North Carolina Christian School Association

LIABILITY WAIVER AND CONSENT TO PARTICIPATE PACKET

This Combined Liability Waiver and Consent to Participate Form must be completed and signed by the parent or guardian, and where applicable, the student, for each student before participation in any NCCSA Athletics event. The original must be on file in the school office or stored digitally by the school. If schools wish to use their own online platform when obtaining this form from parents/students, schools must use the complete and exact wording from this NCCSA form.

PARENT/GUARDIAN AND STUDENT ACKNOWLEDGEMENTS & CONSENTS

By signing below, the student and parent(s)/legal custodian acknowledge and agree to the following:

- Association Membership and Rules: We acknowledge that our school is a member of the North Carolina Christian School Association (NCCSA) and/or participates in events governed by its rules and regulations. We agree to adhere to all regulations that govern such interscholastic programs, including, but not limited to, Federal and State laws, local conference regulations, and those imposed by the NCCSA. We understand that local conference rules may be more stringent and agree to follow the rules of our school and the NCCSA and to abide by their decisions.
- Privilege of Participation: We acknowledge and understand that participation in interscholastic activities, including athletics, is a privilege, not a right.
- Understanding of Rules: We acknowledge that we understand all pertinent rules that apply to the student and the school.
- Inherent Risks of Participation: (Parents, legal custodians, or students who do not wish to accept the risks described should not sign this form.) We recognize that participation in interscholastic activities, activities, particularly athletics, involves some inherent risks for potentially severe injuries including, but not limited to: serious neck, head, and spinal injuries; serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system; serious injury or impairment to other aspects of the body; exposure to viruses or effects to the general health and well-being of the child; and in rare cases, death. It is impossible to eliminate all risks.
- Responsibility to Reduce Risk: Because of these inherent risks, the student and his/her parent(s)/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches/directors, follow a proper conditioning program (where applicable), and inspect their own equipment daily (where applicable).
- Authorization for Medical Treatment: Should the need arise, we authorize medical treatment while the student is under the supervision of the member school for an NCCSA event. We consent to medical treatment for the student following an injury or illness suffered during practice and/or an event/contest. We understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the parent(s)/legal custodian in the case of the student being a minor; but that, if necessary, the student will be treated and transported via any means, including, but not limited to, by ambulance to the nearest hospital. We further authorize the use or disclosure of the student's personally identifiable health information should treatment for illness or injury become necessary.
- Concussion Awareness: We understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, we understand that if the student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation. We also acknowledge that we have received and read the Gfeller-Waller Concussion Information Sheet (if applicable and provided by the school).
- Consent to Use of Name: We consent to the NCCSA's use of the herein-named student's name and activity-related information in reports of events/contests, awards, athletic-related announcements, promotional literature of the association, and other materials and releases related to interscholastic activities. The NCCSA is, however, under no obligation to exercise said rights herein.
- Consent to Disclose Eligibility Records: We further consent to the disclosure, by the member school, to the NCCSA, upon its request, of all records relevant to the student's eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence, and physical fitness.

Student's Name _____ Grade _____

Parent/Guardian's Signature _____

Parent/Guardian's Printed/Typed Name _____

Date _____

PARENT/GUARDIAN RELEASE AND INDEMNIFICATION

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges the North Carolina Christian School Association (NCCSA) along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any NCCSA-sponsored event that takes place at any location approved by the North Carolina Christian School Association.

The undersigned hereby assumes all risk of injury associated with any such event and fully indemnifies and holds harmless the NCCSA along with its agents, employees, directors, officers, assigns, and attorneys, from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the NCCSA along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any NCCSA-sponsored event that takes place at any location approved by the North Carolina Christian School Association.

This liability waiver/release applies to the following student:

Student's Name _____ Grade _____

School _____

School Address _____

Parent/Guardian's Signature _____

Parent/Guardian's Printed/Typed Name _____

Date _____

Notice to sponsoring school: *A parent or guardian of the named student must sign this document before such student can participate in any NCCSA-sponsored event.*

Digital Signature: Any signee who utilizes the digital signature format consents to using this method to sign this form and is legally bound to his/her acceptance of this form. The signee acknowledges that his/her electronic signature will have the same legal force and effect as a handwritten signature. The original, fully executed forms must be on file in the school office or stored digitally by the school. If schools wish to use their own online platform when obtaining the following information from parents, schools must use the complete and exact wording as provided by the NCCSA for all its components.

The NCCSA reserves the right to periodically perform random checks on schools to make sure their forms are current. Schools found out of compliance with these policies will be subject to a $250 fine.

NCCSA ATHLETICS PRE-PARTICIPATION EXAMINATION FORM

The health and safety of student-athletes participating in NCCSA Athletics is our highest priority. Before any student can participate in our athletic programs, they must undergo a pre-participation physical evaluation (PPE). This evaluation is a critical tool to screen for any potential health issues that could put your child at risk during athletic activity.

The NCCSA Athletic Pre-Participation Examination Form is available HERE, and this form (or the NCHSAA form) must be completed before the student-athlete participates in NCCSA Athletics. It consists of two essential parts:

1. **Health History (Page 1):** This section must be carefully completed and signed by both the student-athlete and a parent or legal guardian. Your honest and thorough answers provide the examining physician with the necessary information to assess your child's health. Please be aware that failing to disclose accurate information may jeopardize your child's safety.
2. **Physical Examination & Clearance (Page 2):** This section must be completed, signed, and stamped by a licensed physician (MD/DO), nurse practitioner (NP), or physician assistant (PA) who performs the physical examination. This medical professional will provide the final clearance for your child's athletic participation.

By signing below, you are:

- Confirming that all the health information that will be provided is complete and correct to the best of your knowledge.
- Giving your consent for a licensed medical professional to conduct the physical examination.
- Giving your permission for your child to participate in sports, pending medical clearance from the physician.
- Confirming that the NCCSA Athletic Pre-participation Examination Form will be completed before the student-athlete participates in NCCSA Athletics.

Please ensure the fully completed and signed two-page form is submitted to the school office. No student will be permitted to practice or compete until a valid physical evaluation form is on file.

Student's Name _____ Grade _____

Parent/Guardian's Signature _____

Parent/Guardian's Printed/Typed Name _____

NCCSA ATHLETICS STUDENT ACCIDENT OR MEDICAL INSURANCE ACKNOWLEDGEMENT

All NCCSA student-athletes who participate in any NCCSA athletic event must be covered by either: 1) the school's student accident plan or 2) their parent/guardian's medical insurance plan. Each school must have on file proof of coverage for all student-athletes who are enrolled in the school's student accident plan or their parent/guardian's medical insurance plan prior to participating in any NCCSA athletic contest.

By signing below, you are confirming that your student-athlete is covered by the school's student accident plan or covered by the parent/guardian's medical insurance plan.

Student's Name _____ Grade _____

Parent/Guardian's Signature _____

Parent/Guardian's Printed/Typed Name _____

GFELLER-WALLER NCCSA STUDENT-ATHLETE & PARENT/GUARDIAN CONCUSSION INFORMATION SHEET

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 the brain not working as it should and may or may not cause a loss of consciousness (passing out). A concussion can occur from a fall or a hit to the head or body that causes the head and brain to move rapidly back and forth.

How do I know if I have a concussion?
There are many signs and symptoms you may experience following a concussion. A concussion can affect your thinking, how your body feels, your mood, or your sleep. Here are signs to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly Difficulty concentrating Taking longer to figure things out Difficulty remembering new information	Headache Sensitivity to noise or light Fuzzy or blurry vision Feeling sick to your stomach/queasy Dizziness Vomiting/throwing up Balance problems	Irritability (things bother you more easily) Sadness Feeling nervous or worried Being moodier Excessive crying	Sleeping more than usual Feeling tired Sleeping less than usual Trouble falling asleep

Table is adapted from the Centers for Disease Control and Prevention (https://www.cdc.gov/heads-up/signs-symptoms/index.html)

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?
You should be particularly concerned if you have a headache that gets worse over time, are unable to control your body, throw up repeatedly, feel increasingly sick to your stomach, or if your words are coming out slurred or jumbled. If you experience any of these, you should let an adult like your parent, 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 after a concussion, you may have long-term trouble remembering things or paying attention, headaches may last for 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, parents, and any medical personnel 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 make the decision on when you should return to activity, practice, or play. 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.

This information is provided to by the UNC Matthew Gfeller Sport-Related TBI Research Center, the North Carolina Medical Society, the North Carolina Athletic Trainers' Association, the Brain Injury Association of North Carolina, the North Carolina Neuropsychological Society, the North Carolina High School Athletic Association, the North Carolina Independent School Athletic Association, and the North Carolina Christian School Association.

GFELLER-WALLER NCCSA STUDENT-ATHLETE & PARENT/GUARDIAN CONCUSSION STATEMENT FORM

Instructions: The student-athlete and the parent or legal guardian must initial each statement to acknowledge that they have read and understood it. The student-athlete should initial in the left column, and the parent or legal guardian should initial in the right column. Some statements apply only to the student-athlete and should be initialed only by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the same household.

Student's Name _____ Grade _____

Parent/Guardian's Printed/Typed Name _____

Student Initials		Parent/Guardian Initials
	A concussion is a brain injury which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear 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), parent(s)/ legal custodian(s), or medical professional about the concussion.	N/A
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or 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 a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, even if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if a 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 listed on the Student-Athlete & Parent/Guardian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	
	I have read the concussion symptoms listed on the Student-Athlete & Parent/Guardian Concussion Information Sheet.	

Parent/Guardian's Signature _____

Student's Signature _____ Date _____

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES INFORMATION FOR STUDENT-ATHLETES AND PARENTS/LEGAL CUSTODIANS

What is sudden cardiac death in the young athlete?
Sudden cardiac death is the result of an unexpected failure of proper heart function, usually during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automatic external defibrillator (AED).

How common is sudden death in young athletes?
Rare. About 100 such deaths are reported in the US per year. The chance of death occurring to any individual high school athlete is about 1 in 200,000/year. Sudden cardiac death is more common in males than females; in football and basketball than in other sports; and in African Americans than in other races and ethnic groups.

What are the most common causes?
Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pump blood to the brain and the body. This issue is called ventricular fibrillation and is caused by one of several cardiovascular abnormalities and electrical diseases of the heart that may go unnoticed in apparently healthy athletes. The most common cause is hypertrophic cardiomyopathy, which is a disease of the heart with abnormal thickening of the heart muscle which can cause rhythm problems and blockages to blood flow. This is a genetic disease that may run in families and gradually develop over many years. The second most common cause is congenital abnormalities of the coronary arteries in which the blood vessels supplying the heart are formed abnormally. Other causes include myocarditis (inflammation of the heart, usually due to a virus), dilated cardiomyopathy (enlargement of the heart, often for unknown reasons), long QT syndrome and other electrical abnormalities of the heart, and Marfan syndrome (an inherited disorder involving abnormalities of the heart valves and major arteries, often seen in unusually tall athletes).

Are there warning signs to watch for?
Yes, in more than one third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. These include:

- History of a heart murmur
- Chest pains, at rest or during exertion
- Fatigue or tiring more quickly than peers
- Dizziness or lightheadedness, especially during exertion
- Fainting, seizure, or convulsions during physical activity
- Being unable to keep up with friends due to shortness of breath (labored breathing)
- Fainting or seizures during emotional excitement, emotional distress, or being startled
- Palpitations--awareness of the heart beating unusually (skipping, irregular, or extra beats) during athletics or cool-down periods after athletic participation
- Family history of sudden death during physical activity or during a seizure
- Family history of sudden, unexpected death before age 50
- Family history of cardiac or aortic disease under 50 years of age

When should a student-athlete see a heart specialist?
If the primary care provider or school physician has concerns, referral to a pediatric cardiologist is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram (ECHO), which is an ultrasound of the heart to allow for direct visualization of the heart structure, may also be done. Other possible tests include a treadmill exercise test and monitor to enable longer recording of heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented through proper screening?
A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. That is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. That is why screening evaluations and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

SUDDEN CARDIAC ARREST AWARENESS 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's Name _____ Grade _____

Parent/Guardian's Printed/Typed Name _____

☐ We have read the Student-Athlete and Parent/Legal Custodian Sudden Cardiac Death in Young Athletes Information Sheet.

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

Student Athlete Initials		Parent/Legal Custodian Initials
	Chest pain with exercise should be reported to my parents, my coaches, or a medical professional if one is available.	
	Dizziness, lightheadedness, or fainting with exercise or just after exercise should be reported to my parents, my coaches, or a medical professional if one is available.	
	Palpitations (skipping, irregular or extra beats) during athletics or cool-down periods after athletic participation should be reported to my parents, my coaches, or a medical professional if one is available.	
	A history of murmur or other known cardiac abnormalities should be reported as a part of the pre-participation sports physical.	
	A family history of sudden, unexpected death before age 50 or inheritable cardiac disease should be reported as a part of the pre-participation sports physical.	
	I/my child will need written permission to participate in athletics from a medical professional should warning signs or abnormalities be noted on pre-participation sports physical.	
	I realize that further testing for cardiac disease may be necessary if warning signs or abnormalities are noted on pre-participation sports physical.	

Parent/Guardian's Signature _____

Student's Signature _____

Date _____

VOLUNTARY NATURE OF CONSENT

We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the student's member school. By doing so, however, we understand that the student would no longer be eligible for participation in NCCSA events.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein-named student.

By signing this document, we acknowledge that any signee who utilizes the digital signature format consents to using this method to sign this form and is legally bound to his/her acceptance of this form. The signee acknowledges that his/her electronic signature will have the same legal force and effect as a handwritten signature. The original, fully executed forms must be on file in the school office or stored digitally by the school. If schools wish to use their own online platform when obtaining the following information from parents, schools must use the complete and exact wording as provided by the NCCSA for all its components.

Student's Name _____ Grade _____

Parent/Guardian's Signature _____

Parent/Guardian's Printed/Typed Name _____