

## Middle School Students Working Out at High Schools

In order for 8<sup>th</sup> grade middle school students to work out at high schools prior to the end of their academic school year, the following form must be filled out and signed by the middle school student and parent/guardian.

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: M / F Date of Birth: \_\_\_\_\_ 19\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

High School (Per Office of Growth Management) \_\_\_\_\_

**Note: Attach a copy of your Student Assignment for the next school year. These are required to be mailed to you by May 15<sup>th</sup>.**

**Insurance:** The Wake County Public School System (WCPSS) does not carry accident or medical insurance to cover middle school students' accidental injuries or illnesses. A student accident insurance policy is available on an individual basis and covers accidental injuries that occur during school-sponsored activities. Application and purchase information can be obtained from your child's school. In addition, parents' insurance may also provide coverage for injuries to their child(ren). WCPSS Board policy (6720) addresses the insurance requirements for participating in specified activities.

**6720.1** Every student participant in a student activity, which requires accident insurance, shall:

A: Furnish proof of membership in the student accident insurance program, or

B: Furnish proof that compatible coverage is carried in another insurance policy.

**6720.2** Student activities requiring student activity insurance coverage are: A) Interscholastic athletic programs, B) Intramural athletic programs, C) Marching Bands, D) School Patrols, E) Cheerleaders, F) Groups making overnight trips or excursions.

Your child has indicated an interest in participating in a student activity, which requires accident insurance coverage. Please check **A** or **B** below to indicate the method by which the required coverage will be provided. A policy number is **required** for choice **A**.

\_\_\_ **A.** My child is adequately covered by accident and/or health and/or hospital insurance policy that is in effect during the present school year. This coverage is through:

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_ **B.** My child is enrolled in the WCPSS student accident insurance program. I understand that my child is covered upon receipt of the completed application and appropriate premium by WCPSS.

\_\_\_\_\_  
Verification of School Administration

\_\_\_\_\_  
Date

**Assumption of Risk:** It is understood and acknowledged that there is a risk of injury involved in athletic participation. The student athlete will be under the supervision and direction of a WCPSS athletic coach. Following the rules of the game and the instructions of the coach can reduce the risk of injury to the student and to other athletes. However, it is understood that neither the coach nor WCPSS 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.

**Medical Authorization**—As the parent or legal guardian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer.

**In order to participate in preseason conditioning, I understand that I must:**

- Meet all middle school eligibility requirements.
- Have a medical examination by a licensed physician within the past 365 days.
- Have accident insurance or WCPSS student accident insurance.
- Participate only at the high school that Office of Growth Management has assigned me according to my sole bona fide address listed on this form.
- Have notification from the Office of Growth Management of my high school assignment and attach a copy to this form. (These are required to be mailed to you by May 15<sup>th</sup>.)
- Follow all procedures set up by the high school coach.
- Provide my own transportation to and from this activity.

**Preseason Conditioning:** *Coaches should fill this portion of the form out indicating clear procedures (who is providing supervision, exactly what the conditioning will be, what it is for, where the conditioning will be, expected student conduct, where to meet each day, where to be picked up each day, and any other pertinent information).*

**Parental Permission:** I have read and reviewed the general requirements for middle school students to participate in preseason conditioning at the high school, and have discussed these requirements with my student athlete. I understand that this is not mandatory in order to try out for athletics next year. I understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal at the high school. I certify as a parent / guardian that the home address on this form is my sole bona fide residence, and I will notify the high school principal immediately of any change in residence since such a move may alter the eligibility status of my student athlete. All other information on this form is accurate and current. Providing false information on this form may cause the student athlete to lose athletic eligibility. In accordance with the rules of WCPSS, I have read, reviewed, completed (where necessary), and agree to comply with the requirements set forth in this document. This document is valid until the student athlete completes the 8<sup>th</sup> grade of middle school.

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Father's / Guardian's Signature                      Date

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Mother's / Guardian's Signature                      Date

**Student Athlete:** I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) / guardian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

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Student Athlete Signature                      Date