Introduction and Purpose

It is the purpose of this handbook to set forth some of the pertinent operating procedures for the Johnston County Public Schools Athletic Program. It is intended to provide a ready reference to coordinate the responsibilities for our athletic program. This handbook will provide information about the administrative rules and regulations and create a framework within which the athletic department can operate smoothly and efficiently and provide optimum opportunities for our student athletes.


Each school will also develop operating procedures for their individual schools and team rules for each sport. It is the coach’s responsibility to be aware of and adhere to these rules. Each school maintains an athletic page on their school website for additional information including but not limited to announcements, team schedules, and forms. [Athletic Team Pages](http://www.nchsaa.org/) Coaches should work with their AD to keep information up-to-date.

All coaches should familiarize themselves with this handbook and with the rules and regulations found in the North Carolina High School Athletic Association(NCHSAA) and the National Federation of High Schools(NFHS) Rules and Regulations pertaining to each individual sport. [http://nfhs.com/](http://nfhs.com/). Each coach is assigned certain coaching duties and is expected to represent Johnston County Public Schools to the best of his/her ability. It is a violation of a coach’s contract not to fulfill those duties in accordance with the above governing organizations.

Other Useful and Applicable Websites

North Carolina Athletic Director Association - [http://www.ncada.net/](http://www.ncada.net/)
National Collegiate Athletic Association – [NCAA Eligibility](http://www.ncaa.org/)
National Association of Intercollegiate Athletics - [NAIA Eligibility](http://www.naia.org/)
National Junior College Athletic Association - [NJCAA Eligibility](http://www.njcaa.org/)
Philosophy and Belief

It is the philosophy of Johnston County Public Schools that a quality athletic program will serve as a supplement to the overall education of our students. It is the belief that a strong interscholastic athletic program will promote high academic achievement, increase scholarship of students, improve discipline, and help develop character among student athletes.

Coaches/Volunteers

It is the responsibility of the principal to hire coaches for the school athletic program. This should be done in conjunction with the athletic director and the head coach of a particular sport. Coaching contracts are yearly and decisions to renew coaching contracts are the responsibility of the principal. All coaches should successfully complete all pre-employment background checks required of all Johnston County Public School employees. No coach shall solicit help from a volunteer or hire an assistant coach without the consent of the principal. A volunteer or non-faculty coach may not coach his/her child or grandchild. The principal may ask for a waiver in circumstances in which a school does not have an available faculty coach. The waiver would be made through the principal to the county athletic director.

ALL COACHES must complete the NFHS on-line “Fundamentals of Coaching” course certification, “Concussion in Sports” and must be CPR/AED Certified. The “Concussion in Sports” course must be taken every year. Any newly hired coach must complete the certification course prior to the first day of practice in the sport they coach. It is the head coach’s responsibility to notify his/her athletic director, who in turn will notify the County Director of Athletics, when a non-faculty, volunteer, or classified coach completes the course.

Coach’s Code of Conduct

Coaches employed by the Johnston County Board of Education and all volunteer coaches will conduct themselves with a positive attitude and will promote and display quality sportsmanship at all times. Coaches should understand that their actions are reflective of the school they represent as well as the entire school system. Coaches further agree to:

- Comply with all rules and regulations set forth by the Board of Education and the North Carolina High School Athletic Association.
- Be a positive role model that all students will emulate. Coaches will be mindful that they are serving “in loco parentis” and any relationship with students other than the coach/student-athlete relationship is strictly forbidden.
- Do everything possible to promote a wholesome attitude toward athletics among students, faculty, and the entire school community.
- Do all they can to promote the athletic program as first class and strive to have all parents and students believe in our athletic philosophy.
• Do all they can to make another school’s visit to their campus a pleasant experience
• Not use or allow athletes to use profane language or other negative behaviors that would be detrimental to the school system.
• Treat game officials as guests and accept their judgment with proper attitude and dignity.
• Require athletes to dress appropriately while representing Johnston County Public Schools and display a positive attitude at all times.
• Be good losers as well as winners.
• Promote good, positive sportsmanship and behavior from their fans.
• Report contests results to the media; win or lose.
• The coach shall respect and support contest officials by avoiding conduct which would incite players and/or spectators.

The coach shall discipline athletes who display unacceptable behavior.

Each head coach is expected to join the North Carolina Coaches Association by attending the clinic in Greensboro each year. Head Coaches are required to attend a rules session clinic for their perspective sport prior to coaching for that year.

RESPONSIBILITIES OF THE PRINCIPAL

The Principal in a Johnston County Public School is directly responsible for the operation of the school, including any and all matters pertaining to the athletic program. The appointments of athletic director, head coaches, and assistant coaches are made upon the recommendation of the principal on a year to year basis. The approval of the principal or his designee is to be secured before any member of the athletic staff commits themselves or their school to a contract, be it financial or otherwise. Effective for the 2017-18 school year, schools must designate a game day administrator. If no game-day administrator is available/identified, the Head Coach will assume that role.

RESPONSIBILITIES OF THE ATHLETIC DIRECTOR

Under the direct supervision of the principal, the athletic director is charged with the responsibility of administering their school's philosophy of athletics.

Specific Duties:

1. Know and supervise the administration of general policies of the school board, the North Carolina High School Athletic Association, and the North Carolina Public School System.
2. Assist the principal in securing competent coaches for all sports.
3. Assist in supervision necessary for crowd control.
4. Provide principals, parents, and coaches with pertinent athletic information.
5. Approve the purchase of all athletic equipment and establish inventory control procedures through the principal.
6. Implement procedures for handling athletic insurance, physical examinations, parental permissions, and athletic eligibility.
7. Instruct all athletic personnel in the responsibility and duties pertaining to their assignment.
8. Establish the eligibility of all athletes.
9. Secure game transportation through the principal.
10. Coordinate personnel needed to host an athletic contest.
11. Secure qualified officials for athletic contests.
12. Perform other duties relative to athletics as assigned by the principal.

RESPONSIBILITIES OF THE COACH

The quality of Johnston County Public Schools’ athletic program will be determined by the professionalism of coaches working within the various activities. Coaching is a personal decision based upon the individual's desire to work with students and to contribute to the overall school program.

The coach should understand his/her sport and be familiar with all rules, courtesies, and procedures of the activity. The coach should know his/her students and be an effective leader. He/she should be concerned with winning gracefully and, when losing, accept the loss with poise and a realization that an educational experience probably has been achieved.

Specific Duties:

1. Teach the physical skills needed to play.
2. Know and follow all rules and regulations governing the sport.
3. Provide fair and equal opportunities for all candidates.
4. Plan and supervise practice sessions in keeping with the age and maturity of the players.
5. Meet with athletic director to prepare a tentative schedule of games.
6. Establish rules for the proper use and care of athletic equipment. Coaches and their staffs are responsible for the upkeep and maintenance of equipment and facilities of their perspective sports.
7. Prepare and present to the athletic director a list of students desiring to participate so that eligibility can be determined.
8. Check and monitor team members' academic progress.
9. Submit to the athletic director at the end of the season a list of any equipment and/or uniforms needed for the ensuing year.
10. Collect uniforms and equipment at the end of the sport season and account for same.
11. Perform other duties relative to coaching as assigned by the principal and the athletic director.
12. Each coach will have a set of written rules and regulations for their team. A copy of these rules should be signed by the parent and student-athlete and kept on file by the coach. A copy of the rules should be submitted to the school athletic director and principal.
Educational Values of Interscholastic Athletics

1. Build physical fitness;
2. Provide a positive use of leisure time;
3. Teaches how to set and reach individual and team goals;
4. Teaches self-discipline;
5. Develops self-confidence;
6. Provides healthy competition;
7. Develops communication skills;
8. Teaches respect for rules and authority;
9. Develops determination and perseverance;
10. Develops healthy aggression and initiative;
11. Provides for wholesome release of physical energy;
12. Develops emotional control;
13. Teaches realization of personal limitations;
14. Develops social competence;
15. Develops courage;
16. Teaches cooperation and respect for the rights of others;
17. Promotes academic success;
18. Provides opportunities for a higher education;
19. Promotes sportsmanship.

Student Participation

Interscholastic athletics are available to any Johnston County student who meets the eligibility requirements set forth by the Johnston County Board of Education and the North Carolina High School Athletic Association. It is the responsibility of each coach to verify that each of their student-athletes meets the eligibility requirements and that the proper reporting is made. It is strongly encouraged that the athletic directors and school guidance department be involved in this verification process. The following guidelines of eligibility must be met:

1. No student may be approved for any athletic contest if his or her 19th birthday comes on or before August 31, 2018.
2. As set forth by JCBE Policy 4110R, student-athletes must be a regularly enrolled member of the school’s student body. “Regularly enrolled” is defined as enrolled for at least one half of the “minimum load.” It is recommended that the student be in school the day of a contest.
3. Students must pass 3 of the 4 courses per semester and meet local promotion standards (JCBE Policy 3450). This keeps the student academically eligible for graduation. If a student has the opportunity to take English, or other courses in summer school, then the student is considered to be showing academic progress and be in line to graduate. There is no minimum GPA requirement.
4. Students must meet residency requirements. (More information can be found under “Transfer Policy”)
5. Student-athletes are prohibited from participating in bullying and/or hazing other students as defined in the Johnston County Board of Education’s Bullying and Harassment Policy 4225 and the Johnston County Board of Education’s Code of Student Conduct Policy 4200 Item Number 9: Bullying and/or Hazing.

**Daily Participation**

1. Each coach should encourage all students with athletic interest to participate in athletics. At no time should a coach use undue influence to pressure a student to go out for a sport in lieu of participating in another sport.

2. Students must attend school for at least three and one half hours on the day of a contest to be eligible to participate in that contest or to participate in practice that day. **Exception:** Students who are absent who would not otherwise be required to be at school because of the final exam schedule, students that are taking JCC classes which do not meet every day, they are taking an online class at home or if with approval of Principal for a documented reason.

3. All athletes should be encouraged to be involved in year-round conditioning. Coaches may set up off-season programs for their athletes as long as it is strictly a volunteer basis. Coaches should stress to student athletes participating in off-season conditioning that the student is not guaranteed to make the team or that it is mandatory for making a team. Off-season development must be in compliance with the guidelines set forth by the NCHSAA. Up-to-date physicals and compliance with the Gfeller-Waller Concussion Law shall be required for all students participating in summer workouts.

4. Coaches should promote the participation in more than one sport. Coaches of multi-sports athletes should coordinate off-season workouts so the athlete will have equal time in all sports.

5. Any student who quits or is removed from a team after that team’s first regular season contest will not be allowed to participate in any activities with any other athletic team until the day after the team has finished the season. For teams that also have individual championships, athletes would be eligible to tryout once the team portion of the season is completed. This includes any out-of season or in-season workouts, practices, or conditioning sessions.

6. Any student who receives ISS or OSS on the day of a contest or practice will not be allowed to participate in the contest or practice.

7. Each coach will have a set of written rules and regulations for their team, including information regarding extent of tryouts. A copy of these rules will be signed by the parent and the student-athlete and kept on file in the principal’s or athletic director’s office and by the coach.

8. All student-athletes and their parent must attend a general meeting at the beginning of the year or sport season so that the school can cover team, county, and state guidelines, the drug/alcohol policy as well as the concussion forms and information. Each individual coach should distribute team rules at this meeting and have the student and parent sign stating that they have been given and understand the rules. These guidelines should include the consequences for failing to meet required expectations. Students will also sign the agreement between students, parents, and school prior to participating in the athletic program.
9. **Gfeller-Waller Concussion Law**
   In order to be compliant with the law remember the following are required each year:
   - All athletes and parents must be given a copy of the concussion signs and symptoms
   - All athletes and parents must sign-off on a checklist indicating receipt of the signs and symptoms
   - Any athlete sustaining a concussion CANNOT practice and/or play until presenting a Return to Play (RTP) form signed by a physician licensed to practice medicine
   - An up-to-date Emergency Action Plan (EAP) must be on-file and posted in the specific venue for which it is written. Remember: Annual updates are mandatory by law. (NCHSAA requires a cardiac safety program)

**PARENT/COACH COMMUNICATION GUIDE**

Both parenting and coaching are challenging commitments. By establishing an understanding of each position, all are better able to accept the actions of the other and provide a greater benefit to children. As parents, when your child becomes involved in an athletic program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child’s program.

**COMMUNICATION TO EXPECT FROM THE COACHING STAFF**
1. Philosophy and expectations the coach has for your child as well as the players on the team
2. Locations and times of all practices and contests.
3. Written team rules and regulations which will be signed by the parent and student-athlete, special equipment, strength and conditioning programs.
4. Procedure should your child be injured during participation.
5. Team rules, guidelines, and consequences for infractions.

**COMMUNICATION COACHES EXPECT FROM PARENTS**
1. Concerns expressed directly to the coach.
2. Notification of any school related scheduling conflicts well in advance.
3. Notification of illness or injury as soon as possible.
4. Specific concerns in regard to coaches’ philosophy and/or expectations.

As your child becomes involved in the athletic program, he or she will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you and your child wishes. At these times, discussion with the coach is encouraged.
PROCEDURE TO SET UP A PARENT-COACH CONFERENCE
There are situations that may require a conference between the coach and the parent. Please do not attempt to confront a coach before or after a practice or game. These can be emotional times for the parent, child, and coach. Meetings of this nature do not promote resolution. It is important that both parties involved have a clear understanding of the other’s position. When these conferences are necessary, the following procedure should be followed.

1. Call the next day to set up an appointment with the coach.
2. If the coach cannot be reached, call the athletic director. The AD will set up a meeting for you.

It is difficult to accept your child is not playing as much as you had hoped. Coaches are professionals and they make decisions based on what they believe to be best for all student athletes involved. Certain things can and should be discussed with the coach. Other things should be left to the discretion of the coach.

APPROPRIATE CONCERNS TO DISCUSS WITH COACHES
1. The treatment of your child.
2. Ways to help your child improve.
3. Concerns about your child’s behavior with the team and on the practice/game field.
4. The future of your child’s play at the next level.

ISSUES NOT APPROPRIATE TO DISCUSS WITH COACHES
1. Playing time.
2. Team strategy.
3. Play calling.
4. Other student athletes.

THE NEXT STEP
What can a parent do if a meeting with the coach did not provide a satisfactory resolution?
1. Call and set up an appointment with the Athletic Director.
2. At this meeting the appropriate next step can be determined if necessary.

COACHES AND PARENTS WORKING TOGETHER WILL:
- Assist each young person in setting realistic goals
- Emphasize improved performance, not just winning
- Provide a physically and emotionally safe environment for training and competition
- Control the emotional level at games and events
- Encourage your child along with all the members of the team
- Demonstrate mutual respect, characterized by communicating in a positive way
- Provide positive role models
In order to provide the very best program possible for our student athletes, all of us need to be sensible, responsible, and keep our priorities in order. There is a lot more at stake than a win/loss record.

**Risk Management**

Coaches should always place the welfare of student-athletes above competition. It is the responsibility of the coach to assure a student-athlete has the pre-participation physical examination form and proper insurance coverage. Coaches should never place a student-athlete in a situation in which they know is unsafe and which the athlete is unprepared. Coaches should always supervise high-risk activities.

Decisions of the licensed First Responder or Certified Athletic Trainer are final and must be adhered to by the coach. In football, a certified athletic trainer or first responder is required for EACH practice and game. **Know where and how to use your AED devices.**

A First Responder or Certified Athletic Trainer is required for wrestling matches.

**Equipment**

The students will be expected to purchase their own shoes, socks, and undergarments required for a particular sport. Spirit packs may be offered to student-athletes but may not be a requirement for participation in a sport. Efforts should be made to provide these items for students who are economically disadvantaged.

Each school shall develop procedures for issuing equipment to coaches. Coaches will be provided instructions for the proper care equipment and should maintain all equipment in proper playing order. Coaches are responsible for keeping inventory of all equipment. All equipment should be returned to the Athletic Director at the end of the season.

**Reassignment within Johnston County** - JCBE Policy 4100R

Assignment and reassignment of students is based on Johnston County Board of Education Policy 4100. 
**Interscholastic Athletic Participation:** A student must be properly enrolled in their assigned school within the attendance zone where the student’s parent(s), guardian(s), or legal custodian(s) is domiciled; except as otherwise prescribed by law or Johnston County Board of Education policy. In order to participate in interscholastic athletics, the student must meet all eligibility requirements of the Johnston County Board of Education and the North Carolina High School Athletic Association. Unless a student makes a request and is granted a reassignment pursuant to JCBE Policy 4100, the student may be prohibited from participating in interscholastic athletics for 365 calendar days.

**STUDENT ATHLETES WHO CHANGE ADDRESSES BECAUSE OF A MOVE OR A CHANGE IN LIVING ARRANGEMENTS SHOULD LET THEIR COACH KNOW AS SOON AS POSSIBLE.**
NCHSAA Transfer Policy

“After initial entry into the ninth grade, and absent a bona fide move as provided in the Residence Section of the NCHSAA Handbook:
(a) A student transferring from one member school to another member school within the same LEA must sit out 365 days for athletic participation. The LEA can create criteria for immediate athletic eligibility for transfers within the LEA.
(b) A student transferring from one member school in one LEA to another member school in a different LEA must sit out two consecutive semesters, or 365 days, whichever is less, for athletic participation. NOTE: A student’s participation in cheerleading is not subject to the NCHSAA Transfer Policy.
(1) By mutual agreement that the transfer is not for athletic purposes, a student’s first transfer from LEA to LEA, and absent a bona fide move, is not subject to the NCHSAA Transfer Policy.
(i) Absent mutual agreement, and in consideration of the above, exceptions for immediate athletic eligibility for transfers from one LEA to a different LEA will be heard by a NCHSAA Transfer Committee.
(ii) The NCHSAA Transfer Committee will be composed of the NCHSAA Executive Committee and at least one (1) non-district affiliated member school representative.
(2) The two-consecutive semester application occurs when a student is enrolled for at least 50% of the semester in which the student initially enrolled and all of the following semester.
(3) Students transferring to the same member school where the student’s coach has relocated within a calendar year will be deemed ineligible in any sport in which the coach is involved.
(4) A student may not participate in practices or workouts, in-season or out-of-season, until the student’s transfer has been validated by the NCHSAA.
(c) If a member school is not part of a defined LEA (e.g., charter school, non-boarding parochial school, etc.), then the member school itself will be considered its own LEA for purposes of this policy (i.e., exceptions involving these member schools will fall under subsection (b) above).

The documents comprising the Transfer Waiver Request process can be found on the NCHSAA website under School Central.
Fundraising

All school-sponsored fundraising must be approved by the principal, athletic director, and the superintendent’s designee. Fundraising must be done in compliance with JCBE Policy 7230 and Regulation Code: 7230-R.

Procedure for Handling Gate/Concession Monies:

In order to remain in compliance with G.S. 115C-445 and Johnston County Board of Education Policy 7510 (Daily Deposits), all gate money and school-sponsored concession stand money should be deposited daily. Realizing that this creates obstacles as money received is well after regular business hours, the following steps should be taken to reduce the liability of fraud.

1. Ticket sales should be kept under the supervision of the Athletic Director and/or administration in charge of the athletic function. Numbered tickets should be used to verify monies receipted. The ticket sales report and monies should reconcile at the conclusion of the athletic function. The attached ticket sales report must be completed for the gate sales and a concession sales report shall be completed for the concession sales. Both the ticket sales report and the concession sales report shall be signed by those selling.

2. Schools are no longer required to perform a night deposit if there is a secure location in the school, preferably fire proof with limited access to the location (athletic director, bookkeeper, and/or administrators only). The monies must be deposited in the banking institution used by the school on the next business day. Two people should validate the counting of the money per the attached instructions.

3. Concession money shall be counted at the conclusion of the event. The attached concessions sales report should include the change fund amount, total collected for items sold, and the total amount of money in cash box, along with a reconciliation of items sold. The concession sales report shall be signed by those selling items in the concession stand. These monies shall be turned in to the administrator on duty or athletic director to be secured in the school safe or other approved secured location immediately after the concession stand closes for safe keeping. The monies must be deposited in the banking institution used by the school on the next business day. Two people should validate the counting of the money per the attached instructions.
School: __________________________________________________________________________________

Event: ___________________________________________________ Date: ________________________

TICKET CHECKOUT AND CHANGE FUND VERIFICATION
(Completed by Treasurer, verified and signed by Athletic Director/Administrator/Seller)

Ticket Color(s):________________________________________ Change Fund Amount: $______________

Ticket Numbers: ___________________________________ through________________________________

Verified Receipt of Above Tickets and Change Fund:

Signature of Athletic Director/Administrator/Seller Date

SETTLEMENT OF TICKETS SOLD AND TOTAL FUNDS COLLECTED
(Completed by Athletic Director/Administrator & Sellers)

A. Last Ticket Number Sold ____________ Minus 1st Ticket Number Sold ____________ + 1 =________________
   (Number of tickets sold)

B. Number of Tickets Sold: ______________@ $____________ = $_____________________
   (Total value of tickets sold)

C. Add Total Value of Tickets Sold and Change Fund Amount $_____________________
   (Amount on line B + change fund amount)

D. Total Checks in Cash Box (Checks only) $_____________________

E. Total Currency in Cash Box (Cash only) $_____________________

F. Total Coins in Cash Box (Coins only) $_____________________

G. Total Checks, Cash & Coins in Cash Box (Add lines D, E & F) $_____________________

H. Less Total Value Tickets Sold and Change Fund (Total on line C) $_____________________

I. Difference (Over/Short) (G – H = I) $_____________________

Reason for Difference:______________________________________________________________________

Signatures Verifying Settlement Information (including final counting out of cash box):

Signature of Seller #1 Signature of Seller #2 Signature of Athletic Director/Administrator

RECEIPT OF REMAINING TICKETS AND TOTAL FUNDS COLLECTED
Signatures Verifying Receipt and Deposit Totals the Following School Day/Day of Deposit (review reconciliation for accuracy and verify remaining tickets and cash box in the presence of principal/administrator/athletic director):

Signature of Treasurer Master Receipt # Date

Signature of Principal/Administrator/Athletic Director Date
INSTRUCTIONS FOR TICKET SALES REPORT AND CASH HANDLING PROCEDURES:

1. This form is to be completed the day of the event by the appropriate people listed on each section of the report.
2. The event and date should be entered indicating what function the tickets were sold.
3. The treasurer will complete the “Ticket Checkout and Change Fund Verification” section of the form indicating the ticket color(s), the first and last ticket numbers on the ticket roll(s), and amount of the change fund provided to the athletic director (AD)/administrator or seller(s).
4. The AD/administrator or seller(s) will verify the ticket numbers, count out the change fund in the presence of the treasurer, and sign the form indicating acceptance and acknowledgment of tickets and change fund received.
5. The AD/administrator and seller(s) will complete the “Settlement of Tickets Sold and Total Funds Collected” section of the form.
   A. Indicate the last ticket number sold – 1st ticket number sold + 1 to calculate the total number of tickets sold;
   B. Multiply the total number of tickets sold by the purchase price to calculate the total value of tickets sold;
   C. Add the total value of tickets sold and change fund amount together;
   D. Add total amount of checks in cash box;
   E. Add total amount of currency (cash only) in cash box;
   F. Add total amount of coins in cash box;
   G. Add total amounts of checks, cash, and coins (D + E + F = G);
   H. Insert amount from line C on line H;
   I. Calculate any overage/shortage (G – H = I);
6. The AD/administrator and seller(s) will explain the reason for any overage or shortage and all these people should sign this section.
7. All funds should be secured in the school safe or in the night depository at the bank in the presence of a school administrator or the school resource officer.
8. The treasurer will review the reconciliation for accuracy. The treasurer will also verify remaining tickets and total funds collected in the presence of the principal/administrator/AD. Both employees should sign and date this section. The treasurer should indicate master receipt number from School Funds.
9. Any changes to the form are to be initialed by the person making the change.

The following grid may be used to assist with counting money collected at the end of the event:

<table>
<thead>
<tr>
<th>Checks</th>
</tr>
</thead>
<tbody>
<tr>
<td>100’s</td>
</tr>
<tr>
<td>50’s</td>
</tr>
<tr>
<td>20’s</td>
</tr>
<tr>
<td>10’s</td>
</tr>
<tr>
<td>5’s</td>
</tr>
<tr>
<td>2’s</td>
</tr>
<tr>
<td>1’s</td>
</tr>
<tr>
<td>Total Amount of Cash:</td>
</tr>
</tbody>
</table>

| 0.25  |
| 0.10  |
| 0.05  |
| 0.01  |
| Total Amount of Coins: |
CONCESSION SALES REPORT
(ALL information and signatures should be legible)

School: ____________________________________ Date: _______________________
Event: ____________________________________ Change Fund Amount: __________

_________________________________________________        ________________________________
Signature of Athletic Director/Administrator/Club Sponsor Date

(The above information should be completed by treasurer, verified and signed by Athletic Director/Administrator/Club Sponsor)

CONCESSION ITEMS CHECKLIST
(The following information should be completed by club/department sponsor overseeing concession sales at event)

<table>
<thead>
<tr>
<th>Items Sold</th>
<th>Quantity Sold</th>
<th>Cost Per Item</th>
<th>Total Collected Per Item</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total Collected for All Items Sold

SETTLEMENT OF CONCESSIONS SOLD AND TOTAL FUNDS COLLECTED
(To be completed by Athletic Director/Administrator/Club Sponsor & Sellers)

A. Total Collected for All Concession Items Sold $_____________________
B. Total Collected for Concession Items Sold and Change Fund $_____________________
   (Starting change fund amount + amount on line A)
C. Total Checks in Cash Box (Checks only) $_____________________
D. Total Currency in Cash Box (Cash only) $_____________________
E. Total Coins in Cash Box (Coins only) $_____________________
F. Total Checks, Currency and Coins in Cash Box (Add lines C, D & E) $_____________________
G. Less Total Concessions Sold and Change Fund (Total on line B) $_____________________
H. Difference (Over/Short) (Line F – line G) $_____________________

Reason for Difference: ______________________________________________________________________

Signatures Verifying Settlement Information (including final counting out of cash box):

Signature of Seller #1 __________________________ Signature of Seller #2 __________________________
Signature of AD/Administrator/Club Sponsor __________________________

RECEIPT OF TOTAL FUNDS COLLECTED
Signatures Verifying Receipt and Deposit Totals the Following School Day/Day of Deposit (review reconciliation for accuracy and verify cash box in the presence Administrator/Athletic Director/Club Sponsor):

Signature of Treasurer __________________________ Master Receipt # __________________________ Date __________________________

Signature of Principal/Administrator/Athletic Director __________________________ Date __________________________
INSTRUCTIONS FOR CONCESSION SALES REPORT AND CASH HANDLING PROCEDURES:

1. This form is to be completed the day of the event by the appropriate people listed on each section of the report.
2. The event and date should be entered indicating what function the concessions were sold.
3. The treasurer will complete the “Concession Sales Report Change Fund Verification” section of the form indicating the amount of the change fund provided to the athletic director/administrator/club sponsor.
4. The athletic director/administrator/club sponsor will count out the change fund in the presence of the treasurer, and sign the form indicating acceptance and acknowledgment of money received.
5. The athletic director/administrator/club sponsor and seller(s) will complete the “Settlement of Concessions Sold and Total Funds Collected” section of the form.
   A. Indicate the total collected for all concession items sold on line A;
   B. Add total collected for concession items sold and change fund amount together on line B;
   C. Verify total amount of checks and enter on line C
   D. Verify total amount of currency (cash only) and enter on line D
   E. Verify total amount of coins and enter on line E
   F. Add total checks, currency, & coins and enter on line F (C + D + E = F)
   G. Insert amount from line B on line G
   H. Calculate any overage/shortage (F – G = H on form)
6. The athletic director/administrator/club sponsor and seller(s) will explain the reason for any overage or shortage.
7. All funds should be secured in the school safe or in the night depository at the bank in the presence of a school administrator or the school resource officer.
8. The treasurer will review the reconciliation for accuracy. The treasurer will also verify total funds collected in the presence of an administrator/athletic director/club sponsor. Both employees should sign and date this section. The treasurer should indicate master receipt number from School Funds.
9. Any changes to the form are to be initialed by the person making the change.

The following grid may be used to assist with counting money collected at the end of the event:

| Checks |  |
| 100’s |  |
| 50’s |  |
| 20’s |  |
| 10’s |  |
| 5’s |  |
| 2’s |  |
| 1’s |  |

Total Amount of Cash

| 0.25 |  |
| 0.10 |  |
| 0.05 |  |
| 0.01 |  |

Total Amount of Coins
Uniform Purchases

Uniform purchases are the responsibility of the athletic program of each school. The athletic department should set up a rotating schedule for the purpose of purchasing uniforms to maintain equity in the purchase of uniforms.

Early Dismissals

Students should not be dismissed from school early to participate in athletic competition. All games should be scheduled so that an early release is not necessary. In situations where day-light savings time prevents the game from being completed before darkness, special permission may be granted by the Director of Athletics to release from school early.

Overnight Travel

Overnight trips will be approved according to NCHSAA guidelines. Overnight stay for these trips should be considered when the roundtrip mileage exceeds 150 miles. Extenuating circumstances will be considered.

Trips that include male and female students shall have male and female chaperones. Under no circumstances should male and female students be allowed to share the same room accommodations. As well, male chaperones shall room with the male students and female chaperones shall room with the female students.

The Director of Athletics must approve all overnight trips for athletic teams. The overnight athletic field trip form, the “Johnston County Schools Overnight Athletic Team Trip Request Form”, in the forms section of this document must be approved by their principal and submitted to the Director of Athletics for prior approval of overnight athletic team trips.

Field Trip/Athletic Team Trip Guidelines

Activity buses should be the primary source of transportation for field trips. Each school should set up guidelines for checking out buses and monitoring mileage. For some trips, charter buses may be used. Charter buses can only be used from companies on the approved Motor Coach list. Certified companies can be obtained from Transportation Services.

Limited use of activity buses will be approved for out-of-state field trips. The Deputy Superintendent for Administrative Services must approve the use of activity buses for out-of-state field trips. Activity buses are subject to inspection for individual state requirements. A two (2) week notice must be given to Transportation Services for out-of-state field trips.

Bus Use Costs: Gas is figured at a rate of $1.50 per mile round trip. Always over estimate your mileage by 10 – 15 miles in case of detouring or getting lost along the way.
If a coach does not estimate enough mileage, the coach is responsible for paying the difference owed for the bus mileage upon returning from the trip.

**Supervision:** Adequate supervision is mandatory on all field trips. At a minimum, one chaperone should attend the field trip for every ten (10) students in attendance. Sufficient chaperones should be in place to provide the level of safety for each child. Male and female chaperones are required for trips requiring overnight stay if both male and female students attend. At no time shall a chaperone stay in a room with a student of the opposite sex. Chaperones must:

- be approved through the system volunteer background check,
- not ride activity buses,
- be approved by the principal

The Johnston County Public Schools’ Code of Student Conduct applies to all students while participating in a school sponsored field trip.

**Medical Provision:** Any diabetic student who participates on a field trip must have a diabetic care manager readily available to the child at all times. This care manager is permitted to drive the activity bus as long as the child with diabetes is riding that bus. At no time should the care manager be given an assignment that would interfere with the supervision of a child with diabetes.

Procedures should be in place to care for those students who take prescription medication.

**REMEMBER:** The bus seating chart, field trip route, signed permission slips, field trip passenger list and information are mandatory for a field trip.

**Field Trip/Athletic Team Trip Checklist:**

- Trip permission form approved by principal
- Trip permission form approved centrally, if required
- Parent permission form signed and returned
- Appropriate travel secured
- List of students on trip turned in to the school office
- List of students who have special medication needs
- Student medical information/care plans
- Appropriate chaperones secured
- Activity Bus/Approved Charter Bus secured
- Seating charts complete
- Bus returned and mileage recorded
- Complete pre-trip inspection
- Secure all medications for student(s) who take prescription medications and have a trained staff member assigned to dispense medication.
Transportation

All student athletes should travel to and from games and practices on the activity bus with the rest of the team. In some cases, coaches may permit students to ride home from away games with parents with the appropriate written documentation/permission.

All coaches or other individuals who drive an activity bus must have a CDL-P/S license and valid school bus driver’s certificate. The activity bus license and pocket card are no longer valid credentials.

Each head coach is responsible for making sure the activity bus is cleaned after each use.

As a reminder, anytime there is a bus incident of any type a police report must be filed in order for our insurance to cover the damages. Any damages that occur as a result of an accident with an activity bus will be the responsibility of the driver if the police are not contacted. In addition, drivers who are at fault in an accident will be required to be drug tested if they are cited by police.

**It is a violation of state and federal law to transport students on vans. At no time is it permissible to use vans to transport student-athletes.**

Booster Clubs

Booster clubs should follow the guidelines set forth by the Johnston County Board of Education JCBE Policies 2025 and 7240 and use the handbook produced by the JCPS Internal Audit Department to handle funds.

All functions of the booster club must be approved by the principal of the school. Any item purchased by the booster club becomes property of Johnston County Public Schools per JCBE Policy 2025.

No additional supplements, gratuities, gifts, etc. are to be paid or accepted by any coach for any reason or from any source. This prohibits booster clubs from issuing gift cards or payments to coaches, except for payments related to booster club-sponsored camps per JCBE Regulation Code: 2510-R(2).

Audit Requirements

School-related organizations which engage in public fund-raising activities in the name of the school or for the purpose of supporting school programs and extracurricular activities must be properly accountable to the public which contributes to such efforts and the school per JCBE Policy 7240.

An audit of the organizations’ financial records shall be conducted annually according to JCBE Policies 2025 and 7240.
**CHEERLEADING**

Cheerleading eligibility will be treated as other sports. Students must meet the same academic and attendance eligibility requirements as other student-athletes.

No student will be charged a fee or be required to attend specific training sessions as a requirement for team participation.

No student will be denied access to a cheerleading squad for not attending practices at a private company.

High school cheerleading coaches and cheerleaders in Johnston County are governed by the rules implemented by the North Carolina High School Athletic Association as well as the Johnston County Board of Education. Cheerleading Coaches are required to take the NFHS “American Association of Cheerleading Coaches Spirit Safety Certification” course prior to the date of practice.

Cheerleaders serve as a support group for the different interscholastic athletic teams within their schools. Cheerleaders should always strive to improve student morale, boost team spirit, and help a school achieve the most worthwhile objectives in its interscholastic program.

Positive crowd and student body involvement, directed by the cheerleading squad in support of the school team, should be a major goal and is a very important component of an athletic program. The squad is not intended to develop its skills and talents solely for entertainment or competition purposes.

Non-faculty and volunteer cheerleading coaches must be approved by the County Director of Athletics and the Human Resources department. As in all athletics, no parent or grandparent of a student on the cheerleading squad will be permitted to have any part of coaching the team.

**Safety**

Cheerleader coaches and student athletes will be required to adhere to the safety guidelines set forth by the National Federation of State High School Associations. These guidelines have been recommended to each local educational agency for implementation and adoption.

NCHSAA requires the “Fundamentals of Coaching” and “Concussion in Sports” online courses to be completed and recommends that all cheerleading coaches take NFHS Fundamentals of Coaching Cheerleading.

It is strongly recommended that, before a cheerleading squad uses those safety guidelines, the coach or advisor for the cheerleaders consider their application with the training, experience and athletic ability of the students under supervision.
The Johnston County Board of Education reserves the right to implement more restrictive guidelines and regulations. The following National Federation rules will apply:

- All cheerleading squads shall adopt a comprehensive conditioning program. Target areas include leg flexibility, upper arm strength, ankle and wrist strength, etc.
- Basic warm-ups of cheerleading gymnastics will precede all practice sessions and performances.
- All cheers, chants, dances, or spirit activities shall be well planned, practiced and organized to promote the safety of students participating in cheerleading activities.
- Practices should be performed in an atmosphere that provides maximum concentration with minimum noise and distractions.
- Coaches must coach only within his/her level of expertise and the abilities of their squads. It is recommended that cheerleading coaches/sponsors should regularly attend cheerleading camps and state and local cheerleading clinics to be more knowledgeable of current cheerleading techniques and safety procedures.
- Coaches/sponsors must know their squad’s ability level and must limit the squad’s activities accordingly. Squad members must not be pressed to perform stunts, routines, pyramids, or gymnastics until it can be performed in a safe manner.

**Sportsmanship**

Good sportsmanship is conduct that imposes a type of self-control involving honest rivalry, courteous relations, and graceful acceptance of results. School spirit is a reflection of these attitudes and behaviors. All of the Johnston County Public Schools cheerleading squads are expected to adhere to the following sportsmanship concepts:

- Spirit squads should always cheer in a positive manner. It is inappropriate to cheer against the opposing team or to cheer in response to an opposing player’s mistake.
- Cheers and chants with suggestive words and motions shall not be used because, in many situations, they bring about an inappropriate response.
- Spirit leaders should discourage their followers from yelling or cheering while an opponent is shooting free throws or creating any form of intimidation.
Johnston County Cheerleading Rules

Cheerleading is considered a sport in Johnston County. The North Carolina High School Athletic Association has left the establishment of guidelines governing cheerleading to the local LEA. As with many of our athletic programs, rules have been established to deal with the selection process, participation, and competitions. Failure to abide by the rules will result in a fine to the school of $100 per incident payable to Johnston County Public Schools.

1. The primary function of cheerleading is to support interscholastic athletics. Therefore, cheerleading squads are prohibited from participating in competitions when other athletic teams, which normally have cheerleading at their event in their perspective school, are competing.
2. A cheerleader’s first responsibility is to his/her academic program.
3. All cheerleader advisors will adhere to the attached coaches’ educational safety program.
4. Any volunteer or non-district employee who assists with training cheerleaders in any manner is subject to a background check.
5. Advisors and coaches should make every effort to ensure all students have the equal opportunity to try out for the cheerleading squad.

6. **Tryouts and the selection of the cheerleading squad will be held no earlier than July 30, 2018.**
7. Cheerleaders must have a medical examination prior to tryouts, practice, or participation on a squad. Any known medical condition that might interfere with active participation should be recorded with the athletic director.
8. All students are eligible if they meet the academic requirements set forth by the North Carolina High School Athletic Association.
9. If a school chooses to have separate squads for the fall and winter seasons, then tryouts for the winter sports will follow the same timeline as other sports set forth by the North Carolina High School Association.
10. Official tryouts and/or practices occur when a coach and cheerleaders meet together, including warm-ups, conditioning, instructional time, and videos. Players are not allowed to be active without a coach present. Practice may not exceed two hours daily, start to finish. Saturday practice may not exceed three hours. There will be no practice on Sunday.
11. Varsity cheerleading squads should cheer for varsity teams, and JV cheerleading squads should cheer for JV teams with exceptions allowed for tournaments/playoffs.
12. Cheerleading squads may not opt to practice rather than cheer at an athletic event.
13. Cheerleaders will be allowed to participate at a maximum of three games per week plus one competition.
14. In the fall sports season, cheerleading squads cheer for football (some schools may choose to include cheerleading for soccer). In the winter sports season cheerleading squads cheer for boys’ and girls’ basketball (determined at the conference level).
15. Cheerleaders are required to use transportation provided by the school system.
16. Cheerleaders will be allowed to participate in five competitions each school year. The athletic director and principal of the school must approve all competitions.  
17. Cheerleader stunts may not be performed on asphalt. Stunts (mounts, pyramids, tosses and tumbling) shall be modified to be appropriate to the performing surface/area.

**Cheer Gyms**

Cheer gyms providing any service for cheerleading squads must be approved by the Johnston County Public Schools Athletic Director. Permissible costs that may be passed on to cheerleaders are items related to uniforms only (briefs, socks, shoes, warm-ups, bags for uniforms, etc.).

Cheer gym services, competition costs, and competition routine costs may not be passed on to the cheerleader. The costs and the funding source would need approval by the athletic director and principal of the school before plans are made for the costs.

**Fund Raising**

All school-sponsored fund raising must be approved by the principal, athletic director, and the superintendent’s designee. Fundraising must be done in compliance with [JCBE Policy 7230](#).

**Stunts**

No stunting will be permitted unless the supervising coach has attended and been approved through an approved Cheerleading Coaches Education Program. This approval will be made by the county athletic director.

Cheerleading squads are not permitted to practice without the supervision of the approved school cheerleading coach. This includes teams practicing at a cheer gym.
JOHNSTON COUNTY HIGH SCHOOLS
ATHLETIC DIRECTORS AND ADMINISTRATORS MEETINGS
2018 – 2019

Fall Meeting – July 26, 2018 – 7:30 a.m. Breakfast Meeting – Iron Skillet Restaurant

Winter Meeting – Friday, January 4, 2019 – 7:30 a.m. Breakfast Meeting – Golden Corral

Spring Meeting – Friday, March 8, 2018 – 7:30 a.m. Breakfast Meeting – Golden Corral

Iron Skillet Restaurant
Kenly 95 Truck Stop
923 Johnston Pkwy.
Kenly, NC 27542
Exit 106

Golden Corral
1932 East Market Street
Smithfield, NC
(919) 989.1125
JCPS SCORE CENTER

Johnston County Schools implemented the “JCS Score Center” in 2013 as a way to increase communication with parents, community and news outlets and decrease difficulty and obstacles for coaches reporting scores.

Submission of Scores
Scores will be directly loaded onto the JCPS website.
AD/Coaches will utilize the Google form for submission. Each school has a specific shortlink to their form.
AD/Coaches can access the form on computer, phone, iPad, etc.

Viewing of Scores
Parents, community members, and the media will be directed to the website to view scores. Scores are located on the parent, student, and athletics sections of the website.

Quick links to high school scores -High School ScoreCenter
Quick links to middle school scores -Middle School ScoreCenter

MAXPREPS

MaxPreps is the "Official Statistics and Digital Media Partner” for the North Carolina High School Athletic Association. As a part of the partnership, MaxPreps provides all content to the NCHSAA to manage regular season records used to determine post-season qualifications, state record book, NCHSAA stat leaderboards, media publications, and much more. The NCHSAA requires each team to input schedules, scores, and rosters to verify their respective season record for post-season qualification.
Quick Link -MaxPreps

Athletic Eligibility Rosters

It is the responsibility of the head coach to verify that all student-athletes meet the requirements set forth by the North Carolina High School Athletic Association and the Johnston County Public Schools local promotion standards.

No student shall participate in an athletic event without being added to the eligibility roster. The revised roster must be submitted to the county athletic director’s office prior to his/her game.

Athletic eligibility sheets should be typed, completed in full, and submitted to the county athletic director after all of the appropriate personnel have checked the eligibility status of the athletes including an academic counselor. Head coaches who negligently fail to comply with the eligibility standards will receive a written reprimand and will assume responsibility for paying fines which might be levied by the North Carolina High School Athletic Association.
This form is to be used for student-athletes when questions have been raised about their eligibility during the completion of the NCHSAA Master Eligibility List, Eligibility & Authorization Statement and the review of the NCHSAA Team Eligibility Checklist. This Eligibility Checklist is a guide and does not comprehensively ensure eligibility compliance.

STUDENT ___________________________ GRADE __________________

SPORT ____________________________

Residency

_________________________________ (RECORD CURRENT HOME ADDRESS)

_____ Primary residence is in assigned district/attendance area (if answer is “no”, please note below how assigned to school by LEA)

_____ Transfer (within the same LEA)
   _____ Satisfied 365 day ineligibility rule; or
   _____ Granted LEA waiver of 365 day ineligibility rule

_____ Transfer (from LEA to a different LEA)
   _____ Satisfied 365 day ineligibility rule; or
   _____ Granted NCHSAA waiver of 365 day ineligibility rule

_____ Non-Traditional/Non-Boarding Parochial School Attendance
   _____ Residence is located within the same county as the non-traditional/non-boarding parochial school; or
   _____ Residence is not located within the same county as the non-traditional/non-boarding parochial school but is located within a 25 mile radius; or
   _____ Student is a member of a parochial church and submits an authorized pastor verification form

_____ Other (please note reason) _________________________________
   _____ Student lives with biological parent(s)
   _____ Student lives with legal (court-ordered) custodian(s)
   _____ Student has attended current school past two (2) semesters (and has not otherwise transferred)
   _____ Other (please note) _________________________________

_____ Is the address listed above the residence for the past 12 months? (If the answer is “no” please note below former residence)

_________________________________

_________________________________

_________________________________

**CONTINUE TO PAGE 2**
____ Student currently enrolled and attending this school
____ Student has satisfied local attendance policy
____ Student is/will take minimum academic load each semester (must be credited courses)
____ Student passed minimum academic load previous semester
____ Student has met local promotional standards and any local GPA requirements of LEA
____ Student will not turn 19 years of age on or before August 31st of current year

_________ Date of birth

_________ Year of 1st entry in 9th grade

____ Student has/will not exceed four (4) separate seasons in that sport(s) w/ participation in the current year

____ Student has not been convicted of a felony.

____ Student has medical examination (395 day period through end of season)

________________________ Date of Medical Examination

____ Student Insurance

____ School

____ Parent/Custodial waiver

Athletic Director ________________________________

Coach ________________________________

Principal ________________________________
AGREEMENT BETWEEN STUDENT/ATHLETE AND PARENT(S)/GUARDIAN(S) AND ___________________________ SCHOOL

(This signed agreement must be kept on file at the school through the end of the current school year):

That the parties recognize that participation in extra-curricular activities is a privilege and not a vested educational right, and recognizing that student/athletes are a group of students who represent their school and community and should be held to a certain degree of responsibility for their actions, and further recognizing that the Johnston County Board of Education, through its schools, offers the students the opportunity to participate in extra-curricular sports, the parties hereby agree to the following terms and conditions to playing sports at the above and below named school.

That this agreement shall commence on the date it is signed and shall continue for as long as the student is a member of the athletic team at the above and below named school, which shall run until the end of the school year if appropriate. The terms and conditions shall apply to activities on the property of the Johnston County Board of Education or any other place where the student participates in athletics, within or outside of the county. Further, it is understood that the actions of the student/athlete could apply outside of school hours and outside of the educational or sports setting and the student can be disciplined, suspended, or removed from a team for actions away from school if the action falls within the terms of this agreement.

It is understood that any student who is convicted of, or pleads guilty or no contest to a felony will not be allowed to participate in any sport at any school in Johnston County for the remainder of his high school career.

TEAM DISCIPLINE

It is understood that the coach of any team that the student is a member of has the right to formulate rules and regulations for that team and the coach has the right to enforce such rules. The rules shall be put in writing and a copy shall be given to every member of the team. These rules shall include, but not be limited to, inattention to or refusal to follow directions, horseplay, tardiness or unexcused absences from practice or games, or bad conduct. These rules shall be approved by the school principal. The coach may impose reasonable discipline short of removal in these cases.

SUSPENSION

It is understood that the coach or principal can suspend a member of a team for certain misconduct of the student. The coach and principal will confer and agree on the suspension before the action is taken. The length of the suspension from the team shall be in the discretion of the coach and principal. Causes for temporary suspension from a team may include, but not be limited to, the following:

A. Insufficient grades for passing courses;
B. Personal misconduct during the school day or after school while on school grounds;
C. Unexcused absences from team meetings, practices or games;
D. Violation(s) of Johnston County Board Policy 4200 “Code of Student Conduct” or any school athletic policy;
I. Unsportsmanlike conduct while participating in an athletic event;

F. Being charged with a felony under the laws of the State of North Carolina, or if a juvenile petition is filed, it would be a felony if the student was an adult.

REMOVAL FROM A TEAM

It is understood that a student may be removed permanently from a team. The removal from the team shall be made by the coach of the team, and the principal, who will meet and confer before any action is taken. Causes for removal from a team may include, but not be limited to, the following:

A. Illegal use or possession of alcohol, tobacco, or drugs not prescribed for the student by a doctor;
B. Any major violation of Board Policy 4200 “Code of Student Conduct”;
C. Repeated violations of team or school athletic policies;
D. Misconduct by the student that involves law enforcement and results in a conviction, guilty plea, or no contest plea by the student, said conduct being during or after school hours. Said violations shall not include infraction or minor traffic offenses;
E. Verbal abuse or communication (including vulgarity or obscene language) toward any opponent, teammate, coach, referee, or any other person;
F. Any physical assault on an opponent, teammate, coach, referee or other person of a serious nature;
G. Continued or repeated acts of unsportsmanlike conduct after being warned by a coach or principal.

The parties understand the terms of this agreement and agree to be bound by it. The parties understand that if there is a part of the agreement that they do not understand, they can ask a coach, principal, or someone of their own choosing to read the agreement and explain it to them. Therefore, the parties agree that they signed the agreement understanding what they are signing.

The parties further understand that any action involving suspension from a team or removal from a sport can only be disputed under Johnston County Board of Education Policy 4300: Student and Parent Grievances.

It is understood that the principal has the right to remove a student from all sports for the remainder of the school year for a substantial violation(s) of this agreement. The principal’s decision can also only be disputed under Johnston County Board of Education Policy 4300: Student and Parent Grievances.

STUDENT: _______________________ PARENT: ______________________
or Guardian

PRINCIPAL: _____________________ COACH: _____________________

SCHOOL: _________________________ DATE: _____________________

Revised July, 2013
PREPARTICIPATION EXAMINATION FORM

Student Athlete’s Name: ______________________________ Age: ________ Sex: ____________

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child’s regular physician where important preventive health information can be covered.

Student-Athlete’s Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent/Legal Custodian Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician’s Directions: We recommend carefully reviewing these questions and clarifying any “Yes” or “Unsure” answers.

Explain “Yes” or “Unsure” answers in the space provided below or on an attached separate sheet if needed.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma, etc.]?</td>
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<td>2. Is the student-athlete presently taking any medications or pills?</td>
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<td>3. Does the student-athlete have any allergies (medicine, bees or other stinging insects)?</td>
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<td>4. Does the student-athlete have the sickle cell trait?</td>
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<tr>
<td>5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?</td>
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<td>6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps?</td>
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<td>7. Has the student-athlete ever passed out or nearly passed out during exercise?</td>
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<tr>
<td>8. Has the student-athlete ever fainted or passed out after exercise?</td>
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<tr>
<td>9. Has the student-athlete had extreme fatigue (been really tired) with exercise?</td>
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<td>10. Has the student-athlete ever had trouble breathing during exercise, or a cough with?</td>
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<td>11. Has the student-athlete ever been diagnosed with exercise-induced asthma?</td>
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<td>12. Has a doctor ever told the student-athlete that they have high blood pressure?</td>
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<tr>
<td>13. Has a doctor ever told the student-athlete that they have a heart infection?</td>
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<tr>
<td>14. Has a doctor ever ordered an EKG or other test for the student-athlete’s heart, or has the athlete ever been told they have a heart murmur?</td>
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<td>15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart “racing” or “skipping beats”?</td>
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<tr>
<td>16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?</td>
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<tr>
<td>17. Has the student-athlete ever had a stinger, burn or pinched nerve?</td>
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<tr>
<td>18. Has the student-athlete ever had any problems with their eyes or vision?</td>
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<tr>
<td>19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken or had repeated swelling in or had any other type of injury to any bone or joint?</td>
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<tr>
<td>☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee ☐ Chest ☐ Hip ☐ Forearm ☐ Shin/calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hand ☐ Foot Other: __________</td>
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<td>20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?</td>
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<td>21. Has the student-athlete ever been hospitalized or had surgery?</td>
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<td>22. Has the student-athlete had a medical problem or injury since their last evaluation?</td>
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<td>23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below).</td>
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<tr>
<td>☐ 1. Has the student-athlete had little interest or pleasure in doing things?</td>
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<td>☐ 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row?</td>
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<tr>
<td>☐ 3. Has the student-athlete been feeling bad about himself/herself so that they are a failure, or let their family down?</td>
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</tr>
<tr>
<td>☐ 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FAMILY HISTORY

24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? |     |    |        |
25. Has any family member had unexplained heart attacks, fainting or seizures? |     |    |        |
26. Does the athlete have a father, mother or brother with sickle cell disease? |     |    |        |

By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: ______________________________ Date: ____________ Phone #: ____________

Signature of Athlete: ______________________________ Date: ____________

Rev: May 2016

Approved for 2018-19 School Year
**Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)**

<table>
<thead>
<tr>
<th>PULSES</th>
<th>HEART</th>
<th>LUNGS</th>
<th>SKIN</th>
<th>NECK/BACK</th>
<th>SHOULDER</th>
<th>KNEE</th>
<th>ANKLE/FOOT</th>
<th>Other Orthopedic Problems</th>
</tr>
</thead>
</table>

These are required elements for all examinations

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

Optional Examination Elements – Should be done if history indicates

<table>
<thead>
<tr>
<th>HEENT</th>
<th>ABDOMINAL</th>
<th>GENITALIA (MALES)</th>
<th>HERNIA (MALES)</th>
</tr>
</thead>
</table>

Clearance:

- [ ] A. Cleared
- [ ] B. Cleared after completing evaluation/rehabilitation for: ________________________________
- [ ] *** C. Medical Waiver Form must be attached (for the condition of: ________________________________)
- [ ] D. Not cleared for:
  - [ ] Collision
  - [ ] Contact
  - [ ] Non-contact
- [ ] Strenuous
- [ ] Moderately strenuous
- [ ] Non-strenuous

Due to: _____________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Additional Recommendations/Rehab Instructions:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Name of Physician/Extender: ___________________________________________ (Please print)

Signature of Physician/Extender: ________________________________________ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: __________________________

Address: ____________________________________________

Phone: ______________________________________

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel’s deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

Rev: May 2016

Page 2 of 2

Approved for 2018-19 School Year
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:

<table>
<thead>
<tr>
<th>Thinking/Remembering</th>
<th>Physical</th>
<th>Emotional/Mood</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty thinking clearly</td>
<td>Headache</td>
<td>Irritability-things bother you more easily</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Taking longer to figure things out</td>
<td>Fuzzy or blurry vision</td>
<td></td>
<td>Sleeping less than usual</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Feeling sick to your stomach/queasy</td>
<td>Sadness</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>Difficulty remembering new information</td>
<td>Vomiting/throwing up</td>
<td>Being more moody</td>
<td>Feeling tired</td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td>Feeling nervous or worried</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balance problems</td>
<td>Crying more</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sensitivity to noise or light</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.

Rev May 2016

Approved for use in 2018–19 School Year
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)________________________________

<table>
<thead>
<tr>
<th>Student-Athlete Initials</th>
<th>Parent/Legal Custodian(s) Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>A concussion cannot be &quot;seen.&quot; Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.</td>
<td></td>
</tr>
<tr>
<td>I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>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.</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Sometimes, repeat concussions can cause serious and long-lasting problems.</td>
<td></td>
</tr>
<tr>
<td>I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.</td>
<td></td>
</tr>
<tr>
<td>I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete &amp; Parent Concussion Statement Form or Information Sheet that I do not understand.</td>
<td></td>
</tr>
</tbody>
</table>

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 ________________

Approved for use in 2018-19 School Year
THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT’S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT AND PARENT(S)/LEGAL CUSTODIAN.

I have read, understand and acknowledge receipt of the North Carolina High School Athletic Association’s Eligibility Rules. I understand that a copy of the NCHSAA Handbook is on file with the member school’s principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations and those imposed by the NCHSAA. I understand that local rules may be more stringent than the NCHSAA and agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

**STUDENT CODE OF RESPONSIBILITY**

As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

I understand that a student whose character or conduct violates the school’s Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration.

**PARENTS, LEGAL CUSTODIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.** The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and his/her parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I authorize medical treatment should the need arise for such treatment while I or my child/ward (“student-athlete”) is under the supervision of the member school. I consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student-athlete’s personally identifiable health information should treatment for illness or injury become necessary.

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

I consent to the NCHSAA’s use of the herein named student’s name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the participant’s face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCHSAA, upon its request, of all records relevant to the student-athlete’s athletic eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence and physical fitness. The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives and employees (collectively, the “Releasees”) from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney’s fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student’s participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the participant’s member school. By doing so, however, we understand that the participant would no longer be eligible for participation in interscholastic athletics.

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date of Birth</th>
<th>Grade in School</th>
<th>Date</th>
</tr>
</thead>
</table>

Signature of Parent or Legal Custodian Date

Revised May 2018
What is a concussion? A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

How do I recognize a concussion? There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

<table>
<thead>
<tr>
<th>Thinking/Remembering</th>
<th>Physical</th>
<th>Emotional/Mood</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty thinking clearly</td>
<td>Headache</td>
<td>Irritability</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>Fuzzy or blurry vision</td>
<td>Sadness</td>
<td>Sleeping less than usual</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Nausea/Vomiting</td>
<td>More emotional than normal</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>Difficulty remembering new information</td>
<td>Dizziness</td>
<td>Feeling nervous or anxious</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balance problems</td>
<td>Crying more</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sensitivity to noise or light</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think a student-athlete has sustained a concussion? If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

What are the warning signs that a more significant head injury may have occurred? If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

What are some of the long-term or cumulative issues that may result from a concussion? Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

How do I know when it’s ok for a student-athlete to return to participation after a suspected concussion? Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms following rest or activity.
A concussion is a brain injury.

A concussion can affect a student-athlete’s ability to perform everyday activities, their ability to think, their balance and their classroom performance.

I realize I cannot see a concussion, but I might notice some of the signs of a concussion in a student-athlete right away. However, other signs/symptoms can show-up hours or days after the injury.

If I suspect a student-athlete has a concussion, I am responsible for removing them from the activity and referring them to a medical professional trained in concussion management.

I will not allow any student-athlete to return to play or practice if I suspect that he or she has received a blow to the head or body that resulted in signs or symptoms consistent with a concussion.

I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day.

I acknowledge that student-athletes must receive written clearance from a medical professional, trained in concussion management, in order to return to play or practice after a concussion.

I acknowledge that following concussion, the brain needs time to heal. I understand that student-athletes are more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.

In rare cases, repeat concussions can cause serious and long-lasting problems.

I have read the Concussion Information Sheet including, but not limited, to the signs and symptoms of a concussion.

I Am A(n): (please circle)

Athletic Director  Coach  Athletic Trainer  First Responder  School Nurse  Volunteer

By signing below, I agree that I have read the NCHSAA School and Athletic Personnel Concussion Statement Form and have signaled my understanding by initialing appropriately beside each statement.

Signature ______________________________________________________ Date __________

Please Print Name ________________________________________________
Johnston County Public Schools

ATHLETIC CONTEST EJECTION
NOTIFICATION

SCHOOL: ___________________________ DATE: ____________

STUDENT’S NAME: ___________________________ SPORT: ____________

EJECTION DATE/GAME: _______________________________________

BRIEF DESCRIPTION OF CIRCUMSTANCES:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________ ____________________________________
COACH               DIRECTOR OF ATHLETICS

____________________________________
PRINCIPAL

____________________________________
DATE

Revised July, 2013
Johnston County Public Schools

COACH'S EJECTION FROM ATHLETIC CONTEST NOTIFICATION

SCHOOL: ___________________________ DATE: ______________

COACH'S NAME: ___________________________ SPORT: ____________

EJECTION DATE/GAME: ________________________________

BRIEF DESCRIPTION OF CIRCUMSTANCES:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____________________________________  ______________________________________
COACH                    DIRECTOR OF ATHLETICS

____________________________________  ______________________________________
PRINCIPAL                    DATE
JOHNSTON COUNTY PUBLIC SCHOOLS
OVERNIGHT ATHLETIC TEAM TRIP
REQUEST FORM

Directions: All overnight fieldtrips must be approved by the Director of Athletics. Coaches or Athletic Directors should submit this form to their principal for approval. If approved by the principal and the athletic team trip requires overnight stay, the form is then submitted to the County Director of Athletics two weeks prior to the trip when possible. After approval, the signed form is returned to the principal and Athletic Director.

School: ___________________________________ Athletic Team ___________________________________
Coach _____________________________
Date Submitted: _________ Dates of Trip: ______________
Time of Departure: _______________ Time Returning: _______________
Destination and Intermediate Stops: _______________________________________________________

Number of Students: ______________
(Names of students should be available in school office and a Johnston County Field Trip permission form on file.)

Mode of Transportation: ____________________________________________________________________

Number of School Staff: ______________ Number of Other Adults: ______________
(Names of staff and other adults chaperoning the trip should be available in school office.)

Funding Sources: _________________________________________________________________________

Purpose of Trip: _________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Participants: Females Only ______ Males Only ______ both Female and Male ______

Why does the trip require overnight stay? ___________________________________________________

_______________________________________________________________________________________

Coach’s Signature ___________________________ Date __________

School Athletic Director Signature ___________________________ Date __________

Principal’s Signature ___________________________ Date __________

Director of Athletics’ Signature ___________________________ Date __________

Effective: April, 2006
Johnston County Public Schools
Field Trip/Athletic Trip Parental Agreement and Permission Form

Date: _______________

Dear Parent(s) or Guardian(s):
(Schools will fill in this space with pertinent information about the field/athletic trip experience, such as destination, purpose, mode of transportation, dates and times, information about chaperons, meals, etc.)

Teacher(s) or Coach(s) Signature: ______________________________________
------------------------------------------------------------------------------------------------------------
Field/Athletic Trip Permission Slip (Detach and return to school on or before): ________________

By signing this form and giving permission for my child to go on the field/athletic trip, I make it known that I am aware of the risks associated with this field trip and hereby release the school board and its employees, agents and volunteers from all liability for accidental injuries incurred due to the negligence of my child or third parties not associated with the school system. Therefore, I understand that I have a duty to make sure that my child is aware that he/she should exercise the utmost care on the trip and that he/she should stay with his/her group and follow the instructions of his/her teacher or chaperone closely. Furthermore, I authorize the official chaperone to sign for all medical needs that may arise. I will assume financial liability and give my permission for treatment to any appropriate agency.

Parent or Guardian Signature____________________________________Date________

Student’s Name_________________________________Home Telephone_______
Work Telephone___________________Emergency/Cell Telephone___________________
Medical Insurance Company_________________Policy Number_____________
Policy Holder Name___________________Physician & Phone Number________________________

Transportation Permission for Field Trips(If student is being transported from a field trip other than a bus)
Students attending a school sponsored field trip may ride home from a field trip in a private vehicle with a parent/guardian or an approved adult on the “student information/ contact” list with permission from the student’s parent/guardian and school principal. This approval is required by the school principal in advance of the trip. When privately owned vehicles are used to transport students, only the vehicle owner’s liability coverage is applicable. A parent/guardian or adult driver should be aware that they may be held responsible for injuries to any individuals that they are transporting and must certify that any private vehicle used is covered by at least North Carolina State required insurance coverage.

__I agree for ________________, who is on the approved contact list for my child, to transport _______________ home from the field trip to __________________ on ______________(date).
__I certify that the parent/guardian of the student or approved adult possesses a current operator’s license that has not been suspended or revoked for any reason.
__I certify that this parent/guardian of the student or approved adult is covered by at least North Carolina State required insurance coverage.
__I release the Johnston County Board of Education and its employees from liability for any injuries sustained as a result of this non-school sponsored transportation arrangement.

Parent Signature: ______________________________________
Adult approved for Transportation Signature: ____________________________
Principal Signature: _____________________________________________
Date: _____________________

Effective: July 9, 2002 Revised: February 9, 2016
Johnston County School Board Policy 2510 regulates the use of school facilities. Camps may be held in an effort to compliment the athletic program but should not be used to pressure students to become involved. All camp fees should be approved by the principal and the district Director of Athletics. Camp participation will not be a pre-requisite for being a member of a team.

COMMUNITY USE OF SCHOOL FACILITIES  Regulation Code: 2510-R(2)

Sports/Cheerleading/Band Camps

A.  Purpose
This regulation provides procedures and guidelines for use of school facilities for sports/cheerleading/band camps.

B.  Concept
The Board of Education encourages the use of school facilities for providing sports/cheerleading/band camps when such use does not interfere with the programs of the school system. These camps are efforts to compliment the athletic and band programs and are not to be used to pressure students to become involved.

C.  Operation of the Camps

1.  Teacher/Coach or other independent contractor rents facility:
The teacher/coach or other independent contractor may rent the facility and operate the camp as a for-profit agency. The contractor must provide proof of liability insurance ($1 million minimum) and pay rental fees for facility use. Rental fees for facility use are to be forwarded from the schools to the Business Office. Fees may be collected from participants by the contractor, and none of the money or payroll is processed through the school system. The contractor is responsible for making salary and expense payments and affiliated reporting.

2.  Booster Club rents facility:
A school’s booster club may rent the facility and operate the camp. The club must provide proof of liability insurance ($1 million minimum), and pay rental fees for facility use. Rental fees for facility use are to be forwarded from the schools to the Business Office. Fees may be collected by the club, which will directly make payments for payroll and other expenses. The club operates as an independent contractor, responsible for management and reporting. No monies or payroll is processed through the school system.

3.  Parks and Recreation Department sponsors camp:
A camp may be sponsored by a city/town Parks and Recreation Department. The Department must maintain adequate liability coverage and provide proof of insurance. The Recreation Department will manage fee collections and handle payroll obligations. No monies or payroll is processed through the school system.
4. The school may sponsor the camp:

Fees will be charged to offset camp expenses. All revenues and expenses for the camp will be collected and paid through the school account. A camp account will be established on the school’s books and all expenses, excluding payroll, will be paid through the school account. Payroll costs for camp personnel and custodial services (if additional are used) will be paid through the Central Office payroll system. Time cards will be submitted to the Central Office indicating hours worked by camp administrators and custodial help. Along with time cards, the school shall submit a school check to cover wages and matching benefits. Hourly compensation rates for camp administrators shall be determined by the school and must be at least the minimum wage hourly rate and must not exceed the certified hourly rate for extended day purposes.

Camp Administrators shall coordinate with the county-wide Athletic Director to complete necessary paperwork to include a camp information sheet which stipulates work schedule and hourly rate, etc. The Business Office will provide the hourly rates (including benefits) for camp staff. The Board of Education’s liability insurance policy will cover the school-sponsored camp. Each camp participant must provide evidence of medical insurance coverage before attendance is permitted.

D. Additional Services

When requested, the school system can provide (for fees) activity buses and/or custodial services. When activity buses are used, the contractor is responsible for securing his own driver. The driver must have appropriate Class B, CDL License (or better), and the contractor must provide proof of insurance and assume responsibility for damage to buses. Fees charged for activity bus use will be at the normal per mile contract rate. Rental of activity buses is coordinated through the school system transportation garage.

When school custodians are used by contractors, payment of custodians must be made through the school system payroll. The Business Department will provide hourly rates to be charged (rates include time and one half wages plus matching benefits). Fees for custodial services are forwarded directly to the Business Office with appropriate timesheet. In no case shall a school custodian receive compensation directly from a contractor.

Attachment: Sports/Cheerleading Band Camps Form

Effective: May 3, 1994
Revised: July 13, 1999
Revised: December 11, 2001
SPORTS/CHEERLEADING/BAND CAMPS

Type of Camp: _______________________________________________________________________

Dates¹ From: _________________________ to: ___________________ Hours: _______ to: ______

Facility to be used: _____________________________________________________________________

Responsible Individual: _________________________________________________________________

(Name)

________________________________________________________________

(Address)

Telephone Numbers: ___________________________________________________________________

Number of Attendees (Estimated): ___________________________________________________________________

Operation of Camp (Check One):
A: _______ Independent Contractor
B: _______ Sponsored by Booster Club
C: _______ Parks and Recreation Department-Sponsored Camp
D: _______ School-Sponsored Camp

If A, B, or C, then a copy of insurance policy (or receipt of payment) must accompany this form.
If D, please complete the following:
Camp Administrators to be paid: (Use attachment if necessary)

Name: ____________________________ Social Security Number: __________ Hourly Rate of Pay: __________

________________________________________________________________________

Will the custodial services of the school system be used? _______ Yes _______ No

Will the program utilize school system activity buses? _______ Yes _______ No

Program Approvals: ________________________________________________________________

Athletic Director __________________________ School __________________________ Date __________

Principals __________________________ School __________________________ Date __________

JCPS Director of Athletics __________________________ Date __________

Coordinated with: __________________________ (Personnel)

_____________________________ (Payroll)
CERTIFIED COACH

A certified coach is a Johnston County school employee serving in a licensed position who wishes to assist with coaching.

Guidelines:

- Coaching positions should be filled with certified employees as much as possible
- The certified employee would be paid according to the Johnston County Schools’ Coaching Supplement Schedule
- If the coach has less than 3 years of teaching experience, he/she must complete the Voluntary Acceptance of an Extra-Curricular Duty form and send it to Human Resources.
Please return to Administrative Services by Thursday, July 26, 2018, for August Supplements. Use multiple pages if necessary.

<table>
<thead>
<tr>
<th>Employee Name (Alphabetically)</th>
<th>SSN</th>
<th>Sup./month</th>
<th>10 or 12</th>
<th>Total Sup.</th>
<th>Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Classified

Non-Faculty

Vacancies

Volunteer

I certify that the employees listed above have been informed that they will be held personally responsible by the Johnston County Board of Education for any overpayment resulting from their overstatement of services.

Principal’s Signature

Date

Athletic Director’s Signature

Date
Johnston County Athletics  
Coaching Supplement Schedule (For Certified Coaches)  
2018 – 2019

<table>
<thead>
<tr>
<th>Range I</th>
<th>Step 0</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
<th>Step 7</th>
<th>Step 8</th>
<th>Step 9</th>
<th>Step 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range II</td>
<td>$3093</td>
<td>$3285</td>
<td>$3479</td>
<td>$3672</td>
<td>$3861</td>
<td>$4059</td>
<td>$4250</td>
<td>$4445</td>
<td>$4637</td>
<td>$4832</td>
<td>$5295</td>
</tr>
<tr>
<td>Range III</td>
<td>$2461</td>
<td>$2560</td>
<td>$2706</td>
<td>$2851</td>
<td>$2996</td>
<td>$3143</td>
<td>$3285</td>
<td>$3429</td>
<td>$3575</td>
<td>$3721</td>
<td>$4079</td>
</tr>
<tr>
<td>Range IV</td>
<td>$1933</td>
<td>$2028</td>
<td>$2126</td>
<td>$2222</td>
<td>$2320</td>
<td>$2416</td>
<td>$2510</td>
<td>$2608</td>
<td>$2693</td>
<td>$2802</td>
<td>$3069</td>
</tr>
</tbody>
</table>

Range I  
* Athletic Director, High School (1)  
Football, Head Varsity (1)

Range II  
Head Boys’ Basketball (1)  
Head Girls’ Basketball (1)  
Head Baseball (1)  
Head Softball (1)  
**Athletic Trainer, Certified (1)

Range III  
**Athletic Trainer/First Responder (1)  
*Athletic Director, Middle School (1)  
Asst. Football (5)  
Boys’ Track (1)  
Girls’ Track (1)  
Wrestling (1)  
Boys’ Soccer (1)  
Girls’ Soccer (1)  
Volleyball (1)  
Boys’ Tennis (1)  
Girls’ Tennis (1)  
Cross Country (1)  
Stunt(1)  
Boys’ Golf (1)  
Girls’ Golf (1)  
Swimming (1)  
Indoor Track (1)  
** Cheerleading - Varsity (1)  
Lacrosse(1)

Range IV  
Boys’ Basketball-JV (1)  
Volleyball-JV(1)  
Asst. Boys’ Basketball-Varsity (1)  
Girls’ Basketball-JV (1)  
Asst. Girls’ Basketball-Varsity (1)  
Baseball-JV (1)  
Asst. Baseball-Varsity (1)  
Asst. Track (1)  
Softball-JV (1)  
Asst. Softball-Varsity (1)  
Boys Soccer-JV (1)  
Girls Soccer-JV (1)  
Weight Training (1)  
Flex Asst. Coach Position (1)  
* Middle School Sports  
** Cheerleading – JV (1)  
Middle School Asst. Football (1)  
**Middle School Cheerleading

* Full Year  
** Per Season

Four salary ranges have been established, each with eleven steps. Placement of individuals will be based on the number of years of his/her scholastic coaching experience (in-state and/or out-of-state), since receiving their teaching certificate. Example: If a coach has 5 prior years scholastic coaching experience and the 2018-2019 school year will be his/her 6th year coaching, he/she would be on step 5.

Regardless of the number of sports an individual does coach in a year, it can only be equivalent to one year’s coaching experience. High school head coaches will be granted experience for assistant and/or middle school assignments in that sport and vice versa.
LONGEVITY
(For Certified Coaches)
2018 – 2019

Longevity:

Longevity payments will be based upon the total in-state school and college coaching experience beyond ten years. This payment will be paid in addition to the supplement scale.

Individuals who coach two sports may receive longevity in both sports. A coach cannot receive longevity on more than two sports. Longevity payments will be paid based on the number of years of in-state scholastic coaching experience and the range of each sport.

Longevity Scale:

Longevity payment factors utilized for steps beyond 10 years would call for an increase every 5 years beginning with the 11th year of coaching experience in accordance with the following table:

<table>
<thead>
<tr>
<th>Prior Years Coaching Experience (In-State Only)</th>
<th>RANGE I</th>
<th>RANGE II</th>
<th>RANGE III</th>
<th>RANGE IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>$823</td>
<td>$615</td>
<td>$418</td>
<td>$289</td>
</tr>
<tr>
<td>15</td>
<td>$1645</td>
<td>$1230</td>
<td>$839</td>
<td>$576</td>
</tr>
<tr>
<td>20</td>
<td>$2468</td>
<td>$1844</td>
<td>$1259</td>
<td>$865</td>
</tr>
<tr>
<td>25</td>
<td>$3287</td>
<td>$2456</td>
<td>$1677</td>
<td>$1153</td>
</tr>
<tr>
<td>30</td>
<td>$4110</td>
<td>$3070</td>
<td>$2096</td>
<td>$1443</td>
</tr>
<tr>
<td>35</td>
<td>$4931</td>
<td>$3685</td>
<td>$2518</td>
<td>$1729</td>
</tr>
<tr>
<td>40</td>
<td>$5756</td>
<td>$4300</td>
<td>$2938</td>
<td>$2018</td>
</tr>
</tbody>
</table>

Coaches will be assigned by the principal to coach a sport for a term of one year.

No additional supplements, gratuities, gifts, etc., are to be paid to or accepted by any coach for any reason or from any source.
Johnston County Public School System
Verification of Previous Employment in an Extra-Curricular Duty Position for Pay (Coaching)

To the employee:
Fill in your name, last 4 digits of your social security number and former job title along with the address of the school system in which you were employed in an extra-duty coaching position for pay. Fill out one form for each school system. Return this form to your Athletic Director once it has been signed by an official from your previous school system.

A volunteer is not considered a paid position.

To the school system:
If the person listed below was paid a supplement for an extra-curricular coaching position, while holding a valid teaching certificate, please provide the information requested. If the person was not paid an extra-curricular supplement, please respond NO to the last question on this document.

Employee Name: ___________________________ Last 4 digits of SS #: ____________

School System: ____________________________________________________________

Specific School: ___________________________________________________________________

_____ Middle School _____ High School

Address: ________________________________________________________________

Street City State Zip

Position(s): ____________________________________ Years Served _______

(Specify: Head football coach, assistant soccer, etc)

__________________________________________ Years Served _______

__________________________________________ Years Served _______

Was this person paid a supplement for the position(s)? _____________

________________________________________

Signature of School System Official Title Date

Official Use for Johnston County Schools
Number of years’ experience given for each sport being coached

<table>
<thead>
<tr>
<th>Sport</th>
<th>Experience</th>
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<tbody>
<tr>
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</tbody>
</table>

Athletic Director’s Signature ___________________________ Date ___________
Please reference longevity and coaching supplement information to complete this contract. In order for coaches to receive a supplement in August, one copy of this contract must be sent to the Director of Athletics, Administrative Services on or before July 26, 2018 (HS). Monthly supplements shall be earned on a 10-month basis, but may be paid in 10 or 12 payments. If you leave before your coaching duties are completed, a deduction will be made in your final paycheck to adjust “Earned Monies” for “Completed Duties”.

NAME:____________________________________ SCHOOLS:____________________________________

SOCIAL SECURITY NUMBER: ________-_______-__________

Total number of prior years’ scholastic coaching experience for new coaches will be based on their Verification Form. Returning coaches will add one step from their last coaching contract.

<table>
<thead>
<tr>
<th>COACHING SUPPLEMENT</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Coaching Assignment(s)</td>
<td>Prior Years Coaching Experience (in-state or out-of-state)</td>
<td>Salary Range/Step</td>
<td>Yearly Coaching Supplement</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>/ $</td>
<td>Total $</td>
</tr>
<tr>
<td>Coaching Longevity (If Applicable)</td>
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<td></td>
</tr>
<tr>
<td>2017-2018 Total Supplement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017-2018 Supplement Per Month</td>
<td>10 or 12 payments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of prior years’ scholastic coaching experience (in-state only) ________. Use this number to determine longevity based on the longevity scale. For new coaches this will be based on their Verification Form. For returning coaches you will add one year from their last coaching contract.

<table>
<thead>
<tr>
<th>LONGEVITY</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Coaching Assignment(s)</td>
<td>Prior Years Coaching Experience (in-state only)</td>
<td>Longevity Amount (see longevity scale)</td>
<td></td>
</tr>
<tr>
<td>1)</td>
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<td>$</td>
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</tr>
<tr>
<td>2)</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Total Coaching Longevity (if applicable)</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

I certify that to the best of my knowledge the above information is correct and I understand that I will be held personally responsible by the Johnston County Board of Education for any overpayment resulting from my overstatement of services.

__________________________  __________________
Coach’s Signature  Date
Voluntary Acceptance of an Extracurricular Duty

Name __________________________________________________________

School _________________________________________________________

ID Number _____________________________________________________

Check the one that applies:

_____ Teacher with 3 years or less experience

Check all that apply:

_____ I am voluntarily requesting an extracurricular assignment as

_________________________________________________________________

_____ I voluntarily agree to accept an assignment to an extracurricular duty as
determined by the school principal based on the operational needs of the
school program.

_____ I voluntarily agree to accept temporary assignments to extracurricular duties
where deemed necessary by the school principal.

_________________________________________________________________

_________________________________________________________________

Teacher’s Signature

_________________________________________________________________

Date

_________________________________________________________________

Witnessed by

C: Personnel File
NON-FACULTY COACHES

Non-Faculty Coaches should follow the guidelines for employment listed below. No services should be performed until all steps in the process have been completed.

A non-faculty coach is an adult who coaches or will be an assistant coach; and will receive pay based on the sport plus the number of years of prior coaching experience. If the non-faculty coach has retired from the JCPS and been a paid scholastic coach in the JCPS more than 10 years, they may get longevity based on their experience.

- Selection – Prospective non-faculty coaches should complete a Non-Faculty Coach application:
  - Can be obtained from Human Resources or the JCPS Director of Athletics
  - Send the completed and signed application to Human Resources;
- Completed application must include:
  - 3 page application;
  - 2 written references;
  - Consent to Perform Criminal History / Background Check form;
  - Equal Opportunity Information sheet.
- Each year a “Request for Approval of Non-Faculty Coach” form must be submitted to the JCPS Director of Athletics.
  - This form must be signed by the Principal, School Athletic Director, and the applicant.
- Human Resources will conduct the screening process and notify the Deputy Superintendent of approval status.
- The Request for Approval form is signed by HR and returned to the Deputy Superintendent’s office—their salary (based on years of experience) is determined
- The Deputy Superintendent will send a final letter of approval to the applicant and to the school to notify them
- A Sign-Up Meeting will be scheduled upon approval.
- The applicant may begin coaching only AFTER approval has been given by the Deputy Superintendent.
- The Athletic Director will submit signed hourly timesheets (monthly) to Administrative Services for processing with the payroll department.
- Once a Non-Faculty Coach has been approved, this process does not need to be repeated for consecutive school years; simply submit the “Request for Approval of Non-Faculty Coach” form to Administrative Services each year thereafter.

NOTE: Non-Faculty Coaches may not coach their own child/grandchild or other immediate family member. The principal may ask for a waiver in circumstances in which a school does not have an available faculty coach. The waiver would be made through the principal to the county athletic director.
JOHNSTON COUNTY SCHOOLS
REQUEST FOR APPROVAL OF NON-FACULTY COACH

School Name ____________________________________________________________
Requested Coaching Assignment/Sport _______________________________________
Applicant’s Name (Please Print) ___________________________________________
Applicant’s Mailing Address ______________________________________________
________________________________________________________________________
Telephone:_________________________
Applicant’s Social Security Number _________________________________________
Applicant’s Date of Birth _________________________________________________
Number of prior years **scholastic** coaching experience __________
**Have you ever been a JCPS employee?**______(Yes or No)
**If yes, did you coach in the JCPS?**_____ (Yes or No) **If yes, how many years?**_____

I understand that I will be paid minimum wage if approved for the above referenced
coaching assignment.

_________________________________________   ___________________________
Applicant’s Signature                     Date

I verify that I have been unable to employ a bona-fide faculty or an instructional staff
member of our local education agency for appointment to the above named coaching
position, and further verify that the above named applicant has been informed of the
North Carolina High School Athletic Association and the North Carolina State Board of
Education Athletic Rules and Regulations, including the sports season regulation. I
recommend this applicant as coach for:
(Sport)__________________________ at ________________________________School
for the_______________________ school year.

This applicant has the appropriate credentials for this position.

_________________________________________   ___________________________
Principal’s Signature                     Date   Athletic Director’s Signature             Date

________________________________________________________________________
APPROVAL OF NON-FACULTY COACH

_________________________________________   ___________________________
JCPS Human Resources Director                     Date Approved

_________________________________________   ___________________________
JCPS Director of Athletics                     Date Approved

**Non-Faculty coaches may not begin coaching (including practicing) until approval of this application.**
**Non-Faculty coaches must complete the application/security process through our Human Resources**
**office prior to employment. Non-Faculty coaches are required to complete the NFHS “Fundamentals**
**of Coaching”, “Concussion In Sports” and CPR/AED certification **prior to approval. Cheerleading**
**coaches must have completed “Spirit Safety certification” on NFHSlearn.com**
Non-Faculty Coaches Monthly Timesheet

<table>
<thead>
<tr>
<th>Day of Month</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Stop</td>
<td></td>
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<tr>
<td>Start</td>
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<tr>
<td>Stop</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL FOR FIRST WEEK**

| Mon |    |    |    |    |    |
| Tue |    |    |    |    |    |
| Wed |    |    |    |    |    |
| Thu |    |    |    |    |    |
| Fri |    |    |    |    |    |

**TOTAL FOR SECOND WEEK**

| Mon |    |    |    |    |    |
| Tue |    |    |    |    |    |
| Wed |    |    |    |    |    |
| Thu |    |    |    |    |    |
| Fri |    |    |    |    |    |

**TOTAL FOR THIRD WEEK**

| Mon |    |    |    |    |    |
| Tue |    |    |    |    |    |
| Wed |    |    |    |    |    |
| Thu |    |    |    |    |    |
| Fri |    |    |    |    |    |

**TOTAL FOR FOURTH WEEK**

| Mon |    |    |    |    |    |
| Tue |    |    |    |    |    |
| Wed |    |    |    |    |    |
| Thu |    |    |    |    |    |
| Fri |    |    |    |    |    |

**TOTAL FOR FIFTH WEEK**

| Mon |    |    |    |    |    |
| Tue |    |    |    |    |    |
| Wed |    |    |    |    |    |
| Thu |    |    |    |    |    |
| Fri |    |    |    |    |    |

**TOTAL TIME WORKED FOR SCHOOL MONTH OR CALENDAR MONTH**

I hereby approve this statement of total hours worked and that the time indicated is correct.

(Principal or Supervisor) (Date)

I hereby certify that the above report of time is a correct statement and includes hours worked each day for the period covered as indicated above.

(Employee) (Date)
CLASSIFIED EMPLOYEE COACH

A classified employee coach is a Johnston County Schools employee in a classified position and who would be paid $750.00 to cover expenses as a volunteer coach.

Guidelines:

- A classified employee may coach only if the principal is unable to fill the coaching position with a certified employee;
- A classified employee may serve only if the school has an allotted coaching position available;
- A classified employee may coach only if coaching does not conflict with bus driving or other job duties;
- A classified employee who wishes to coach should complete the JCS Request for Approval of Classified Employee Coach form and submit it to the principal. The principal would then complete the middle section of the form and submit it to Human Resources. The school should keep a copy for their records;
- Human Resources will determine the eligibility status of the classified employee and forward the form to Administrative Services;
- Administrative Services will notify the school of the approval status of the classified employee;
- Once the principal, Human Resource Director and the Deputy Superintendent have signed the approval form, the form will be processed through the payroll department by Administrative Services. The payment amount will be $750 per season to be paid at the end of each season to cover expenses as a classified coach.

Note: Classified employees who are bus drivers CANNOT drive the bus for sports teams.

Revised June, 2014
JOHNSTON COUNTY PUBLIC SCHOOLS
REQUEST FOR APPROVAL OF CLASSIFIED EMPLOYEE COACH

Classified Employee’s Name: ______________________________________________

School Name: ___________________________________________________________

Current School Assignment: ______________________________________________

Requested Coaching Assignment/Sport: _____________________________________

ID Number: ___________________ SSN: xxx-xx-_____ School Year: ______________

I am requesting to serve as a coach in the position listed above. I understand that I will be serving as a volunteer in this role and will not expect payment or compensatory time for these services. I also understand that I will be provided a nominal payment of $750 to cover my expenses for serving in this role.

________________________________________________________
Classified Employee’s Signature

I verify that I have been unable to employ any faculty member of our local education agency other than the above-named classified employee for this coaching position. I also verify that the classified employee has been informed of the North Carolina High School Athletic Association and the North Carolina State Board of Education Athletic Rules and Regulations, including the sports season regulation. I recommend this classified employee for the following position:

___________________________________________Coach at ________________School

for the ____________________ school year.

________________________________________________________
Principal’s Signature

The above-named Classified Employee is approved to serve in this coaching position.

________________________________________________________
JCPS Human Resources Director’s Signature

Classified coaches may not begin coaching (including practicing) until approval of this application. Classified coaches are required to complete the NFHS “Fundamentals of Coaching” and “Concussion In Sports” and have current CPR/AED certification prior to approval.
VOLUNTEER COACH

A volunteer coach is an adult who wishes to assist with coaching and receives no pay.

Guidelines:

- The applicant must be an approved Level II volunteer.
  - Level II volunteer status is obtained by submitting a volunteer application online (www.jcsvolunteers.com) requesting to be approved.

- Each year a “Request for Approval of Volunteer Coach” form must be submitted to Human Resources.
  - This form must be signed by the Principal, Athletic Director, and the applicant.

- Human Resources will conduct the screening process and notify the Director of Athletics of the approval status.

- The Director of Athletics will notify the principal.

- The candidate may begin coaching only AFTER approval has been obtained from the Director of Athletics.

**NOTE:** Volunteers may not coach their own child/grandchild or other immediate family member. The principal may ask for a waiver in circumstances in which a school does not have an available faculty coach. The waiver would be made through the principal to the county athletic director.

Revised June, 2017
JOHNSON COUNTY SCHOOLS
REQUEST FOR APPROVAL OF VOLUNTEER COACH

School Name ____________________________________________________________

Requested Coaching Assignment/Sport ________________________________________

Applicant’s Name ________________________________________________________

Are you a current Johnston County School employee? _______ (yes or no)

Applicant’s Mailing Address ________________________________________________

____________________________Telephone:___________

Applicant’s Social Security Number __________________________________________

Applicant’s Date of Birth ___________________________________________________

Number of prior years scholastic coaching experience ________.

I understand that I will be volunteering if approved for the above referenced coaching assignment.

_________________________________                          ___________________________
Applicant’s Signature                     Date

***********************************************************************
I recommend this applicant as volunteer coach for (sport) ________________________at
________________________________ School for the _______________ school year.

This applicant has the appropriate credentials for this position.

__________________________________         _________________________________
Principal’s Signature         Date         Athletic Director’s Signature         Date

APPROVAL OF VOLUNTEER COACH

__________________________________ _________________________________
JCS Human Resources Director   Date Approved

__________________________________ _________________________________
JCS Director of Athletics   Date Approved

Volunteer coaches may not begin coaching (including practicing) until approval of this application.
Volunteer coaches must complete the application/security process through our Human Resources
office prior to volunteering. Volunteers may not coach their own child/grandchild or other
immediate family member. Volunteer coaches are required to complete the NFHS “Fundamentals of
Coaching”, “Concussion in Sports” and CPR/AED certified prior to approval. Cheerleading coaches
must have completed “ Spirit Safety Certification”. Located at NFHSlearn.com
JOHNSTON COUNTY COACH OF THE YEAR AWARD

It is Johnston County Schools’ desire, on an annual basis, to recognize a coach from one of our middle or high schools who exemplifies the ideals of good sportsmanship, fair play and outstanding character.

Each high school and middle school is invited to nominate a coach for this honor. The nominee should be a coach who serves as a positive role model for students.

Criteria: 1) Middle or High School Coach 2) Respected in the coaching community 3) Four years of coaching experience in Johnston County Schools

Name of Coach________________________________________________

School_______________________________________________________

Coaching Responsibilities___________________________________________________________

Please use the space below to nominate this candidate. Please provide specific examples that demonstrate that your nominee is a viable candidate for this recognition.

_______________________________________________________________________________

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_______________________________________________________________________________

Nominated by_______________________Signature__________________________Date_______

Athletic Director_____________________Signature__________________________Date_______

Principal___________________________Signature______________________Date_______

Return this form to the Director of Athletics for Johnston County Schools.
JOHNSTON COUNTY ATHLETIC HALL OF FAME NOMINATION FORM
(Please Print or Type all Information)

I. NOMINEE INFORMATION (COMPLETE AS MUCH OF THIS AS POSSIBLE)

NAME__________________________________________________________________
LAST     FIRST      MIDDLE      NICKNAME
ADDRESS______________________________________________________________
STREET or PO BOX  CITY  STATE            ZIP CODE
AGE_________DATE OF BIRTH____/____/____PLACE OF BIRTH________
COUNTY/STATE
TELEPHONE: Work: (       ) __________________Home: (       ) ___________________
NAME OF HIGH SCHOOL_____________________________YEAR GRADUATED____
NAME OF COLLEGE_____________________________YEAR GRADUATED____
DECEASED_______*IF NOMINEE IS DECEASED, GIVE DATE AND FILL IN
SECTION II*

II. NEAREST RELATIVE:

NAME__________________________________________________________________
LAST     FIRST      MIDDLE      NICKNAME
ADDRESS______________________________________________________________
STREET or PO BOX  CITY  STATE            ZIP CODE
TELEPHONE: Work: (       ) __________________Home: (       ) ___________________

III. SPONSOR INFORMATION (PERSON MAKING NOMINATION)

NAME__________________________________________________________________
LAST     FIRST      MIDDLE      NICKNAME
ADDRESS______________________________________________________________
STREET or PO BOX  CITY  STATE            ZIP CODE
TELEPHONE: Work: (       ) __________________Home: (       ) ___________________
TITLE/POSITION________________________________________________________
BUSINESS/WORK PLACE___________________________________________________

SIGNATURE_________________________________________DATE________________
HONORS

PLEASE LIST ALL RELEVANT INFORMATION CONCERNING YOUR CAREER:

1) AT A JOHNSTON COUNTY HIGH SCHOOL, INCLUDING SPORTS PARTICIPATION, HONORS RECEIVED, STATISTICAL DATA, RECORDS SET, ETC.

2) POST-HIGH SCHOOL CAREER, INCLUDING COLLEGE, PROFESSIONAL OR AMATEUR SPORTS PLAYED AND HONORS RECEIVED:

*****RETURN THIS FORM TO THE HIGH SCHOOL ATHLETIC DIRECTOR*****
IV. (OPTIONAL)
Using whatever supportive data you may wish, please describe the activities and accomplishments of this nominee which make him/her a viable candidate for the Johnston County Athletic Hall of Fame. Please remember that only thorough and complete documentation will be considered. The committee shall seek to honor those who have directly influenced the history and evolution of Johnston County Athletics.
Attachments are considered appropriate:

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Mail this nomination to the nearest high school in Johnston County to the Attention of the Athletic Director.

FOR OFFICE USE – DATE RECEIVED
# 2017-2021 Conference Alignment

<table>
<thead>
<tr>
<th>Carolina 1A Conference</th>
<th>Eastern Plains 2A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hobbtom</td>
<td>Beddingfield</td>
</tr>
<tr>
<td>Lakewood</td>
<td>Farmville Central</td>
</tr>
<tr>
<td>Neuse Charter</td>
<td>Nash Central</td>
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<tr>
<td>North Duplin</td>
<td><strong>North Johnston</strong></td>
</tr>
<tr>
<td><strong>Princeton</strong></td>
<td>North Pitt</td>
</tr>
<tr>
<td>Rosewood</td>
<td>Southwest Edgecombe</td>
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<tr>
<td>Union</td>
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<table>
<thead>
<tr>
<th>Greater Neuse 3A Conference</th>
<th>Northern Athletic 4A Conference</th>
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<tbody>
<tr>
<td>Clayton</td>
<td><strong>Corinth Holders</strong></td>
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<tr>
<td>Cleveland</td>
<td>Heritage</td>
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<tr>
<td>East Wake</td>
<td>Knightdale</td>
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<tr>
<td>Smithfield-Selma</td>
<td>Rolesville</td>
</tr>
<tr>
<td>South Johnston</td>
<td>Wake Forest</td>
</tr>
<tr>
<td>West Johnston</td>
<td>Wakefield</td>
</tr>
</tbody>
</table>

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Officiating Regional Supervisors

Football

Steve McNeill Triangle
PO Box 27
Olivia, NC 28368
W: 919-290-3021/ 919-290-3690
919 499-6895
trianglesoftball@me.com

Soccer – Men & Women

Mark Kadlecik - Triangle
PO BOX 1664
Carrboro, NC 27510
trianglerefs@gmail.com
919-368-4434
www.trianglerefs.org

Volleyball

Dianne Atkins- Triangle
300 Briarcliff Ln
Cary NC 27511
919 818-7590 (C)
919 468-9992 (H)
trianglevball@nc.rr.com

Basketball

James Peyton - Triangle
2013 Winston Diamond Ct
Raleigh NC 27610
919 523-9655 (C)
919-733-6659 (office)
919-665-2105 (home)
jpeytontboa@aol.com
Officiating Regional Supervisors (cont.)

Wrestling

Dave Crescenzo - Triangle
2011 J.D. Court
Chapel Hill NC 27616
(Cell) 919-260-0875
(fax) 919-962-5875
email: davyc112@gmail.com

Baseball

Ron Sebastian - Capital Area
103 Argyle Court
Garner NC 27529
919 779-5576
ronpatsysebastian@att.net

(Princeton)
Jerry Johnson - East Carolina
300 Tonya Drive
Goldsboro NC 27534
919-288-1360
umpref14@yahoo.com

Softball

Steve McNeill - Triangle
PO Box 27
Olivia, NC 28368
(w) 919-290-3021/ 919-290-3690
919 499-6895
trianglesoftball@me.com

(Princeton & North Johnston)
Mickey Davis - Eastern
PO Box 10
Lucama, NC 27851
H: 252 239-1269
W: 252 239-0652
mgd39@wcvaa.org