

MCA ATHLETICS

FIERCE COMPETITORS WITH FIRST-CLASS SPORTSMANSHIP
ATHLETE'S INFORMATION & PARTICIPATION FORMS



Parent/Guardian Name(s)	Student-Athlete Name	Date of Birth
Street Address	Gender	Grade Level
City	State	Zip Code
Emergency Contact Name	Parent / Guardian Phone	
Home	Home	
Cell	Work	
Parent's Email Address:	Cell	
Parent's Email Address:	My Child has attended MCA since _____ Grade.	

PARENTAL PERMISSION

During the current school year, my child, _____ (name), has my permission to participate in the sports checked below.

- Baseball
- Basketball
- Cheerleading / Spirit Squad
- Cross Country
- Fencing
- Golf
- Soccer
- Softball
- Tennis
- Track & Field
- Volleyball

PHOTOGRAPHIC/VIDEO PERMISSION *Please check one of the boxes below.*

- I consent for Millennium Charter Academy to use photographs and videos of my child for use in school publications and by news media in school related coverage.
- I do not consent for Millennium Charter Academy to use photographs and videos of my child for use in school publications and by news media in school related coverage.

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Parent/Child's Insurance Company Name _____

Policy Number _____ Group Number _____

It is the responsibility of parent(s)/guardian(s) to notify the athletic director of any changes in insurance.

INFORMED CONSENT *Please check the boxes to the left after you have read and if you consent to each section.*

Risk of Injury

- I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of an MCA athletic coach. I will help insure that my child follows the rules of the sport and the instructions of the coach in order to reduce the risk of injury. I also acknowledge and understand that neither the coach nor MCA can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics. I agree to assume all risks, injuries, or damage to my child while participating in the MCA athletics, and I further agree to indemnify and hold harmless Millennium Charter Academy, Millennium Education, Inc., their agents and their employees, for any injury or damage to my child.

Medical Authorization

- As the parent or legal custodian of this student-athlete, I authorize Millennium Charter Academy, or its representatives, to seek appropriate medical attention for my child, including the right to authorize medical treatment in my absence. I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, I grant my permission to release medical information to the school and athletic trainer or first responder. I understand that I am financially responsible for all medical treatment.

Concussion / Head Injury

- I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized properly. Further I understand that if my child 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 in order for the student to return to participation.
- I have received, read, and signed the Gfeller Waller Concussion Information Sheet.

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

MUST BE SIGNED BEFORE PARTICIPATION

Student's Signature

Birth date

Grade in School

Date

Parent or Legal Custodian's Signature

Date

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STUDENT-ATHLETE'S HONOR CODE

As an MCA athlete, I will uphold the high ideals of this institution with integrity by honoring teammates, coaches, parents, and opponents on and off the field of competition. I will strive to demonstrate the MCA's Expectations that I am respectful, honest, compassionate, responsible, and courageous in my duties to my coaches and my team. In interscholastic athletics, I will compete fiercely and be committed to the greater good of the team. I realize that failure to comply may mean suspension or dismissal from the team.

Student-Athlete's signature _____ Date _____

EXPECTATIONS FOR PARENTS AND SPECTATORS

1. Ensure your child understands that win or lose, you love him/her.
2. Assist your child in setting realistic goals.
3. Emphasize "improving performance," not winning.
4. Emphasize academics first, athletics second.
5. Provide a safe environment for training and competition.
6. Show good sportsmanship at games and events.
7. Be a cheerleader for our child and other children on the team.
8. Respect your child's coaches. Communicate with them in a positive way, and encourage others to do the same.
9. Respect the officials at your child's game, and never approach an official after a game.
10. Be a positive role model for your child. Children do pay attention to your actions.

PARENTS' HONOR CODE

As a parent of a Millennium Charter Academy athlete, I agree

- ✓ To hold my child to the Athlete's Honor Code at and away from school
- ✓ To foster in my child, as will the Academy, the Expectations of respect, honesty, compassion, responsibility, and courage
- ✓ To treat all players (both MCA and opponents), coaches, and fellow parents with the utmost respect
- ✓ To uphold and adhere to the school's established values, policies, procedures, and expectations
- ✓ To refrain from profanity, derogatory remarks, demeaning cheers in reference to my child's athletic events
- ✓ To support my child and his/her teammates
- ✓ To have my child at designated practices and games
- ✓ I realize that failure to comply may mean suspension or expulsion from one or more games.

Parent/Guardian's signature _____ Date _____

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STUDENT-ATHLETE ELIGIBILITY

MCA Student-Athletes are required to maintain a C average (2.0 GPA) in ALL subjects in order to be eligible for interscholastic teams. Should the season cut across a change in quarters, the students-athlete cumulative grades for the year are used to measure eligibility for two weeks, and then bi-weekly based off of the quarter grade.

During each athletic season, student-athletes are required to submit their grades weekly to the teacher serving as the academic liaison for the team. Biweekly, the athletic director checks with the academic liaison for any who are ineligible. The Athletic Directors, in turn, enforces an automatic two-week suspension from game play for any student with a D or F. After that, once the grade is a C or better, the student-athlete may return to game play. Suspension does not initially affect practice; however, the Athletic Director, after getting approval from the headmaster, may invoke suspension from practice should the student-athlete appear to be abusing the intent of this guideline.

The first grade check will be on **FRIDAY, September 21** and then every two weeks.

MILLENNIUM CHARTER ACADEMY ATHLETIC PARTICIPATION GUIDELINES

A student-athlete must:

1. Adhere to MCA's behavior policies
2. Sign the Athlete's Honor Code
3. Maintain an average of "C" (70) or higher in each subject, grade being checked every two-weeks
4. Have no more than three (3) unexcused absences thus far in the school year
5. Have no more than three (3) suspensions in this academic year.
6. Be present for a minimum of 50% of the school day on the day of an athletic contest in order to participate in the event
7. Have received a medical examination by a licensed physician within the past 365 days. Physical form must be submitted to the Athletic Director yearly. (If you miss five or more days due to illness or injury, you must receive a medical release before practicing or playing.)
8. Be in 6th – 12th grades and no more than fifteen years old on or before September 1 to participate on middle school competitive teams and not have turned 19 years old on or prior to September 1 to participate on high school competitive teams.
9. Be within the stated age parameters for all sports and club level activities, e.g., in grades 6-12 to participate in cheerleading or in grades K-5 to participate in spirit squad, etc.
10. Be within the stated grade or age parameters, determined at the foundation of each club, to participate in athletic club activities.

Student-Athlete's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

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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 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.

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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

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EMERGENCY SPORTS MEDICINE RECORD

(to be carried by coaches on all away games)

STUDENT NAME: _____ DATE OF BIRTH: _____

PARENT(S)/GUARDIAN(S) NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT (PERSON OTHER THAN PARENT/GUARDIAN)

_____ TELEPHONE NUMBER: _____

NAME OF FAMILY DOCTOR: _____ TELEPHONE NUMBER: _____

HOSPITAL PREFERENCE: _____

INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____

CURRENT MEDICATIONS (If Any) _____

MEDICATION ALLERGIES (If Any) _____

PAST ILLNESSES AND DATES _____

PAST INJURIES AND DATES _____

Release For Emergency Medical Treatment

In the event of a serious illness or injury to my child, _____,
 I understand that every reasonable attempt will be made to contact me by phone. In the case that I cannot be reached, I grant the team coaches my permission to seek and provide necessary treatment by appropriate and competent physicians, all in the best interest of my child.

Parent of Guardian Signature: _____ Date: _____