

Exhibit A

ATHLETIC PARTICIPATION FORM / 2008- 2009

X
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Please Print

Name: Gabriel King Home Phone: _____

Gender: M Date of Birth: 02-02-91 Race: African American Age: 17

Father's Name: James Hughes

Daytime Phone: _____ Pager: _____ Cell Phone: _____

Mother's Name: Patricia Hughes

Daytime Phone: _____ Pager: _____ Cell Phone: _____

Email: _____

Street Address: 3059 Pisgah place apt C County: [scribble]

City: Greensboro State: NC Zip Code: [scribble] 27407

Alternate Emergency Contact Person: _____ Day Ph _____ Cell Ph _____

Please indicate Medical Alerts such as allergic reactions, contacts, etc, and attached documentation:

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: _____

This is my 5th consecutive semester at Page High School, and I entered the ninth grade in the fall of (yr.) _____. Last semester I attended Page High School and passed 6 (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 a juvenile.

Request for Permission:

We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports: (Please check all sports that apply.)

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

Summer Camp Participation and Other Additional Costs

Student Athletes may choose to participate in summer camps or other activities that are at an additional cost to the family. Please be aware that costs incurred for summer participation are strictly voluntary and are in no way a requirement to be a part of a team. The same is true of team shoes, warm-ups and etc. The student's family may choose to purchase these items, but none of these purchases are a requirement. The school assumes no liability for the purchases of equipment or instruction that any family may choose to purchase for a student athlete.

ance:
rd County Schools (GCS) furnishes an Interscholastic Athletic Insurance Policy which provides limited benefits for all students in the system who ipate in high school sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for students with other ance coverage. The GCS provided policy pays only when other benefits have been exhausted. In cases in which a student has no other insurance age with either a commercial insurance agency, Medicare or Medicaid, the GCS athletic insurance policy is the primary policy with limits.

ir son or daughter should be injured while participating in a high school sponsored or supervised interscholastic athletic event, the following dures must be followed to process a claim under the insurance provided by GCS.

- Pick up a claim form at your school.
- See a physician within 30 days of the injury.
- Complete and submit the Accident Claim Form. The claim form must be filed with the insurance company within 30 days of the injury and should include the Explanation of Benefits form from your primary insurance carrier. Please list below the name of your primary insurance carrier and policy number.

Etnes

Name of Insurance Company

Policy Number

of Injury

(the signed below) acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student te will be under the supervision and direction of a GCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in to reduce risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor GCS can eliminate sk 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 1. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

of Sportsmanship:

ocognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. y effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A player is under the coach's ol from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic ciation Handbook will be adhered to for any athlete ejected from an athletic contest.

act your Eligibility; Know the Rules: To represent your school in Athletics, YOU:

- Must be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester, and must be in regular attendance at that school.
- Must not be 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.
- Must not have more than 13.5 total absences (85% attendance requirement) in the semester prior to athletic participation.
- Must not have exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering grade nine (9).
- Must not have graduated from high school
- Must be less than 19 years of age on or before October 16.
- Must live with your parents or legal custodian within the Guilford County School System administrative unit.
- Must be present at school on the day of an athletic contest in order to participate in the event. This includes games and practices.
- Must have passed a minimum of five courses during the semester prior to athletic participation and must be on academic track to graduate.
- Must have received a medical examination by a licensed physician within the past 365 days. If you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing.
- Must not accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
- Must not have signed a professional contract, have played on a junior college team, or be enrolled in college. This does not affect a regularly enrolled high school student who is taking a college course(s) for advanced credit.
- Must not participate in unsanctioned all-star or bowl games.
- May not receive team instructions from your school's coaching staff during the school year outside your sports season. Instruction is limited to the coach and one or multiple participants in small group settings that meet NCHSAA rules allow for off season skill development sessions.
- May not, as an individual or a team, practice or play during the school day.
- May not play, practice or assemble as a team with your coach on Sunday.
- May not dress for a contest, sit on the bench, or practice if you are not eligible to participate.
- Must not play more than three (3) games in one sport per week (exceptions: Baseball, Softball, Cheerleading, and Volleyball); and not more than one (1) contest per day in the same sport (exceptions: Baseball, Softball, Cheerleading, or Volleyball).

NCHSAA Regulations Student Athlete Pledge:

As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of Page High School, GCS, Metro 4A Athletic Conference, and the NCHSAA, and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Parent Pledge:

As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by Page High School, GCS, Metro 4A Athletic Conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

NCHSAA Sportsmanship/Ejection Policy:

We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an official.

- 1st ejection: 2-game suspension in all sports *except* one (1) game for football.
- 2nd ejection: Suspended for remainder of sport season.
- 3rd ejection: Suspended for ALL athletic competition for 365 days from date of 3rd ejection.

Transportation for Athletic Events:

If student transportation is by a Guilford County System-owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the North Carolina state required insurance coverage.

All student athletes who travel with a team to an away athletic event must return to the school with the team. The only exception to this policy is when both the coach and parent/guardian agree that it is beneficial for the student athlete to ride home with the parent/guardian and written documentation must be provided by the parent/guardian. Student athletes are not to ride home from athletic events with any other person.

Medical Authorization:

Permission is hereby given to Page High School and its authorized medical doctor and / or certified athletic trainer personnel to proceed with any needed medical treatment, x-ray examination, and minor surgical treatment for the above named individual. In the event of serious injury or illness, I understand that an effort will be made by the attending physician or certified athletic trainer to contact me. If the physician is unable to communicate with me, the treatment necessary in the best interest of the above individual may be given. I consent to allow the above name student-athlete to receive first aid treatment, physical therapy and any medical practices deemed necessary by the team physician or certified athletic trainer and sports medicine personnel for the treatment of athletic and non-athletic conditions

We certify that the home address shown in this document file is my sole bona fide residence, and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information contained in this form is accurate and correct.

We, the undersigned student and parent/guardian, have read this document permitting this student to participate in the GCS Athletic Program and understand all of these requirements for athletic participation at our high school, and agree to comply with the requirements set forth in this document and each team's individual team policies.

Student: *Makayla King*
(Signature)

Date: 7-29-08

Parent/Guardian: *Patricia Hughes*
(Please Print)

Date: 7-29-08

Parent/Guardian: *Patricia Hughes*
(Signature)

Date: 7-29-08

Additional Information: _____