



# HARRELLS CHRISTIAN ACADEMY

## **Athletic Participation Information, Release, Waiver, Indemnity Agreement, and Covenant Not to Sue**

The sections below must be carefully read and signed by the applicant, parents and/or legal custodian in consideration of playing sports at Harrells Christian Academy.

I agree to allow my son/daughter to participate in athletics at Harrells Christian Academy. I have read and agree to comply with the rules and regulations set forth by the HCA athletic department and the HCA student handbook. I am aware that participation in sports at HCA is a privilege and not a right. In consideration of that, I am voluntarily executing this release, waiver, and indemnity agreement and covenant not to sue on behalf of myself, my children, heirs, executors, administrators and assigns.

I am aware that participating in any interscholastic sport, engaging in contact or not, involves the risk of INJURY and/or DEATH. In consideration of Harrells Christian Academy permitting my child to participate and play athletics, and to engage in all activities related thereto, I do for myself, my heirs, executors, administrators and assigns hereby voluntarily assume and understand all risks associated with participation and agree to release, waive, indemnify, covenant not to sue, exonerate and hold harmless, Harrells Christian Academy, its agents, servants, teachers, administrators, employees, coaches, volunteer parent coaches and Board of Directors, from any and all liability claims whatsoever that may arise on account of my child's injury or death as a result of participation in athletics at Harrells Christian Academy.

Furthermore, in consideration of Harrells Christian Academy allowing my son/daughter to participate in sports, I do for myself, heirs, executors, administrators and assigns agree to release, waive, indemnify, covenant not to sue, exonerate and hold harmless, Harrells Christian Academy, its agents, servants, teachers, administrators, employees, coaches, volunteer parent coaches and Board of Directors, from any and all causes of actions for injury or death, and any and all claims, including, but not limited to, negligence, gross negligence, wrongful death, compensatory damages, medical benefits, punitive damages, unfair and deceptive trade acts and practices, demands, costs, loss of service, emotional distress, expenses, compensation and any and all consequential damages on account of, or in any way growing out of, any and all personal injuries and/or death that may arise as a result of my son's/daughter's participation in sports while a student at Harrells Christian Academy.

I hereby declare and represent that my son/daughter is free from any injuries and has been cleared by a medical doctor with respect to participating in sports at Harrells Christian Academy. I understand that Harrells Christian Academy is not responsible for any exacerbation and/or activation of any congenital and/or medical conditions that my son/daughter may have, regardless of whether or not Harrells Christian Academy is and/or has been made aware of same. Furthermore, I understand that Harrells Christian Academy is not responsible for having any knowledge with respect to any medical condition concerning my son/daughter prior to and/or during my son's/daughter's participation in sports at Harrells Christian Academy. I further agree to release, waive, indemnify and covenant not to sue Harrells Christian Academy, its agents, servants, teachers, administrators, employees, coaches, volunteer parent coaches and Board of Directors for any and all claims and damages with respect to any

exacerbation and/or aggravation of any underlying congenital and/or current medical condition with respect to my son/daughter as it related to participating in sports at Harrells Christian Academy.

By signing, I hereby further state as a material representation to this release, waiver, indemnity agreement and covenant not to sue, that I agree to reimburse and indemnify Harrells Christian Academy, its agents, servants, teachers, coaches, volunteer parent coaches, administrators, employees, Board of Directors they, or any of them, may have to pay in the event litigation arises by any persons, firms, corporations or entities seeking damages as a result of my son's/daughter's participation in sports at Harrells Christian Academy.

I further agree that this release, waiver, indemnity agreement and covenant not to sue is intended to be as broad and inclusive as is permitted by that law of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have also read and understand Harrells Christian Academy's philosophy regarding athletics and understand that by my child participating in no way guarantees playing time. I understand the belief for success by our athletic department and its coaches and have no intention of hindering their means and will for success.

I further state that I have carefully read the foregoing release, waiver, indemnity agreement and covenant not to sue and know the contents thereof and I sign the same as my own free act and that I voluntarily executed the aforementioned document. I further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

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Parent / Legal Custodian Signature   /   Date

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Student-Athlete Signature   /   Date

Please sign and date this copy and keep for your reference. In addition, please complete the information under the **BLUE** heading on the white sheet included in this packet. ONLY the WHITE SHEET will be returned to HARRELLS CHRISTIAN ACADEMY.



# HARRELLS CHRISTIAN ACADEMY

## Student-Athlete Participation Requirements

### Student-Athlete Expectations and The Athlete's Code of Ethics

#### Student-Athlete Participation Requirements

- All student-athletes must maintain good moral character, and pass every academic course (maintaining a 60 numerical average or better). This will apply to all grading periods, both fall and spring semesters. Grades will be checked at the six week point of the grading periods and at the end of the 9 weeks grading period.
  - Student-athletes who are below the standards at either of these periods will sit out for two academic weeks and then will be reevaluated.
  - Student-athletes who have improved their grades to the standard will be reinstated to the team at the end of the two week probation.
  - Student-athletes who still are below the grade standard will continue to sit out of team activities and games until the next grade check.
- Excused absences are permissible if the student-athlete informs the coach prior to the practice or game.
- If a student-athlete misses a practice or game without prior consent from the coach or if the absence is unexcused, the head coach may sit the student-athlete out of the next game.
- Student-athletes must attend two or more classes in a day to be eligible to practice or play in a game on that day. Special exceptions may apply (doctor, funeral, etc.).
- Any student-athlete, who starts a sport and quits before the season is complete, will be ineligible to participate in athletics for one calendar year unless they are released by the head coach of the sport they quit. **(QUITTING POLICY)**
- All student-athletes must have a completed physical by a physician (DO, PA, NP) and have a completed physical form, participation form, and concussion form on file with the athletic office.
- All students must have an enrollment contract on file with the school before they are allowed to participate in any athletic activities. (Summer activities included.)
- Games and practices will be held during holidays/breaks. Student-athletes will be expected to participate during these times.
- Student-athletes must obey all rules found in the NCISAA Handbook.
- Student-athletes must obey all rules found in the HCA Student Handbook.

#### Student-Athlete Expectations

- Student-athletes are expected to know the rules for their sport and obey them.
- Student-athletes are expected to show respect to all officials, opposing players, opposing coaches and opposing fans. The head coach, the Athletic Director, and the Head of School have the authority to suspend a player from a game or multiple games if they feel the player has shown unsportsmanlike conduct.

## Student-Athlete Expectations - con't.

- Student-athletes are expected to know the NCISAA ejection policy found in the NCISAA Handbook.
- Student-athletes are expected to keep the locker room clean and neat.
- Throw all trash in the trashcan, pick up your clothes and other personal items off the floor, and take your dirty clothes home each day.
- Student-athletes are expected to take care of all equipment and uniforms issued to them by HCA. They are expected to return all equipment and uniforms to their head coach at the end of each season. If a student-athlete fails to return their equipment or uniform, he/she will be withheld from participating in their next sport and will not receive their report card until the equipment has been returned.

## The Athlete's Code of Ethics

Student-athletes are expected to follow the "Athlete's Code of Ethics." The "Athlete's Code of Ethics" states: Student-athletes are expected to...

- place academic achievement as the highest priority.
- show respect for teammates, opponents, officials and coaches.
- respect the integrity and judgment of game officials.
- exhibit fair play, sportsmanship and proper conduct on and off the playing field.
- maintain a high level of safety awareness.
- win with character and lose with dignity.
- refrain from the use of profanity, vulgarity and other offensive language and gestures.
- adhere to the established rules and standards of the game to be played.
- represent themselves and Harrells Christian Academy with honor, pride, proper conduct, and good sportsmanship.
- confine the competitiveness of the game to the field and behave properly on the sidelines and in the locker rooms before and after the games.
- comply fully with the rulings of officials.
- in no way, either by voice, action, or gesture show dissatisfaction with decisions made.
- respect the property and equipment of other schools.
- honor visiting teams and spectators.
- behave as honored guests when visiting other schools.
- refrain from the use of alcohol, tobacco, illegal and non-prescription drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, the Surgeon General of the United States, or the American Medical Association.
- recognize that actions on and off the field are reflections of the athletes, coaches, and Harrells Christian Academy.

Please sign and date this copy and keep for your reference. In addition, please complete the information under the **GREEN** heading on the white sheet included in this packet. **ONLY** the **WHITE SHEET** will be returned to HARRELLS CHRISTIAN ACADEMY.

***I have read and understand all of the regulations and expectations stated above.***

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Student-athlete signature and date



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Parent/Guardian signature and date

# 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 blackout 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 Feeling slowed down Difficulty concentrating Difficulty remembering new info.	Headache Fuzzy or blurry vision Nausea/Vomiting Dizziness Balance problems Sensitivity to noise or light	Irritability Sadness More emotional than normal Feeling nervous or anxious Crying more	Sleeping more than usual Sleeping less than usual Trouble falling asleep

Table 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 Independent Schools Athletic Association.

# HARRELLS CHRISTIAN ACADEMY

2020 - 2021 SCHOOL YEAR



## PARENT SIGNATURE AND AUTHORIZATION FORM

Athlete Information, Release, Waiver, Indemnity Agreement, Covenant Not to Sue

Parent(s) Name(s) \_\_\_\_\_

Student Name \_\_\_\_\_

Sport(s) your child intends to play \_\_\_\_\_

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

Physical Address (if different): \_\_\_\_\_  
(if not different, write N/A) \_\_\_\_\_

Phone Numbers: HOME - \_\_\_\_\_ WORK - (M) \_\_\_\_\_  
(F) \_\_\_\_\_

CELL - (M) \_\_\_\_\_ CELL - (F) \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_  
CELL - (1) \_\_\_\_\_ CELL - (2) \_\_\_\_\_

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Medical Insurance Company \_\_\_\_\_  
ID# \_\_\_\_\_ Group # \_\_\_\_\_

Parent/Legal Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student-Athlete Participation Requirements/Expectations Athlete's Code of Ethics

I have read, understand, and agree to abide by the regulations and expectations stated above.

Parent/Legal Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student-Athlete and Parent/Legal Custodian Concussion Statement

(If there is anything on this sheet you do not understand, please ask an adult to explain or read it to you.)

Student-Athlete Name (print) \_\_\_\_\_

*This form must be completed for each student-athlete even if there are multiple student-athletes in each household.*

Parent/Legal Custodian Name (print) \_\_\_\_\_

☐ We have read the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet. *(If true, please check the box.)*

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 Symptom Sheet.	

\_\_\_\_\_  
Signature of Student Athlete / Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian / Date





## NCISAA Pre-Participation Physical Form

Student/Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**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.**

**Student-Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent/Legal Custodian Directions:** Please make sure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about 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 "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed	Yes	No	Unsure
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, migraine, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-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 student-athlete ever had a heat related injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-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 student-athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-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 student-athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in their 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 student-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 student-athlete ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to 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"/> 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"/> Chest <input type="checkbox"/> Foot <input type="checkbox"/> Hip <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). a. Has the student-athlete had little interest or pleasure in doing things? b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>FAMILY HISTORY</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
24. Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting, or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother, or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here: \_\_\_\_\_

*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: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of student/athlete: \_\_\_\_\_ Date: \_\_\_\_\_



Student-Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP \_\_\_\_\_ ( % ile) \_\_\_\_\_ ( % ile) Pulse: \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Sports(s): \_\_\_\_\_

***\*Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)\****

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. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
- ☐ D. Not cleared for: ☐ Collision ☐ Contact ☐ Non-contact ☐ Strenuous ☐ Moderately strenuous ☐ Non-strenuous

Due to: \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_ (Please print)

Signature of Physician/Extender: \_\_\_\_\_ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

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, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 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 uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

**This form is approved by the NCISAA Sports Medicine Advisory Committee and the NCISAA Board of Advisors.**

