

## ATHLETIC PARTICIPATION

(to be completed by the student-athlete)

School Year \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

This is my \_\_\_\_\_ consecutive semester at Charlotte Catholic High School, and I entered the ninth grade in \_\_\_\_\_ of 20 \_\_\_\_\_. Last semester, I attended \_\_\_\_\_ School and passed \_\_\_\_ (number) courses. I have also not been convicted of a felony or an act that would have been a felony if I were not classified as a juvenile.

I certify that the above information is correct, that I have read the summary of NCHSAA eligibility rules and that I agree to abide by those standards and those of my school.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment, and strict observance of the rules, injuries are still a possibility, and on rare occasions these can be so severe as to result in total disability, paralysis, or even death. It is impossible to eliminate this risk.

Date \_\_\_\_\_

Student-Athlete's Name \_\_\_\_\_

Student-Athlete's Signature \_\_\_\_\_

(continue on reverse)

## Parental Permission

(to be completed by the parents or guardian)

I have read and reviewed the general requirements for high school athletic 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 as parents shown on the reverse is my sole bona fide residence and I will notify the school principal immediately of any changes in residence, since such a move may alter the eligibility of my student-athlete. All other information contained on this form is accurate and current.

I also acknowledge that there is certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment and strict observance of the rules, injuries are still possible, and on rare occasions these can be so severe as to result in total disability, paralysis, or even death. It is impossible to eliminate this risk.

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of the student-athlete named on the reverse for the activities NOT MARKED OUT BELOW:

BASEBALL	GOLF	SWIMMING
BASKETBALL	INDOOR TRACK	TENNIS
CROSS COUNTRY	OUTDOOR TRACK	VOLLEYBALL
FOOTBALL	SOCCER	WRESLTING
SOFTBALL	CHEERLEADING	

OTHERS (school may list)\_\_\_\_\_

Date\_\_\_\_\_ Parent's or Guardian's Signature\_\_\_\_\_

Student Name\_\_\_\_\_

NOTE: This statement should be on file in the principal's office and is valid for one school year only.
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