

**Trinity High School Athletic Form**

Participation in athletics is considered a privilege. Students who participate are accepting the responsibility of representing the high standards of conduct and values for which Trinity High School stands. Failure to comply with those standards can result in the revocation of the privilege to participate.

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal and or athletic director.

All information obtained on this form is accurate and current. If information on this form changes, I understand that it is my responsibility to notify the school's athletic department and accept that a change may alter the eligibility status of my student-athlete.

**Home Address:**

\_\_\_\_\_

Address	City/ Town	State	Zip
---------	------------	-------	-----

**Academics:**

This is my \_\_\_\_\_ (1st - 8th) consecutive semester at THS, and I entered the 9th grade in \_\_\_\_\_ (month) of \_\_\_\_\_ (year). Last semester I attended \_\_\_\_\_ (school) and passed \_\_\_\_ (number) courses.

**Code of Conduct:** As a student-athlete, I know that I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing my school and community as a student-athlete. - I also confirm that I have not been convicted of a felony or an act that would have been a felony if I were not classified as a juvenile.

**Please list all sports the student athlete has interest to participate in:**

\_\_\_\_\_

**Emergency Contact Information \*\* Include parent/ legal guardian below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Medical Information –**

- Anything that a medical professional may need to know (allergies, medical conditions, medications, etc)

\_\_\_\_\_

**Student Name (Print)** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/ Legal Guardian Name (Print)** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*PLEASE Review the Spectator Code of Conduct – Provided on Page 2 before signing. \*\*\*\***

**Student Athlete Pledge**

As a student athlete, I acknowledge that I am a role model. I understand the spirit of fair play and will refrain from engaging in all types of disrespectful behavior such as the use of inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expected of me by my school and the Randolph County School System. Furthermore, I accept my responsibility to be a role model of positive behavior, integrity, and good sportsmanship.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Pledge**

As a parent, I acknowledge that I am a role model. I understand that school athletics are an extension of the classroom and offer learning experiences for students. I will show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved in the athletic events. Furthermore, I accept my responsibility to be a role model of positive behavior, integrity, and good sportsmanship.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\*Ejection from a game will lead to a two event suspension and a required course that must be completed and submitted to the school. Another ejection can lead to a ban from all Trinity High School sporting events in the future. \*\*\*\***

**Please make sure to watch the following Videos. Please sign under that you have completed this task.**

**NCHSAA Parent Seat Video**

**<https://www.youtube.com/watch?v=Sxbr2k4msQY>**

**NCHSAA Eligibility Video**

**<https://www.youtube.com/watch?v=PQIurhAMC8o>**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Randolph County School System  
Spectator Code of Conduct**

- Spectators are an important part of the contest and help create an environment that fosters healthy competition. However, attendance at Randolph County School System (RCSS) athletic events is a privilege, not a right.**
  
- Spectators shall at all times conform to acceptable standards of good sportsmanship and behavior.**
  
- All spectators' comments and behaviors shall reflect respect for opposing participants, coaches, and game referees/umpires/officials.**
  
- Spectators shall follow all directives from school administrators, event staff, and law enforcement.**
  
- Any spectator interfering with play in any way will be subject to immediate ejection from the site of the contest.**
  
- Spectators will be subject to ejection from the site of the contest for behaviors that are disruptive, unruly, or abusive. This type of behavior includes, but is not limited to, foul language and any verbal or physical harassment of other spectators, especially fans of the opposing team.**
  
- Spectators who witness, or are harassed by, intimidating behavior and/or comments by other spectators are urged to report these occurrences immediately to school administrators, event staff, or law enforcement.**
  
- Physical retaliation, regardless of the actions or comments of other spectators, will not be permitted and will be subject to immediate ejection from the site of the contest as well as a possible ban from attendance at future RCSS events.**
  
- A spectator's behavior reflects on the team that he/she supports. Let others see that you are a fan of a first-class program.**
  
- Enjoy and have a passion for the game, but remember ...  
IT'S ONLY A GAME.  
When We Show Respect, Everyone Wins!**

**2023-2024 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE, AND RELEASE FORM**

**THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT-ATHLETE'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENT-ATHLETES MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT-ATHLETE AND PARENT(S)/LEGAL CUSTODIAN.**

I (the student-athlete and parent(s)/legal custodian) acknowledge that I have read and understand the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA). I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations, and the rules and regulations of the NCHSAA. I agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class, or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

**STUDENT CODE OF RESPONSIBILITY**

As a student-athlete, I **understand and accept** the following responsibilities:

I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration. I will be **fully responsible** for my own actions and the consequences of my actions.

I will **respect the property** of others.

I will **respect and obey the rules** of my school and the laws of my community, state, and country.

I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state, and country.

I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration.

**PARENTS, LEGAL CUSTODIANS, OR STUDENT-ATHLETES WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.**

I (the student-athlete and parent(s)/legal custodian) recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases, death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. The student-athlete and parent(s)/legal custodian have a responsibility to help reduce that risk. I understand that student-athletes must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I (the student-athlete and parent(s)/legal custodian) authorize medical treatment should the need arise for such treatment while the student-athlete is under the supervision of the member school. I **consent to medical treatment** for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, a reasonable attempt will be made to contact the parent/legal custodian if the student-athlete is a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I (the student-athlete and parent(s)/legal custodian) **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if the student-athlete is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation unless and until clearance is given in compliance with applicable laws. I also acknowledge that I **have received, read, and signed the Gfeller- Waller Concussion Information Sheet**, as well as viewed the **CrashCourse concussion education video**.

I (the student-athlete and parent(s)/legal custodian) **consent to the NCHSAA's use of the student-athlete's name, image, likeness, and athletic-related information** in reports of contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics, and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the student-athlete's face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school to the NCHSAA upon the NCHSAA's request, of all records relevant to the student-athlete's eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence, and physical fitness. The student-athlete and parent/legal custodian, individually and on behalf of the student-athlete, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA, its officers, agents, attorneys, representatives, and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property, or both, which arise out of, result from, occur during, or are otherwise connected with the student-athlete's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

**By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student-athlete. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the student-athlete's member school. We understand that if we submit a revocation, the student-athlete will no longer be eligible for participation in interscholastic athletics; provided, however, that revoking authorization to use the student-athlete's name, image, likeness, and athletic-related information will not affect eligibility.**

---

Student's Signature	Date of Birth	Grade in School	Date
Signature of Parent or Legal Custodian			Date

## 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



July 18, 2023

Dear Parents:

If your child participates in a Randolph County School System athletic program, he/she will be covered by the system's athletic insurance plan. The athletic insurance plan provides excess coverage, which means that your personal insurance is primary to the limits of your policy. Your student athlete is insured by the Intermediate Plan, which has specific limits relative to injuries. Please refer to page 3 of the attached schedule for the policy limits. Should you need to file a claim on behalf of your student athlete, the claim form and instructions are located on the RCSS website, under the Students/Families dropdown.

Please complete the form below and return it to your coach prior to the first practice.

Thank you.

---

I have received a copy of the schedule of benefits for the Intermediate Plan.

Personal insurance information:

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Student name: \_\_\_\_\_

Parent name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RANDOLPH COUNTY SCHOOL SYSTEM PHOTO, VIDEO, AND SCHOOLWORK RELEASE

---

---

I grant the Randolph County School System (RCSS) the unlimited right to use and/or reproduce photographs, likenesses, videos, or the voice of my child, and any schoolwork or other productions of my child in any legal manner and for the internal or external promotional and informational activities of the Randolph County School System and any individual schools within the Randolph County School System. I understand this release includes the right of the Randolph County School System to publish the above-stated material on the Randolph County School System website, Facebook pages, Intranet Web pages, any and all social media sites, RCSS yearbooks, and in any other RCSS publications, whether in physical print or electronic media, and to release the above-stated materials to news outlets and other media. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including, print, electronic and online media.

School Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

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

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

Parent/Guardian Name (Print): \_\_\_\_\_

**\*\*\*\*\*Note: This form relates to information not already authorized for disclosure by RCSS Board Policy 4700 Student Records. The Randolph County School System may continue to release directory information of any RCSS student, which includes names and photographs listed in school yearbooks, regardless of whether this form has been completed. Please complete the RCSS Opt-Out form if you wish to ensure that your child's directory information is not released.**



**As a student-athlete being treated by the Athletic Trainer, he/she has the right to:**

- Fair treatment regardless of age, gender, race, religion, sexuality, position, or participation level.
- Considerate and respectful treatment and care.
- A safe evaluation/treatment environment.
- Immediate on-site injury assessments with decisions made by a qualified sports medicine professional (Athletic Trainer).
- Receive education from the Athletic Trainer regarding the most up-to-date and evidence-based practices and information in athletic healthcare and safety.
- Complete and current information regarding his/her condition, treatment, rehabilitation, and prognosis in terms and language he/she can understand.
- Participate in the planning of his/her medical treatment and rehabilitation program.
- Confidential treatment of personal and medical records.
- Assurance of the Athletic Trainer's reasonable response to his/her requests.
- Contact the Athletic Trainer in person, by phone, or electronically with any questions or concerns.
- Expect continuity of care.

**In order to achieve the objective of providing quality medical care, each student-athlete has a responsibility to:**

- Be considerate and respectful of others, equipment/supplies, and use of time.
- Promote and practice safe participation in athletics, including proper equipment use, compliance with rules of the sport, practice of proper technique, etc.
- Report all injuries and illnesses as soon as possible; preferably within 24 hours.
- Turn in ALL doctor's notes to the Athletic Trainer as soon as possible. Failure to provide a doctor's note can result in participation restrictions.
- Follow the treatment and rehabilitation plan prescribed for him/her.
- Follow any additional instructions regarding prevention or recovery.
- Inform the Athletic Trainer of any reasons he/she cannot follow the treatment or rehabilitation plan.
- Report any changes in his/her condition to the Athletic Trainer
- Report to the Athletic Trainer daily for treatment until he/she is cleared for full participation.
- Arrive to treatments on time and communicate with the Athletic Trainer regarding any changes in their schedule within a reasonable time frame.
- Maintain an appropriate mode of communication agreed upon by the parent/guardian.

**As the Athletic Trainer, he/she has the right to:**

- Be treated with respect by student-athletes and their parents/guardians, coaches and administration regardless of age, gender, race, religion, sexuality, etc.
- Report any work-related concerns to the Athletic Training Manager.
- Contact other healthcare providers to obtain necessary medical information regarding a student-athlete's medical care, treatment, recovery and return to play status or restrictions.
- Administer emergency care/treatment to the student-athlete if consent cannot be given, IF it is in the best interest of said student-athlete (ie: away event).
- Prioritize their physical and mental health needs and seek appropriate medical care for him /herself.
- Refuse to provide treatment to a student-athlete if it would be a contraindication for their condition/injury or outside of their scope of practice.
- Be made aware of any schedule changes in a timely manner (preferably at least 24 hours notice).
- Remove him/herself from a hostile or unsafe environment.
- Request and discuss performance feedback

**In order to provide the optimal care, the Athletic Trainer has a responsibility to:**

- Respect the rights of the student-athlete, student assistant, coaching staff, administration, parents/guardians of student/athletes and other healthcare professionals.
- Follow standard operating procedures and best practices.

- Act in a professional manner.
- Advocate for the health wellbeing of the student-athlete population.
- Withhold student-athletes from participation due to risk of injury or concerns of infecting others.
- Deny over the counter medications to minors without permission from a parent/guardian.
- Comply with County/City policies and procedures and State regulations and report any infractions that may put student-athletes at risk.
- Report any significant issues or conflicts to the Athletic Training Manager and school Administration and seek appropriate and timely resolution.

#### **Athletic Trainer and Other Healthcare Providers**

- The Athletic Trainer works in conjunction with the team physician, local physicians, Emergency Services and other licensed healthcare providers.
- The Athletic Trainer will make appropriate medical referrals.
- The Athletic Trainer will activate the Emergency Action Plan when medically necessary and will collaborate with emergency personnel as needed.
- If a student-athlete is under the care of a physician, the physician determines return to play status. The student-athlete must have a written note from said physician to return to play.
- If the student-athlete is not under the care of a physician, the Athletic Trainer determines return to play status.
- Restrictions placed on the student-athlete by the physician will always be followed.
- When necessary, the student-athlete will be progressed into full participation as functional abilities improve. If the Athletic Trainer feels that continued play with injury is detrimental to the student-athlete, the student-athlete should remain under restriction. The Athletic Trainer may contact the treating physician for continued discussion.
- The Athletic Trainer and other healthcare providers should work together to ensure safe return to play for the student-athlete.

#### **Athletic Trainer and Parent/Guardian**

- It is the responsibility of the Athletic Trainer to contact the parent/guardian after the student-athlete has sustained a significant injury. A significant injury may be defined as an injury that causes change in normal function or participation status. This notification may be in person or by phone call.
- The parent/guardian should understand, if a student-athlete has been seen or is under the care of a physician, the physician determines return to play status. The Athletic Trainer is legally obligated to follow physician restrictions. The student-athlete **must** have a written note from said physician to return to play. Release of Liability or return with assumption of risk waivers will not be accepted for early Return to Play.
- The parent/guardian should understand that allowing injured student-athletes (under a physician's care) to play without physician clearance puts the Athletic Trainer and the school in a legally compromising position. The Athletic Trainer will act according to State laws and health care standards, including the NATA code of ethics and BOC Standard of Practice, and **WILL NOT** assume liability in the instance that a parent/guardian chooses to disregard physician recommendations. Without a return to play note, the student-athlete will not be allowed to participate.
- The Athletic Trainer will communicate with parents/guardians when functional deficits hinder full participation. When necessary, the student-athlete will be progressed into full participation as functional abilities improve. The Athletic Trainer may contact the treating physician for continued discussion.
- The Athletic Trainer and parents/guardians should work together to ensure safe return to play for the student-athlete.

I have read and understand the rights, responsibilities and relationships between Athletic Trainers, Student Athletes and Parent/Guardians.

Student Athlete Signature \_\_\_\_\_ Date: \_\_\_\_\_

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



EXHIBIT C

Form CONSENT, RELEASE AND WAIVER

Asheboro City Schools  
Randolph Health, Inc.  
Randolph Health Athletic Training

\_\_\_\_\_  
Participant's Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Name of Athletic Program(s)/Team(s)

As a parent or legal guardian of the above named Participant, I hereby give my consent to Randolph Health, Inc. d/b/a Randolph Health Athletic Training (RHAT) to provide sports medicine services to the Participant as part of his/her participation in the above mentioned Program(s) and any other Asheboro City Schools athletic program that the Participant may participate in from time to time. I understand that RHAT's services may include, but may not be limited to; screenings, physical exams, and athletic trainer services. I grant permission to RHAT's employees, agents or contractors to provide such services to Participant as deemed necessary by RHAT for any athletic injury prevention or treatment. I further grant permission for RHAT employees, agents or contractors to treat Participant for any injury or condition that arises out of Participant's activity in the Program(s).

I understand that RHAT's employees, agents or contractors providing such services may be athletic trainers and may not necessarily be physicians, medical doctors, or nurses. I understand that I retain the right to select the medical provider of my choice to provide health care for Participant at any time. I understand that the services provided by RHAT relate to athletic training services, and are not intended to be a complete medical examination. I further understand that the Program's activities are, by their nature, capable of causing injury to the Participant, and acknowledge that RHAT cannot prevent such injuries from occurring.

I hereby grant permission for Asheboro City Schools to notify RHAT of any pertinent injury that RHAT is unaware of so that RHAT can participate in any appropriate management thereof.

I hereby fully release RHAT, and all of RHAT's employees, agents or contractors, from any and all liability associated with the care, treatment, examination, or other health services provided to Participant as part of Participant's participation in the Program(s).

\_\_\_\_\_  
Authority or Relationship of Representative

\_\_\_\_\_  
Signature of Personal Representative / Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



EXHIBIT D

Form Authorization for Disclosure of Protected Health Information  
Randolph Health, Inc. and Randolph Health Athletic Training Authorization  
to Disclose Protected Health Information

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of School

I authorize Randolph Health, Inc. and Randolph Health Athletic Training (collectively "Providers") to use or disclose Protected Health Information to the following:

The School and any individual involved in the operation of the School's athletic programs in which Student participates, including without limitation coaches, referees, and athletic directors.

For the following purpose(s): To inform the above named individuals of sports health information, including but not limited, to injuries in treatment associated with the student.

Type of information permitted: Verbal or written protected health information related to the above purposes.

I UNDERSTAND THAT:

- The Protected Health Information used or disclosed under this authorization may be subject to redisclosure by the receiver and no longer protected by the Standards for Privacy of Individually Identifiable Health Information.
- I understand that treatment, payment, enrollment in a health plan or eligibility for benefits may not be conditioned on whether I sign this authorization.
- If I have any questions about the disclosure of my Protected Health Information, I can contact the Release of Information staff of Health Information Management Services at Randolph Health (336-625-5151).
- I understand that I may revoke his authorization in writing except to the extent that Providers have previously used or disclosed the Protected Health Information in reliance on this authorization. To revoke this authorization, I understand that I must deliver a signed written statement clearly stating that I revoke this authorization to Health Information Management Services, Randolph Health, 364 White Oak Street, Asheboro, NC 27204.

This authorization expires one year from date of signature or on: N/A.

\_\_\_\_\_  
Authority or Relationship of Representative

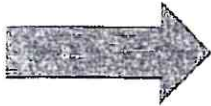
\_\_\_\_\_  
Signature of Personal Representative / Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

# NCHSAA Concussion Education Video

This year NCHSAA is **REQUIRING** a concussion education video in addition to the concussion information sheet that is included in our annual athletic packet. - While the video is shown from the point of view of only one sport it has great info for all our student-athletes!



*Please watch the video attached with your prospective student-athlete. After the video there is a Google Form that you and the student athlete need to complete.*

**Please note:**

- *If you try to skip ahead it will not give you the link to confirm completion.*
- *Do NOT automatically click the blue arrow buttons after the video (you will need to click or cut and paste the GoogleForm link to verify completion). If you are just hitting "forward" you may miss the chance to record your name as "completed".*
- *If you are a multi-sport athlete, click other option and type in both. If you are a parent/ guardian and a coach, click other and type in both. Etc...*
- *Another very helpful tip: If your last name does not match that of your student-athlete, please consider selecting "other" and typing in "parent/ guardian of \_\_\_\_\_" so the records will be easier to match.*

Throughout this process, you also have the option to help advance concussion education. There are short (~2 minute) surveys before and after the CrashCourse video. These surveys were designed to help improve NCHSAA's understanding of concussion education, and influence future education programs. These surveys are optional, but your input could improve the health and safety of all student athletes. Regardless of whether you participate in the survey, you will receive the same concussion education program.

You can access CrashCourse here (or use the included QR code)  
[https://stanforduniversity.qualtrics.com/jfe/form/SV\\_1FygP57fUX1cGY6](https://stanforduniversity.qualtrics.com/jfe/form/SV_1FygP57fUX1cGY6)



Looking forward to a fun, safe, and successful season ahead!