

Albemarle School



2021-22

Athletic Handbook

Albemarle School Athletic Guidelines

Introduction:

Welcome to the Albemarle School Athletic Program. Athletics teach so many life lessons such as dedication and commitment, self-discipline, teamwork, leadership, sportsmanship, dealing with success, and overcoming adversity. These life lessons are some of the many values of athletic participation. Participation in athletics provides a wealth of opportunities and experiences that enhance students' personal lives. Participation in the athletic program is purely voluntary and is a privilege, not a right. Since participation is voluntary, any student who desires to compete must be prepared to follow all rules and regulations governing athletics. Parents can have a major influence on their child's attitude about academics and athletics. The leadership role parents take will help influence the child and our community for years to come.

The Albemarle School Athletic program is concerned with the educational development of our young men and women through athletics and feels that a properly controlled, well-organized athletic program can meet student needs for self-expression, social, mental and physical growth. It is our intent to conduct a program that will enhance each student-athlete's personal growth.

A student-athlete who elects to compete in athletics at Albemarle School is voluntarily making a choice of self-discipline. For this reason, we stress the rules and regulations of good training habits. Failure to comply with the rules of training and conduct can mean exclusion from the team.

There is no place in high school athletics for students who are not willing to discipline their minds and bodies for rigorous competition. We are striving for excellence and expect that all players will strive to do their personal best for the benefit of the team.

Mission Statement

The staff, volunteers, and coaches of Albemarle School take great pride in our school and our students. We encourage all students to participate in extracurricular activities, and will support our students in any way possible. It is our goal to have quality athletic teams with respect for themselves and those around them. We believe that team loyalty and unity breed success. A student-athlete is a student first and an athlete second. Academic success is the ultimate goal.

Eligibility of Athletes

Age of Player - No student may be approved for any contest if his/her nineteenth (19th) birthday comes before August 1st of the current year.

Eight Semester Rule - A student upon entering grade 9 is eligible for competition on high school athletic teams for eight consecutive semesters. A student cannot participate in more than four seasons of any sport.

Parent Cooperation

Parents are expected to be supportive of the team and all coaching staff. Parents are expected to understand and respect the difficult decisions made by the coaching staff. Albemarle School recognizes that parents have a vital interest in the welfare of their child. Disagreements with coaching staff may occur but should be addressed respectfully. Parents/guardians are urged to make appointments with the coach to resolve any perceived conflict. Parents can appeal to the Athletic Director if the issue is not resolved to their satisfaction. If additional discussions are required, the parent/guardian has the right to appeal decisions to the Headmaster. Parents are expected to:

- Realize that athletics are a part of the educational experience, and the benefits of involvement go beyond the final score;
- Encourage our students to perform their best, just as we expect their best with their academic work;
- Participate in positive cheers that encourage our athletes, and discourage cheers that redirect that focus, particularly those that are intended to taunt and intimidate opponents, their fans and officials;
- Learn, understand, and respect the rules of the game and in particular, respect the officials who administer the rules;
- Respect the task our coaches face as teachers, and support them as they strive to educate our youth;
- Respect our opponents as student-athletes, and acknowledge them for striving to do their best;
- Develop a sense of dignity and civility under all circumstances.

Player Physicals - It is mandatory for each athlete to have a current doctor's physical form on file prior to the first practice of any sport season. The physical form may be one provided by Albemarle School or a form provided by a physician. If a form other than the Albemarle School form is used, the doctor shall indicate on the form any restrictions and/or any activities or sports he/she deems unsafe for the student. The form also needs to show any allergies, previous injuries, or illnesses that could be affected or triggered by athletic participation. These physicals are good for one year from the date received. Each coach will have a copy for practices and games for each athlete. A second copy will be filed in the school office in each student's current file. **No student will be allowed to participate in practice or competition until this document is obtained.**

Registration - Students MUST be registered for the upcoming school year to:

- try out or practice for a fall sport in the summer before school opens
- travel with a group to or from an athletic event or activity
- attend camps with Albemarle students or a group affiliated with Albemarle School which involves Albemarle School personnel

Attendance - An athlete must be in attendance for at least 85% of the previous semester at an approved school. Fourteen days absent in a semester makes a student ineligible. A student must also be "regularly enrolled," defined as at least one half of the minimum load in order to participate in a given semester. Class assignment as an office, teacher, library, or counselor assistant is not counted in the minimum load.

Academic Eligibility- All Albemarle School athletes must maintain an overall grade point average of 78 and be passing all classes to remain eligible to participate in the athletic program. The School Counselor will check all progress reports and report cards. At the end of a grading period (progress or report card), if an athlete's grades average to less than 78 or the athlete is failing a subject, the athlete will be put on probation. During this period, the student may still be active in athletics, but if by the next grading period (progress or report card) the average is not raised to the minimum requirement, the student will become ineligible. A student may regain eligibility at the issuance of the next report (report card or progress report) if the athlete meets the requirement (average of 78 with no failing classes).

Team Eligibility/Placement

- **Varsity** - Any student in grades 7-12 is eligible for a varsity sport. The eligibility extends to practice, season games, and any post-season participation (i.e.; state tournament).
- **Junior Varsity** - Any student in grades 7-10 is eligible for a junior varsity sport. This eligibility extends through the end of the season. (Special permission must be obtained from the Tarheel Independent Conference to allow 6th grade students to participate.)
- **Placement** - The coach is solely responsible for team placement. Placement is based on several factors such as: player experience, player ability, player potential, player attitude, team needs, etc. The coach's job is to develop the most effective team he/she can. The players' best interest will be taken into account as much as possible when determining team placement.
- If a parent/caregiver has concerns about a decision made by the coach of an athletic team, the issue should be addressed with the head coach. If the parent does not agree with the decision made by the coach, the parent then may contact the Athletic Director. If the situation is not satisfactorily resolved by the Athletic Director, the decision then may be appealed to the Headmaster. The concern may be expressed verbally or in writing.

Practice/Scheduling/Absences

Each coach will make their team aware of his/her tentative practice schedule(s) at the beginning of each sport as well as the consequence(s) of missing practice(s) and/or showing up late. Parents are asked to respect these schedules and consequences when planning appointments and trips in order to minimize the number of missed practices. If an appointment has to be scheduled during practice time, **the coach should be informed as soon as possible**. Students are not to miss any classes the day after a game. (Scheduled doctor's appointments will be the exception.)

Albemarle School will schedule no more than three athletic events per school week to allow athletes sufficient time to meet classroom expectations which includes completing missed assigned/examinations. School sponsored events are considered an excused absence for the duration of time designated by the Athletic Director. It is the responsibility of the student-athlete to see his/her teacher the day before the missed class(es) to receive the assignment information. The athlete is responsible for making up any assignments, tests or activities missed in a timely manner.

School Property

- **Uniforms** – Uniforms, unless otherwise expressed, are school property. They must be treated with care, following the cleaning instructions, storage, etc. These uniforms will be checked out to each athlete and recorded. Uniforms are not to be left in the gym or locker room unless they are in a bag or hanging neatly. At the end of each game, athletes are to remove all uniforms and personal items from the locker rooms. At the end of each season, the students will clean and return their complete uniforms. At no time will school- issued practice gear or game uniforms be allowed as Physical Education clothes.
- **Physical Property** - Any property damage due to horseplay or inappropriate behavior will be billed to the student(s) responsible. This includes, but is not limited to, light fixtures, ceiling tiles, basketball nets and rims, volleyball net, etc. Student athletic participation can be suspended until ALL damage/repair costs are paid in full.

Dress Code

Each coach will decide if the team will wear their uniform or follow the dress code below for away games. Athletes who travel to away games in uniform will wear the uniform as it was designed to be worn. Players will change to appropriate dress after they have completed their game provided that facilities are available to do so.

- **Men & coaches** – Collared shirt, dress or khaki type slacks, belt, dress or casual shoes. **Coaches may require additional dress code.**
- **Women & coaches** – Blouse or sweater with skirt, dress (both of appropriate length), or khaki type slacks. **Coaches may require additional dress code.**

Students attending athletic award ceremonies are expected to adhere to the above dress code. Dress for awards assemblies should exceed the daily school dress code. Students not adhering to the dress code may be excluded from receiving an award.

NOT ALLOWED: Sweatshirts (any type), sandals, flip-flops, basketball/tennis shoes, jeans, shorts or wind suits.

The administration reserves the right to prohibit a particular item of clothing or accessory if it is not specifically covered by a policy, but is perceived by the administration to be a distraction. Violations should be immediately corrected. Second offense violations of the dress code will result in the issuance of five demerits. Athletes are not to use phones during games or awards assemblies.

Sportsmanship

The top priority of the Albemarle School Athletic Department is to promote proper sportsmanship as it relates to student-athletes, coaches, parents/guardians, and spectators. We are dedicated to pursuing victory with honor, adhering to the rules of competition, and displaying the Six Pillars of Character (trustworthiness, respect, responsibility, fairness, caring and citizenship) on and off the playing field. The fundamentals of sportsmanship are:

- Perform in the classroom to perform on the court/field
- Missed assignments will result in no playing time
- Missed practice results in no playing time
- Show respect for the opponent
- Show respect for the officials
- Show respect for the coaches, coaching staff and volunteers
- Know, understand, and appreciate the rules of the competition
- Maintain self-control

The following behavior is unacceptable at all school contests:

- Berating your opponent's school or mascot
- Berating opposing players
- Obscene cheers or gestures
-

- Artificial noise makers
- Complaining about officials' call (verbally or with gestures)

Additionally, student behavior will be governed by the regulations in the Albemarle School Student and Parent Handbook.

- **Home Games** - Our opponents, their coaches, and their fans are guests of Albemarle School. They are to be treated with courtesy and respect. No gestures, actions, or verbal abuse will be tolerated from our players, coaches, or fans.
- **Away Games** - On the road, we are the guests. At no time will inappropriate language or behavior be tolerated. Any student responsible for any physical damage to the facility or its surroundings may be suspended or dismissed from the team, depending on the damage. Any repair costs will be billed directly to the student(s) responsible.

Failure to demonstrate good sportsmanship as indicated above could result in ejection from the event. It is the Albemarle School Athletic policy that any player who is ejected from a contest for unsportsmanlike behavior will be ejected not only the remainder of the current game, but the next contest as well. If the same player is ejected a second time from any contest, in any sport, in any season he/she will not be allowed to participate in the next two scheduled contests. If the same player is ejected for a third time, he or she will not be able to participate in any athletic event for a calendar year. If the unsportsmanlike ejection is in a playoff game, the ejected player/coach will be disqualified for the remainder of the playoffs. A Coach, the Athletic Director and/or the Headmaster has the authority to enforce the policy.

Any coach who is ejected from a game may not attend the next scheduled contest and will be fined. If the coach is ejected for a second time in any sport or season, he or she will not be allowed to attend the next two scheduled contests and will be fined. If the same coach is ejected for a third time, he or she will not be able to participate in or attend any athletic event for one calendar year. The game officials have the authority to eject the coaches, and the Athletic Director and/or Headmaster have the authority to enforce the policy and impose additional sanctions.

Player Safety

- No athlete may leave a playing facility at an away game without either being accompanied by an adult or prior permission from his/her parent(s) or legal guardian, **AND** permission from his/her coach. These guidelines are for the student's safety and include trips to the restroom, concession stand (if outside the facility), etc.
- The staff, volunteers, and coaches of Albemarle School are **NOT** responsible for any athlete that remains on the school property before or after the scheduled practice and/or game times unless prior arrangements have been made. Parents are expected to pick up/drop off each athlete at the time(s) scheduled by his/her coach.

Health Safety Considerations

Albemarle School does not want to have an athlete who is injured or impaired participating in practice or games. If a student-athlete has visited a physician for an illness/injury, the student will not be allowed to participate until the physician clears that student-athlete. If, during the course of a game or practice, a medical provider (EMT, athletic trainer, PA, nurse, or physician) deems an athlete unfit to continue, that player will not be allowed to continue. Coaches or players cannot overrule a decision made by a medical provider.

Meals

Due to the amount of time spent in traveling to and from away games, fast food restaurants will normally be patronized by all drivers. Drivers are to use their discretion in determining where the team will eat considering the amount of time needed to return to school. Coaches are also expected to notify parents of the expected return time to Albemarle School. Please ensure that your child brings enough money to cover their meals.

Policy of Discipline for Student-Athletes

The faculty and staff at Albemarle School encourage students to participate in athletics. Student-athletes represent Albemarle School, their families and the community; therefore it is essential that appropriate behavior is displayed. Each coach may set expectations for his/her sport that go beyond the following consequences:

1. A student-athlete will not be allowed to participate or practice on the day he/she is in ISS (In-School Suspension), ASD (After-School Detention) or OSS (Out-of-School Suspension).
2. A student-athlete found to be possessing and/or under the influence of tobacco, alcohol or any illicit drug while on or off campus may be suspended from participation for a period of up to 180 school days.
3. A student-athlete found to be in possession of a weapon while on campus may be suspended from participation for a period of up to 180 school days.
4. A student-athlete found to be participating in an assault, theft, threat, or violent act on or off campus may be suspended from participation for a period of up to 180 school days.
5. A student-athlete charged with an offense in a court of law may be suspended from participation for a period of up to 180 days.
6. A student-athlete who commits a second offense of #2-5 may be suspended for the remainder of his/her high school career.
7. A student-athlete convicted of a felony will lose his/her eligibility for the remainder of his/her high school career.

Concession/ Gate Duty for Home Games

Home games require many people to assist in the concession stand, at the gate, and for set up/ cleanup of the facility. To ensure that these responsibilities are shared by all, parents of student-athletes will be required to volunteer for two home dates per season. Parents will receive two PPP hours for each date they complete. Parents will also have the option of providing someone to work in their place; however, no PPP hours will be counted. Parents who do not complete concession duty will have four PPP hours added to their yearly total for each missed date.

Parent and Student Contract

(Please return the signed page to the coach or athletic director before the first competition/match/game, etc. with Albemarle School.)

Being a member of an Albemarle School athletic team is a privilege. This achievement carries with it certain traditions and responsibilities that must be maintained. A great athletic tradition is not built overnight; it takes the hard work of many people over many years. As a member of an Albemarle School athletic team you have inherited a wonderful tradition which you are challenged to uphold. Our athletes from Albemarle School will be judged by your actions and deeds. We desire to win, but only with honor to our athletes, our school and our community.

Responsibility to Yourself

The most important of these responsibilities is to broaden and develop strength of character. You owe it to yourself to derive the greatest benefit from your school experience. Your academic studies, your participation in other extracurricular activities as well as in athletics, prepare you for life as an adult. Work hard to fulfill your potential and be the best you can be.

Responsibility to our School

Another responsibility you assume as a team member is to our school. Albemarle School cannot maintain its position as having an outstanding school unless you do your best in the activity in which you engage. By participating in athletics to the maximum of your ability, you are contributing to the reputation of our school. You assume a leadership role when you are on an Albemarle School athletic team. The student body and citizens of your community know you. You are on stage with a spotlight on you. The student body, the community and other communities judge our school by your conduct and attitude, both on and off the field.

Responsibilities to Others

As a team member you bear a responsibility to your coaches and teammates. You must aspire to live up to all the training rules, you must practice to the best of your ability every day, and you must play the game with "all out" effort. Doing so will develop self-respect and earn the respect of your coaches and teammates.

Student Attestation: I have read, understand, and shall comply with the requirements of the **Albemarle School Athletic Guidelines** while I am a member of an athletic team at **Albemarle School**. I understand the consequences of my actions if I am unable or unwilling to meet all expectations set forth.

Parent Attestation: I have read the following updated Athletic Handbook and shall do everything possible to help guide my son/daughter to abide by these rules.

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date

Albemarle School

*1210 US Highway 17 South
Elizabeth City, NC 27909*

Medical Release Form

I hereby give my permission for _____ to receive emergency
(Student's Name)

Medical treatment in the event that this need arises. I prefer that the attending physician be:

In case he/she cannot be present, any physician or paramedic is hereby authorized to provide necessary treatment. This will be in effect until notified to the contrary.

_____ is covered by _____
(Student's name) (Insurance company)

(Policy Number)

_____ (Date)
(Parent/Guardian Signature)

_____ (Work phone)
(Home phone) (Cell phone)

Note: Should your child become seriously ill or injured, Albemarle School will make every effort to contact you. However, in the event that we cannot locate you, the above form will give us permission to have emergency treatment provided.

Albemarle School

Transportation Consent & Waiver Form

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY ATHLETIC EVENTS THAT REQUIRES TRAVEL. BY SIGNING THIS FORM, THE PARENT/GUARDIAN DECLARES THEY HAVE READ IT.

Participant Name: _____

(Please Print)

I hereby give consent for Albemarle School to provide my child, listed above, a method of transportation to and from all athletic events for the school year. I understand that this includes other parents, coaches, and/or employees of the school. I acknowledge and agree that:

1. There is risk involved in any and all travel that may include but is not limited to bodily injury and/or damage to self or property.
2. I am knowingly and freely assuming all such risk; and
3. Neither I nor anyone on my behalf will hold anyone else liable for any injury and/or damages. I promise to hold harmless and not sue Albemarle School or any person(s) provided to transport my child to any/all athletic events for the current school year. Again, I realize that this includes other parents, coaches, and/ or employees appointed by said school.

(Parent/Guardian Signature)

(Date)

(Printed Name)

(Relationship to Participant)

ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

In consideration of being permitted to participate in any way in any Albemarle School activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. I FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE 'RELEASES' NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Albemarle School, related affiliated and subsidiary companies, as well as the officers, directors, agents, employees and assigns of each, and Albemarle Schools coaches, officials, administrator, members, volunteers, participants, sponsors, advertisers, and if applicable owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by Albemarle School (each considered one of the 'RELEASES' herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Release's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

AGREEMENT TO PARTICIPATE

I, or we, grant to the Directors, Coaches, Volunteers of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child(ren) route to or from or at the site of an Albemarle School event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary, by competent medical personnel is authorized. I hereby authorize Albemarle School to allow the reproduction, dissemination and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in Albemarle School events and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name or likeness.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT _____

PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____

TEAM NAME: _____

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULTS OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

Phone: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

Albemarle School
School Transportation
Waiver & Release Form for Students

I, _____, hereby give permission to the following person(s) listed below to transport my child, _____, to and from any athletic/school related event for the school year.

School Year: _____

The following person(s) may transport my child:

I understand by allowing the above listed person(s) listed to transport my child to- from school related events, I agree to release Albemarle School and all employees, from and against any and all liability, loss, damages, claims or actions to the maximum extent permissible by law, arising out of such transportation.

(Parent/Guardian Name)

(Date)

(Parent/Guardian Name)



Albemarle School

"Inspiring excellence and character in a nurturing environment"



1210 US Highway 17 South
Elizabeth City, NC 27909-7631
Phone: (252) 338-0883
Fax: 252-338-1222

Volunteer Driver Application Form

Please note: A new Volunteer Driver Application Form must be completed each school year. This form applies to transportation for off-campus school related events for grades K-12.

Albemarle School often needs help transporting students to school related events (field trips, athletic games, etc.). The purpose of this form and required documentation is to protect Albemarle School's volunteers and students. If you are interested in helping transport any student (other than your own), please complete this form and submit:

- 1) **A copy of your driver's license**
- 2) **Proof of liability insurance (minimum requirements below)**
- 3) **A copy of your driving record**

All forms and related documents will be kept in a secure, confidential file in the front office.

- I understand that Albemarle School requires volunteer drivers to maintain a minimum amount of liability insurance in order to transport other students. The minimum requirements are: \$100,000 bodily injury liability per person, \$300,000 bodily injury liability each accident and \$100,000 property damage liability.
- I will advise the school of any changes regarding information provided with attached documents (driver's license, proof of liability insurance, driving record). Changes include but are not limited to: involvement in a car accident, nonrenewal of driver's license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, etc. Please notify the school in writing within 48 hours of these changes.
- I understand that in order to transport another Albemarle student, he or she must have a signed waiver in place that specifically lists me as an eligible driver.
- I have attached copies of my driver's license, proof of liability insurance and a copy of my driving record in order to complete this application.

I understand the above requirements and affirm the information provided on this form and in the attached documents are true and correct to the best of my knowledge.

Signed: _____ Date: _____

Driver's Name (print): _____

Phone: _____ Address: _____

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.

Student-Athlete & Parent/Legal Custodian Concussion Statement

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

Student-Athlete Name: _____

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

Parent/Legal Custodian Name(s): _____

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

After reading the information sheet, I am aware of the following information:

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 Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

■ PREPARTICIPATION PHYSICAL EVALUATION



HISTORY FORM pg. 1 – to be signed by the parent or legal custodian

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: M/F _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>



HISTORY FORM pg. 2 – to be signed by the parent or legal custodian

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

MALE QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain “Yes” answers here.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM —signed and dated by the LMP who performed the examination

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input type="checkbox"/>	

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM – to be signed and dated by the LMP

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the pre-participation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

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