

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Student- Athlete Initials		Parent/Legal Custodian(s) 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.	Not Applicable
	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.	Not Applicable
	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, 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 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 Legal Custodian 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.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian 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 your brain not working as it should. It may or may not cause you to black out 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	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted 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.

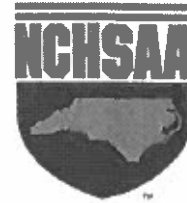
When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher 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 High School Athletic Association.



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

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"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

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 ^a <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"/>	

^a 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 of Examination: _____

Address: _____ Phone: _____

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

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

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 preparticipation 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 of Examination: _____

Address: _____ Phone: _____

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

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Pinnacle Classical Academy

"Ride and Driver Acknowledgment"

Dear Parent or Guardian:

As you know, Pinnacle Classical Academy is limited with our bus usage. PCA must use other means of transportation to get our students to and from different venues for different clubs, organizations, athletic events and/or miscellaneous events. In the event that a bus is not available, we may have to call on PCA staff members, or parent volunteers to carpool to the event. Please sign this document clearing PCA, staff of PCA or any parent volunteer of any and all liability due to an automobile accident.

• I agree and understand everything that is listed above and give my child permission to ride with a PCA staff member and/or parent volunteer to an event.

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____ Date: _____

Parent/Guardian:

PCA's athletic teams practice and play home games off campus. PCA will allow student-athletes who have their driver's license to drive to practices and games. This will only allow your student to drive by themselves. They will not be permitted to carry anyone in the car with them. If you permit your student to drive, please sign this document clearing PCA and the coaching staff of PCA of any and all liability due to an automobile accident. Along with this signed document, a copy of your student's driver's license is required.

• I agree and understand that everything that is listed above and give my child permission to drive to practice and games.

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____ Date: _____

PARENTAL PERMISSION

(Must be completed by parent or legal guardian)

I have read and reviewed the general requirements for school eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director, or coach.

I certify that the home address shown below is my sole residence and I will notify the school headmaster immediately of any change in residence, since such a move may alter the eligibility status of my student-athlete.

I further acknowledge that I must not falsify any official eligibility information such as residency, address, or birthdate. Penalty for such acts will result in loss of eligibility for 365 days. All other information contained on this form is accurate and current.

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of my student-athlete.

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____

Date: _____

Pinnacle Classical Academy

"Parent & Student Academic Agreement"

I understand it is my responsibility to maintain the proper GPA of 2.5 or higher, have a passing grade in at least 3 blocks, and all core classes to remain eligible for participation in any sport. It is the student-athlete's responsibility to seek out any classwork that may be missed due to early dismissals for games. I have read the Pinnacle Classical Academy Athletic Eligibility Policy and agree to abide by it.

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____

Date: _____

Athlete Signature: _____

Date: _____

Pinnacle Classical Academy

"Parent/Athlete Statement of Understanding"

I have read and understand the policies within the PCA athletic packet/handbook. I understand that in addition to the packet/handbook, coaches may have additional policies within their program they will enforce throughout the season. I agree to adhere to these policies and hold my student-athlete accountable to them.

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____

Date: _____

Pinnacle Classical Academy

"Parent Commitment Pledge"

Dear Parent/Guardian:

Parents are highly discouraged from approaching coaches after practices and games and agree not to discuss playing time, coaching strategies and other athletic matters. The coaching staff is not obligated to answer any question as it pertains to these items. Also, social media is not the place to talk about coaches, players, teams, etc. in any negative manner. Please schedule a meeting with the Athletic Director and/or coaching staff if you have other concerns.

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____

Date: _____

Pinnacle Classical Academy

"Eligibility Policy Statement of Understanding"

I have read and understand the Pinnacle Classical Academy Athletic Eligibility Policy. I agree to hold my son/daughter accountable for his/her schoolwork. I understand if they are below a 2.5 cumulative GPA, have a failing grade in any core class, or do not have a passing grade in at least 3 blocks they will not be permitted to participate/tryout in their sport.

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____

Date: _____

Athlete Signature: _____

Date: _____

PCA Athletics

Character Statement of Understanding

On behalf of the Western Piedmont Athletic Conference, we ask that as players, coaches, administrators, supporters, and fans of our schools that PROPER sportsmanship be shown by everyone at all times. This means that your behavior should be characterized as having a spirit of generosity and a genuine concern for opponents, officials, and players.

We consider UNSPORTSMAN-LIKE CONDUCT to be any of the following:

- *Abusive, profane, or vulgar language
- *Singling out and/or heckling players, coaches, and/or officials
- *Entering the playing surface for any reason

Exhibiting any of these, or any other unsportsmanlike behavior, could result in you being asked to leave the premises. Our goal is to have a safe and competitive environment for our student-athletes to compete in.

We appreciate your cooperation in adhering to the conference guidelines.

Thank you.

Parent Signature: _____

Date: _____

Athlete Signature: _____

Date: _____

Pinnacle Classical Academy

"Athletic Responsibility Acknowledgment"

Prior to participating in interscholastic athletics, each athlete must:

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the office of the Athletic Director.
2. Return the Athletic Responsibility Acknowledgement form, properly signed, to the Pinnacle Classical Academy Athletic Department.

As a Pinnacle Classical Academy student-athlete participating voluntarily in interscholastic athletics, I understand that:

1. I will abide by the Pinnacle Classical Academy student Code of Conduct, the school's Athletic Handbook, the coaches' team rules, and the rules of the North Carolina High School Athletic Association.
2. I will conduct myself in an exemplary social manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will not use or be in possession of tobacco, alcohol, or narcotics. If I do use any of these substances, am in the possession of such substance, or am suspended from school for the use or possession of these substances, I will be subject to disciplinary actions as outlined in the Athletic Handbook.
5. I acknowledge that I have been properly advised, cautioned and warned by the administrative and coaching personnel of Pinnacle Classical Academy, that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in athletics and to do so with the full knowledge and understanding of the risk of injury.
6. I, along with my parent or guardian, certify that I have read and understand all of the Pinnacle Classical Academy Athletics policies in the Athletic Handbook and in order to be eligible for participation, I must comply with the requirements listed.

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Pinnacle Classical Academy

"Student Athlete Code of Conduct Contract"

As student athletes, you are bound by a more strict moral and behavioral code than non student-athletes. As such, you will be responsible for conducting yourself in a manner above and beyond non student-athletes. If you choose to accept this responsibility, you and your guardian must sign this contract, and in doing so, you agree to abide by the consequences set forth below:

Every member of the Pinnacle Classical Academy Athletic Program has a duty to represent himself/herself, the team, and the school in the best manner possible. This applies to your behavior both in school and out of school. You are expected to avoid situations where you might be accused of wrong-doing. Being in the "wrong place at the wrong time" is not an excuse if you chose to be there in the first place. In-school discipline problems resulting in any type of disciplinary action such as lunch detention or suspension may result in dismissal from the athletic program. If there are any issues or questions regarding the suspension or dismissal of a student-athlete, a parent/guardian should reach out to the Athletic Director.

The following violations may also result in suspension or dismissal from the Pinnacle Classical Academy Athletic Program at the discretion of the Coach and approval by the Athletic Director at any time:

- 1. Using illegal drugs, alcohol, or tobacco at any time.*
 - 2. Allowing yourself to be in a situation, in school or away from school, where you are accused of/arrested for an illegal activity.*
 - 3. Missing practice (unless excused by the Coach).*
 - 4. Skipping class or school.*
 - 5. Poor sportsmanship*
 - 6. Harassment/bullying (verbal/physical/sexual/etc...) of another student or team member.*
 - 7. Any act (either in school or away from school) which in the opinion of the coaching and/or school administration, reflects in a negative manner on the Pinnacle Classical Academy Athletic Program.*
 - 8. Electronic communication (text, Facebook, Twitter, etc...) should be positive and should never negatively reflect on other teammates or coaching staff. If it is not positive don't post it.*
 - 9. Speaking or acting in a disrespectful manner towards coaches, teachers, classmates, teammates, or administration will not be tolerated.*
 - 10. A failing grade in a core class, a GPA lower than a 2.5, or failing more than one block.*
- By signing below, you affirm that you have read this and fully understand the rules set forth by this Contract. You are also stating that you understand that violations of the Pinnacle Classical Academy Athletic Program behavior policies could result in your being dismissed from the athletic program at any time.*

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Pinnacle Classical Academy as defined in the document above.

Parent Signature: _____

Date: _____

Athlete Signature: _____

Date: _____