about their eligibility during the completion of the NCHSAA Master Eligibility List, Parental Consent Form and the review of the NCHSAA Team Eligibility Checklist. This Eligibility Checklist is a guide and does not comprehensively ensure eligibility compliance.

STUDENT _____ **GRADE** _____

SPORT _____

Residency

_____ (RECORD HOME ADDRESS)

_____ Primary residence is in assigned district/attendance area (if answer is "no", please note below how assigned to school by LEA)

_____ Transfer (within the same LEA)
_____ Satisfied 365 day ineligibility rule; or
_____ Granted LEA waiver of 365 day ineligibility rule

_____ Transfer (from LEA to a different LEA)
_____ Satisfied 365 day ineligibility rule; or
_____ Granted NCHSAA waiver of 365 day ineligibility rule

_____ Non-Traditional/Non-Boarding Parochial School Attendance
_____ Residence is located within the same county as the non-traditional/non-boarding parochial school; or
_____ Residence is not located within the same county as the non-traditional/non-boarding parochial school but is located within a 25 mile radius; or
_____ Student is a member of a parochial church and submits an authorized pastor verification form

_____ Other (please note reason) _____
_____ Student lives with biological parent(s)
_____ Student lives with legal (court-ordered) custodian(s)
_____ Student has attended current school past two (2) semesters (and has not otherwise transferred)
_____ Other (please note) _____

_____ Is the address listed above the residence for the past 12 months? (If the answer is "no" please note below former residence)

**NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION
TEAM ELIGIBILITY CHECKLIST**

Review the items in this checklist to validate eligibility compliance for each student-athlete for the Sport of _____ on the Date of _____ when completing the Master Eligibility List and the Parental Consent Form. This Eligibility Checklist is a guide and does not comprehensively ensure eligibility compliance.

Residency

- _____ School has a parental/legal custodian generated address for each student-athlete
- _____ Students not living at parental/legal custodian generated address have been researched for eligibility
- _____ Students not living in school's assigned district have been researched for eligibility
- _____ Students not domiciled with parents or legal custodian have been identified and researched for eligibility
- _____ Students not domiciled in assigned district/attendance area but have attended the current school the past two semesters have been identified

Attendance, Scholastic Requirement, Promotion, Age, 8-Semester Rule, Sport Season(s)

- _____ Students are currently enrolled and attending this school
- _____ Students have 85% attendance previous semester (less than 13.5 days in 90 day semester)
- _____ Students enrolled and will take minimum academic load this semester (must be accredited courses)
- _____ Students passed minimum academic load previous semester
- _____ Students have met local promotional standards and any local GPA requirements of LEA
- _____ Students will not turn 19 years of age on or before August 31st of current year
- _____ Students will not exceed four (4) separate seasons in that sport(s) with participation in the current year
- _____ Students have not been convicted of a felony
- _____ Students have received medical examination (365 day period through end of season)

Note: The NCHSAA Student-Athlete Checklist should be used for student-athletes when there are questions about their eligibility status (residency or other eligibility issues).

Athletic Director _____

Coach _____

Principal _____



MASTER ELIGIBILITY LIST

NCHSAA, Box 3216, Chapel Hill, NC 27515

_____ High School County _____

Street _____

City _____, NC Zip _____

Sport _____

Men _____ Women _____

Class A AA AAA AAAA

Date of 1st Contest _____

NAME OF CONTESTANTS - TYPE OR PRINT LIST ALPHABETICALLY - LAST NAME FIRST	DATE OF BIRTH MM/DD/YYYY	YR. OF FIRST ENTRY IN 9TH GRADE	MEETS STATE MEDICAL REQUIREMENTS (MEDICAL HISTORY, PHYSICAL EXAM, G-W LAW)	DATE ENROLLED PRESENT SEMESTER	MEETS ATTENDANCE REQUIREMENT	NUMBER OF SUBJECTS PASSED LAST SEMESTER	CHECK IF PARENTS LIVE IN THIS ADM. UNIT
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

*** DO NOT SEND TO THE NCHSAA ***
FORM SHOULD BE KEPT ON FILE AT SCHOOL

NCHSAA MASTER ELIGIBILITY LIST (CONT.)

DATA ON CONTESTANTS WHOSE PARENTS DO NOT LIVE IN ADMINISTRATIVE UNIT

INSTRUCTIONS FOR COMPLETING

In the block headed "Eligible Because," insert the appropriate letter for the code from the residence section in the Handbook, thus describing the student's status.

	Name of Contestants	Address of Parents	Eligible Because
1.			
2.			
3.			
4.			
5.			

FOR CATASTROPHIC INSURANCE PURPOSES

Official team student personnel (managers, trainers, etc.)

1. _____

2. _____

3. _____

Head Coach of this sport _____

This semester begins at our school _____

This semester ends at our school _____



Request for an Endowment Game 2013-2014

Endowment Game Information

PLEASE NOTE that while the NCHSAA may approve more than one endowment game per season, only **ONE** endowment game may be played that does not count against the season limit. Schools must be diligent regarding scheduling and **MAY NOT** request approval for a second endowment game that would cause the regular season game limit to be exceeded (whether host or guest). If you have any questions please contact the NCHSAA staff.

HOST School (A)

Host Class

GUEST School (B)

If one of the schools is **not an NCHSAA member**, then please enter their information here:

School Name

AD Email Address

Sport

☐ Men ☐ Women

Game Date

Host Athletic Director

Host Principal

Click the Submit
button to submit
your request to
the NCHSAA.

Submit

Click the Log Out
button to log out
without submitting
any information.

Log Out

**NORTH CAROLINA HIGH SCHOOL
ATHLETIC ASSOCIATION**
PO BOX 3216, FINLEY GOLF COURSE ROAD • CHAPEL HILL, NC 27515-3216
PHONE: (919) 240-7401

STANDARD CONTRACT

This agreement is made between

_____ High School of _____
(Name of School) *(Location)*

AND

_____ High School of _____
(Name of School) *(Location)*

These contracting schools agree to contest(s) in the sport of _____
to be played as follows:

<u>Site</u>	<u>Date</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Of the provisions that follow, those in regular type are mandatory. Those that are in italics are subject to negotiation between the schools.

The contest(s) will be played under the following conditions:

1. The Constitution, By-laws, rules or regulations of the North Carolina State Board of Education and Department of Public Instruction, the National Federation of State High School Associations and the North Carolina High School Athletic Association, in effect at the time of each contest will apply; provided, however, that in interstate contests, the eligibility rules of the respective states will apply to each school and the game rules will be those adopted by the state of the host school.
2. Officials for the contest(s) will be assigned by the approved regional supervisor the host school and paid for by the host school.
3. The host school will provide adequate dressing and playing facilities, security personnel, medical personnel as required by North Carolina state law and/or NCHSAA rules and have ambulance service readily available if not on site.
4. Each school will be responsible for the orderly conduct of its personnel, participants and students, and will pay for any damage to any facilities or other property of the other school caused by its personnel, participants and students. Such payment is to be made thirty (30) days from the date the damage is discovered and reported in writing to the other school. Nothing in the paragraph is intended to impair or reduce the authority of the Board of Directors of the North Carolina High School Athletic Association under Part I of the Penalty Code to take any additional action it deems justified as it relates to any unsportsmanlike conduct by a member school's officials, coaches, players or spectators.
5. For conference games, absent a specific provision to the contrary in the conference constitution, bylaws or rules, failure on the part of either school to play any contest scheduled in this agreement will be deemed a breach and will result in the forfeiture of the contest. For non-conference games, failure on the part of either school to play any contest

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 #: _____

Gfeller-Waller Concussion Clearance ■ NCHSAA Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (<http://www.cdc.gov/concussion/index.html>) as well as the NCHSAA Concussion Return to Play Form. All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Medical providers, please initial any recommendations you select.

Athlete's Name _____ Date of Birth _____
 School _____ Team/Sport _____

HISTORY OF INJURY

Date of Injury _____

Person Completing Form (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent | Student

☐ Please see attached information ☐ Please see further history on back of form


Did the athlete have:	Circle one	Duration/Resolution
Loss of consciousness or unresponsiveness?	YES NO	Duration _____
Seizure or convulsive activity?	YES NO	Duration _____
Balance problems/unsteadiness?	YES NO	IF YES, HAS THIS RESOLVED? YES NO
Dizziness?	YES NO	IF YES, HAS THIS RESOLVED? YES NO
Headache?	YES NO	IF YES, HAS THIS RESOLVED? YES NO
Nausea?	YES NO	IF YES, HAS THIS RESOLVED? YES NO
Emotional Instability (abnormal laughing, crying, smiling, anger?)	YES NO	IF YES, HAS THIS RESOLVED? YES NO
Confusion?	YES NO	IF YES, HAS THIS RESOLVED? YES NO
Difficulty concentrating?	YES NO	IF YES, HAS THIS RESOLVED? YES NO
Vision problems?	YES NO	IF YES, HAS THIS RESOLVED? YES NO
Other _____	YES NO	IF YES, HAS THIS RESOLVED? YES NO

SIGNATURE _____ DATE _____

MEDICAL PROVIDER RECOMMENDATIONS

This return to play (RTP) plan is based on today's evaluation.

RETURN TO SPORTS

PLEASE NOTE 

1. Athletes should not return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms.
3. Athletes, be sure that your coach and /or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.

SCHOOL (ACADEMICS) ☐ May return to school now ☐ May return to school on _____ ☐ Out of school until follow-up visit

PHYSICAL EDUCATION ☐ Do NOT return to PE class at this time ☐ May return to PE class

SPORTS

- ☐ Do not return to sports practice or competition at this time.
- ☐ May initiate gradual return to play plan (see example below)
- ☐ May be advanced back to competition after phone conversation with attending physician
- ☐ Must return to medical provider for final clearance to return to competition
- ☐ Has completed gradual RTP progression without any recurrence of symptoms or problems and is cleared for full participation

Additional comments/instruction: _____

Physician Name (please print) _____ MD or DO

Office Address _____

Phone Number _____

Signature (Required) _____

Date _____

A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance. (Please see right side)

Medical Provider Name (please print) _____

NP, PA-C, LAT, Neuropsychologist (please circle one)

Office Address _____

Phone Number _____

Signature _____

Date _____

Name and contact information of supervising/collaborating physician

Gradual Return to Play Plan (Example): Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition. Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity ONLY if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, and return to the first level once symptom free.

Day 1: Low levels of physical activity (i.e. symptoms do not return during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

Day 4: Non-Contact, sports-specific practice.

Day 5: Full contact in controlled drill(s) or practice.

Day 6: Return to competition.

Emergency Action Plan

- Preparation
- Review
- Update
- Practice

Avery High School

****THIS IS A REQUIRED FORM**
TO BE FILLED OUT BY December 1.**

You must include the number of students participating in each sport which your school has an eligibility sheet on file. **Click the Submit button at the bottom of the page when you are finished or your report will not be entered fully in the system.**

Varsity

<input type="text"/>	Cheerleading
<input type="text"/>	Basketball (M)
<input type="text"/>	Basketball (W)
<input type="text"/>	Wrestling
<input type="text"/>	Indoor Track (M)
<input type="text"/>	Indoor Track (W)
<input type="text"/>	Swimming (M)
<input type="text"/>	Swimming (W)
<input type="text"/>	Gymnastics

Junior Varsity

<input type="text"/>	Cheerleading
<input type="text"/>	Basketball (M)
<input type="text"/>	Basketball (W)
<input type="text"/>	Wrestling

I hereby certify:

1. that each person participating in winter sports has complied in all respects with the requirements for eligibility adopted by the NCHSAA, and that documents supporting each student's eligibility are on file in the school;
2. all coaches of all winter sports have viewed the NCHSAA Eligibility Power Point Presentation;
3. all non-faculty (non-teaching certified personnel) and all newly hired coaches (new to you LEA) have completed the NFHS "Fundamentals of Coaching" certification course;
4. that coaches, student athletes, and their parents have signed a sportsmanship and conduct pledge, and that all pledges are on file in the school athletic office;
5. We have on file, complete and accurate records of our compliance with the Gfeller-Waller Concussion Awareness Law (distribution of concussion information, signature forms, Return to Play forms, Emergency Action Plan, etc.)
6. that an emergency action plan is updated, has been viewed by coaches and on file;
7. that a Winter Pre-Season Meeting – whether one general or individual for each sport – was held for all winter teams.
8. that the Principal of this school has verified the authenticity of the information on this form.

9. We have a licensed athletic trainer ☒ or first responder ☐.

Form Submitted By:

<input type="text"/>
<input type="radio"/> Principal <input type="radio"/> Athletic Director

Click the Submit button to submit your form to the NCHSAA.

Submit

Questions?

Thank You!!!