

Charlotte-Mecklenburg Schools
High School Student-Athlete Pre-Participation Form

**** Please take the time, read through the questions, and answer to the best of your knowledge.****

PERSONAL & EMERGENCY CONTACT INFORMATION

Name (First, MI, Last): _____ CMS Student ID # _____

Gender: ☐ M ☐ F Date of Birth: _____ Age: _____ Home Phone: _____

Parent(s) / Legal Guardian(s) Residing With: _____ Who has legal custody? _____

Father's Name: _____ Alternate Phone (Work or Cellular): _____

Mother's Name: _____ Alternate Phone (Work or Cellular): _____

Street Address: _____ Apartment / Unit # _____

City: _____ State: _____ Zip Code: _____

Family Physician/Pediatrician: _____ Phone: _____

Preferred Hospital: _____ Permission to Transport: ☐ Yes ☐ No

SPORT (*check all sports you are considering to participate in*)

FALL	WINTER	SPRING
<input type="checkbox"/> Football	<input type="checkbox"/> Men Basketball	<input type="checkbox"/> Baseball
<input type="checkbox"/> Men Cross-Country	<input type="checkbox"/> Women Basketball	<input type="checkbox"/> Softball
<input type="checkbox"/> Men Soccer	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Men Track
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Women Track
<input type="checkbox"/> Women Tennis	<input type="checkbox"/> Men Swimming / Diving	<input type="checkbox"/> Women Soccer
<input type="checkbox"/> Women Cross-Country	<input type="checkbox"/> Women Swimming / Diving	<input type="checkbox"/> Men Golf
<input type="checkbox"/> Women Volleyball	<input type="checkbox"/> Men's Indoor Track	<input type="checkbox"/> Men Tennis
<input type="checkbox"/> Women Golf	<input type="checkbox"/> Women's Indoor Track	<input type="checkbox"/> Men Lacrosse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Women Lacrosse

INSURANCE

School Board Policy (#5143) requires that all students who participate in athletics be adequately covered by medical or accident insurance. We acknowledge that it is the signed responsibility to notify CMS of any changes that occur to the personal insurance policy below and affect the procedures in which the above-named individual may receive treatment; this includes loss of coverage. We certify that we have purchased and will maintain in full force and effect during student-athlete's participation in athletics the following insurance policy:

Check One: ☐ School Accident Insurance ☐ Personal Insurance Company

Name of Insurance Company	Policy Number	Group Number
Insurance Phone for Authorization	Policy Holder	

RELEASE

In consideration of CMS allowing the above-named individual to participate in athletics, we agree to release and hold CMS, its athletic coaches, and other employees free, harmless and indemnified from and against any and all claims, suits, or causes of action arising from or out of injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence.

ASSUMPTION OF RISK

We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor CMS 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.

HIPAA / FERPA RELEASE

The above named student-athlete has opted his/her rights under the US Department of Health and Human Resources guidelines. By signing this release, the student-athlete allows sharing of medical information between the Sports Medicine Staff (team physicians and medical staff, athletic trainers, and student assistants), the CMS Athletics Staff (Athletic Director and Coaches), CMS Administration and his/her medical provider(s). In the event of an emergency situation, information may be shared with emergency medical personnel. Every reasonable effort will be made to protect this information. It is understood that once this medical information is disclosed, it is no longer protected under the HIPAA/FERPA guidelines.

PARENT / GUARDIAN SIGNATURE

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____