

Pender County Schools
Sport Pre-Participation Form

Name: _____ M _____ F _____ Age _____ Birth date _____

Street Address: _____ Phone# _____

City: _____ State: _____ Zip Code: _____ School: _____

_____	_____	_____
Emergency Contact	Relationship to Student Athlete	Contact Number

Insurance Information

The Pender County Board of Education requires all students participating in middle or high school athletics to have adequate health & hospitalization insurance. Student Accident Insurance is available for those who elect more coverage & is mandatory for those without proof of existing insurance.

_____	_____	_____
Insurance Company	Policy Number	Group Number

Certification and Medical Authorization

If the student-athlete is injured while participating in athletics and the school is unable to contact the parent/guardian, we grant the school permission and authority to obtain necessary medical care and/or treatment for the student injury. Treatment may include, but is not limited to, first aid, CPR, medical or surgical treatment recommended by a physician.

Release of Medical Information

I give permission for the athletic trainer/first responder to share and/or receive health related information needed to care for my child with physicians, other healthcare providers, coaches, etc. throughout the year.

_____	_____
Parent Signature	Date

NCHSAA Regulation Student Athlete Pledge

As a student athlete, I am a role model. Using inappropriate language, taunting, baiting, or the use of unwanted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship 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 athletes 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 conduct myself in a manner that supports and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship our school, our conference, and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being a parent of a student athlete.

NCHSAA Sportsmanship/Ejection Policy

We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that behaving in an inappropriate manner will result in ejection from an athletic event.

I, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my high school.

_____	_____	_____
Student Signature	Date	Parent Home Number

_____	_____	_____
Parent Signature	Date	Parent Cell/ Work Number