

Leesville Road High School  
Athletic Department  
**Student-Athlete Traveling Information Form**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Year: \_\_\_\_\_

Name: \_\_\_\_\_ Class of: \_\_\_\_\_  
(Last) (First) (Middle)

Gender: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Sec. # \_\_\_\_\_ School ID#: \_\_\_\_\_

**Parent / Legal Custodian Information:** (Social Sec. # Optional)

Father's Name \_\_\_\_\_ Father's Work # (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Father's Cell / Pager # (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work # (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Mother's Cell / Pager # (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ County: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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**Athlete Medical Information:**

1. Are you **ALLERGIC** to any type of medication? Y / N List: \_\_\_\_\_
2. List any other allergies: \_\_\_\_\_
3. Do you take medications regularly? Y / N List: \_\_\_\_\_
4. Do you take medicine for emergency use? Y / N List: \_\_\_\_\_
5. Do you have **ASTHMA**? Y / N If so, do you use an inhaler? Y / N What kind? \_\_\_\_\_
6. During athletic participation, do you wear: glasses? Y / N contacts? Y / N dental appliance? Y / N
7. Do you have any other medical conditions? Y / N List: \_\_\_\_\_

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**Preferred Hospital:** (circle one) Wake Med Western Wake Rex Hospital Other: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Insurance Information**

Provider Name: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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**Medical Authorization** – As the parents or legal custodian of this student athlete 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, permission is granted to release medical information to the school and athletic trainer. This permission is valid during the entire duration of the student-athlete enrolled at Leesville Road High School, unless revoked by me in writing

**Risk of Injury** – We acknowledge and understand that there is a risk of injury in athletic participation. We understand that the student-athlete will be under the supervision and direction of a WCPSS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the WCPSS 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.

\_\_\_\_\_  
**Student-Athlete** (Print): (Signature): Date:

\_\_\_\_\_  
**Parent / Legal Custodian** (Print): (Signature): Date:

**Required Document for Athletic Participation  
Leesville Road High School**

Athlete \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

**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 understand the spirit of fair play and the good sportsmanship expected by our school, our 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.

\_\_\_\_\_ Parent(s)

**Student Athlete Pledge**

As a student athlete, I know 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 unnecessary physical contact. I know the expectations of my school, my conference and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

\_\_\_\_\_ Student Athlete

Conviction: 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.

Convicted or adjudicated of \_\_\_\_\_

City and State \_\_\_\_\_

Date Convicted/Adjudicated \_\_\_\_\_

Description of Offense \_\_\_\_\_

Court Counselor \_\_\_\_\_

Telephone Number \_\_\_\_\_

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