

# Rowan-Salisbury Middle and High School Athletic Participation Form

NAME: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade \_\_\_\_\_

Student ID # \_\_\_\_\_ School Attended Last Year \_\_\_\_\_

Gender: M   F      Date of Birth: \_\_\_\_\_      Race: \_\_\_\_\_      Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

Legal Custodian: \_\_\_\_\_ Daytime Phone, Pager, Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

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

Alternate Emergency Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.**

**Convictions:** Check the box that applies to, \_\_\_\_\_ (student name):

**Is not convicted** of a felony in this or any other state **OR** **adjudicated** as a delinquent for an offense that would be a felony if committed by an adult in this or any other state

**Is convicted** of a felony in this or any other state

**Is adjudicated** as a delinquent for an offense that would be a felony if committed by an adult in this or any other state

**The following must be completed if the student is convicted of a felony or is adjudicated as a delinquent:**

Convicted or adjudicated of: \_\_\_\_\_

City and State: \_\_\_\_\_ Date Convicted/Adjudicated: \_\_\_\_\_

Description of Offense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Court Counselor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Request for Permission:** We, the undersigned student and the student's parent/legal custodian, apply for permission to participate in interscholastic athletics in the following sports: (Please check all sports that apply)

- |  |                                       |                                   |                                     |                          |
|--|---------------------------------------|-----------------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Football     | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> |
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Golf         | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> |
| <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Tennis   |                                     | <input type="checkbox"/> |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer       | <input type="checkbox"/> Track    |                                     |                          |

\*Weight lifting may be required component of conditioning for any sport.

**Insurance:** Insurance coverage is required. Please complete the information below to verify coverage. R-SS Schools participate in a catastrophic insurance program through the North Carolina High School Athletic Association. The coverage offered under policy is not meant to replace the basic football or student accident and athletic coverage, but rather is intended to provide benefits for student participants as well as to protect schools against costs arising from very serious injuries.

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

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

Class of \_\_\_\_\_