



## **WCAA REGISTRATION ATHLETE AND PARENT/GUARDIAN TERMS AND CONDITIONS**

**BY COMPLETING THE REGISTRATION PROCESS YOU AGREE TO THE FOLLOWING TERMS:**

**TRYOUT FEE:** There is a \$5 Tryout Fee for each sport that an athlete is participating in. The Tryout Fee and a physical waiver must be completed before an athlete will be allowed to participate in team tryouts. (Additional sports fees will be collected with team registration).

**SPORTS FEE:** Each player will be required to pay the sports fee for each sport that an athlete is participating in. If player fees are not paid in full before the first scheduled game, then the athlete will not be issued a uniform and will not be allowed to participate in games until sports fees are received. All sports fees and other fees paid to WCAA are non-refundable.

**LIABILITY RELEASE:** I(We) acknowledge that participation in any sporting activity entails inherent risk of injury; by reading and signing the Registration Agreement, on behalf of my (our) children and personally, do hereby fully release and waive any claim, demand or cause of action my (our) child or I personally may have against WCAA, its coaches and/or directors which is in anyway associated with any activity related to WCAA. This release is intended to pertain to any sporting events, including practices, open gyms, and/or skill sessions and this waiver is intended to survive the term of the agreement.

**INSURANCE AGREEMENT:** I(We) certify that I understand that I cannot file for reimbursement of medical expenses on behalf of my child or ward under WCAA provided insurance until after I have paid the deductible amount (if any), and my personal insurance (if any), and /or other institutional insurance has first been paid whatever insurance amounts are appropriately due under these policies. In the event I fail to provide a physical examination for the athlete named herein I(we) fully understand that the same shall be the basis of denial of any claim related to potential injury or accident of the athlete.

I(We) also acknowledge that before my (our) child can participate in such school sponsored sports, this consent must be executed by me (us) and filed with the athletic association, together with the results of a physical examination indicating that my child is physically fit to participate in such school sponsored activities.

**WCAA POLICIES AND PROCEDURES:** I(We) agree to follow the terms of participation and attendance at WCAA events as a participant, parent or guardian and/or spectator. I(we) certify that I (we) will submit myself (ourselves) to any disciplinary action and/or sanctions properly imposed by the appropriate WCAA authority for any infractions of WCAA's by-laws, policies and procedures. I(we) understand that I (we) have the option of resigning WCAA Membership and any leadership positions in lieu of accepting any disciplinary actions and/or sanctions properly imposed by appropriate WCAA authority for any infractions of WCAA's by-laws, policies and procedures.

**ACADEMIC STANDING:** I(We) agree and affirm that our student athlete is in good standing with all state educational boards as required by law; furthermore, I(we) agree that WCAA requires a cumulative grade average of at least a C in order for my(our) student athlete to participate in WCAA athletics. I(We) agree to immediately notify the coaching staff in the event my student athlete's grade point average falls below the above mentioned grade average.

**PARTICIPANTS AND PARENTS CODES OF CONDUCT:** I(We) agree to follow terms of participation and attendance at WCAA events as a participant, parent, or guardian and/or spectator. I (We) certify that I (we) will, to the best of my (our) ability, conduct ourselves in accordance with the behavior expectations established in the WCAA's by-laws, policies and procedures and the WCAA's Code of Conduct, which may be posted online at [www.ashevilletrailblazers.org](http://www.ashevilletrailblazers.org), to which I have ascribed. I(We) understand that membership is limited to one membership per family unit as stated in the by-laws. I(We) understand that the actions of one family member may affect and could lead to the termination of the family membership and thus terminate player eligibility.

Prohibited actions specifically include, but are not limited to the following:

- Inappropriate attire. Appropriate, modest attire must be worn at all times
- Angry or vulgar language, including swearing and name-calling
- Physical contact with another person in any angry or threatening way
- Any demonstration of inappropriate sexual activity or sexual contact with another person
- Harassment or intimidation by words, gestures, body language or any menacing behavior
- Theft or behavior that results in destruction of property
- Carrying or concealing any weapons or devices or objects that may be used as weapons
- Using or possessing illegal chemicals or alcohol at any WCAA sponsored event or any event which athletes of WCAA are participating
- Activity which may be deemed by the WCAA board to constitute undermining or divisive activity, harmful or potentially harmful to WCAA, its membership and stated purposes, I(we) agree that the WCAA board's decision regarding this activity is final
- Any other conduct of inappropriate, threatening or offensive nature
- Written expressions wherein coaches, board members or others are spoken of in a vindictive, false, accusing or other type negative manner

It is specifically understood that the above mentioned actions can subject me(us) to immediate dismissal from WCAA membership.

**ACKNOWLEDGEMENT AND DISCLAIMERS:** The Western Carolina Athletic Association (WCAA) is a non-profit organization formed for the purpose of advancing athletic competition for home school students. By completing the online registration process you affirm that you are authorized to make legally binding representation, including medical decisions, for the applicant. By completing the online registration process, you are agreeing on behalf of your child as well as you personally, to adhere to the terms contained throughout the registration process as well as all rules and regulations adopted by and utilized on behalf of WCAA. Further you agree to hold the WCAA not responsible for any loss, unintentional, or unauthorized disclosure of personal information submitted by electronic or other means.

WCAA admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded and made available to students who otherwise qualify. We do not discriminate based on race, color, national or ethnic origin in administration of our programs.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

Date: \_\_\_\_\_



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT**

IN CONSIDERATION of being permitted to participate in any way in Western Carolina Athletic Association, Inc (“WCAA”) activities (“Activities”) I, for myself for personal representatives, assigns, heirs, and next of kin:

**ACKNOWLEDGE**, agree, and represent that I understand the nature of WCAA Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

**FULLY UNDERSTAND THAT:** (a) WCAA ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my own actions or inaction’s, the actions or inaction’s of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

**HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE WCAA**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

**I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.**

\_\_\_\_\_  
**Signature of Athlete/Participant**

\_\_\_\_\_  
**Printed Name of Athlete/Participant**

Date: \_\_\_\_\_

**MINOR RELEASE**

And I, the minor’s parent and/or legal guardian, understand the nature of WCAA Activities and the minor’s experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee’s from all liability claims, demands, losses, or damages on the minor’s account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

Date: \_\_\_\_\_



## Athlete & Parent/Guardian Information

### ATHLETE INFORMATION

Sport you are registering for: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Athlete Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Athlete's Cell Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Height in Inches: \_\_\_\_\_  
City: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Church Attended: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Cell Phone: \_\_\_\_\_  
Parent/Guardian Home Phone: \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_  
  
Parent/Guardian 2 Name: \_\_\_\_\_  
Parent/Guardian 2 Cell Phone: \_\_\_\_\_  
Parent/Guardian 2 Home Phone: \_\_\_\_\_  
Parent/Guardian 2 Email: \_\_\_\_\_

### HOME SCHOOL INFORMATION

Name of Registered Home School: \_\_\_\_\_  
Chief Administrator: \_\_\_\_\_  
County in Which Home School is Operated: \_\_\_\_\_



## Home School Eligibility

The WCAA, Asheville Trailblazers is a not-for-profit organization founded to provide home school athletes the opportunity to participate in organized, competitive, middle and high school sports programs similar to traditional public schools.

The WCAA is a member of the North Carolina Home Educators Athletic Conference and is open only to home school athletes as defined by the NC Division of Non Public Education.

**Athletes that are enrolled in public high schools, publicly funded online courses (such as K12 or NC Virtual Charter School), or early college courses through the public school system are **NOT** eligible.**

However, athletes with valid Home School certificates from the NC Division of Non Public Education may take online classes, or be dual enrolled in college classes as long the programs are not associated with, or provided by, any public school system; a sample of acceptable programs include homeschool co-op classes, classes provided by religious organizations, Convenient Tutor, Homeschool Partners, dual enrollment at BRCC or A/B Tech as a home school student (as opposed to "early college" through the public school system).

**Athlete Name:** \_\_\_\_\_

### Home School Eligibility (All 4 must be checked for your athlete to be eligible):

\_\_\_\_\_ My athlete is NOT enrolled in classes at a college or tech school through the public school system; such as the Henderson County Early College program.

\_\_\_\_\_ My athlete is NOT registered for K12 , NC Virtual Charter School, or any other online program offered through or associated with the public school system.

\_\_\_\_\_ I understand that enrollment in any of the above programs, or similar programs offer through the public school system, disqualify my student from participation in the Trailblazers program.

\_\_\_\_\_ My athlete IS an active member of an official home school registered in the State of North Carolina.

**I have read the above statements and certify that all eligibility requirements have been met.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

Date: \_\_\_\_\_

**\*\*\* Home School Certificate:** All Athletes are required to submit a copy of their Home School Certificate from the Department of Non Public Education. Please submit a copy of your Home School Certificate with this form.

**\*\*\* Birth Certificate:** All athletes are required to submit a birth certificate to verify their age.



**Medical and Insurance Information**

**Athlete Name:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Physician or Clinic Name:** \_\_\_\_\_

**Physician or Clinic Phone:** \_\_\_\_\_

**Do you currently have medical insurance?** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Medical Insurance Group Number:** \_\_\_\_\_

**Medical Insurance Policy Holder:** \_\_\_\_\_

**Medical Insurance Policy Number:** \_\_\_\_\_

I do hereby authorize the coaches or other WCAA agents permission to seek medical attention for said minor in the event of injury, illness or accident arising from his/her participation in any WCAA activity. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable; and neither said coaches nor agent of the WCAA assumes any financial responsibility for exercising this action.

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Date:** \_\_\_\_\_

**EMERGENCY CONTACTS**  
(Other than a Parent or Guardian)

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Emergency Contact Relationship to Participant:** \_\_\_\_\_



**NORTH CAROLINIANS FOR HOME EDUCATION ATHLETIC CONFERENCE - JUNIOR/SENIOR DECLARATION**

**NOTE: This form is ONLY required if you are less than 17 years old prior August 1st and declaring as a Junior, (OR) if you are less than 18 years old prior August 1st and declaring as a Senior.**

NCHEAC regulations require that all athletes declare their year in school if they are a junior or a senior. Since no one has eligibility if they turn 19 years old on or before August 1st, then those who turn 17 on or before that date, would be at least a junior, and those who turn 18 years old on or before that date, would at least be seniors. While these ages, 17 or 18, are the latest someone would become a junior or a senior, some may elect to declare at an earlier age.

Remember, once you declare as a junior or senior, **this declaration can never be changed to a younger classification except by a medical or a family hardship appeal to NCHEAC** with subsequent approval. If the athlete has been recognized as a junior or senior: 1) at a senior recognition night 2) at a public or private school tournament or game 3) sources from the internet including social media or recruiting sites or NCHEAC documents or 4) by any other type of junior/senior public ceremony or recognition, they will officially be classified as a junior or senior according to that recognition. The declaration applies to all sports the child participates in recognized by NCHEAC.

Please fill out a different form for each athlete being declared as a junior or senior. **This form covers all sports, so additional forms are not required for multi-sport athletes.** (If this form was filled out during the athlete's junior season, they do not have to fill it out again as a senior.) Both parents must sign the form unless one has legal sole custody.

**County/City Team Name:** WCAA Asheville Trailblazers

**Athlete Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sport:** \_\_\_\_\_

**Division/Level (Varsity or JV):** \_\_\_\_\_

**I/We declare the above named athlete as a Junior or Senior as of September 1 of the current school year.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

Date: \_\_\_\_\_



## North Carolinians for Home Education Athletic Conference Non-Recruit/Transfer Rule

### NCHEAC NON-RECRUIT/TRANSFER RULE EXPLANATION

No athlete may leave one home school team to play on another home school team without the permission of their current program's ruling authority. A team is defined as all age eligible players from middle school through high school. If the program authority does not grant permission, the athlete may appeal to the NCHEAC, whose decisions are final. If the player does not make such an appeal or the appeal is denied, the athlete must either stay on their team or sit out one year. **This rule applies to both non-conference home school teams or participating on a NCHEAC team's non-NCHEAC roster.** This rule shall preclude the athlete from re-entering the league until they have not participated on any home school team in their sport for a period of one (1) year. **NCHEAC teams that use an ineligible player as above will be ineligible from the league for 12 months.**

After sitting out one year, the athlete may play for any home school team. An athlete is considered committed to a team once they initially register with the team/sport. If a player is cut from the team during try-outs, they are

automatically released. If the team or program announces that there will not be a team (or fails to submit a minimum number of players on the roster) then players are released, unless NCHEAC reviews the situation and determines the program failed due to players refusing to play. In the event a NCHEAC team or program folds, NCHEAC reserves the right to review the situation before players are released to other teams. Players on a team in a program are committed to the team and must receive a release to move to any other team (including an older team) with another program.

**Releases will only be given based on time and distance due to a family or program moving, or a hardship based on time or distance as determined by NCHEAC.**

**County/City Team Name:** WCAA Asheville Trailblazers

**Athlete Name:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Division/Level (Varsity, JV, MS, Cornerstone):** \_\_\_\_\_

**I/we, the custodial parent(s) acknowledge receipt of this rule and agree to abide by the provisions listed. I/we, understand that this rule applies to all children in our homeschool who participate in NCHEAC leagues.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

Date: \_\_\_\_\_





### WCAA Concussion Acknowledgement

A concussion is a type of traumatic brain injury that changes the way the brain normally works. It can be caused by a bump, blow or jolt to the head or body which causes the head and brain to move rapidly back and forth.

In order to protect our athletes, the WCAA has implemented a concussion policy that all parents and athletes must read and agree to. It is available for download below.

Parent's Initials		Athlete's Initials
	1. I am aware that a concussion is a brain injury, which should be reported to my parent(s) and my coach.	
	2. I am aware a concussion can affect my ability to perform everyday activities such as the ability to think and/or balance and can also affect academic performance.	
	3. I am aware a concussion cannot be "seen". Signs and symptoms may occur immediately or can take hours or days to occur.	
	4. I am aware that I/my child will need written permission from a medical professional to return to play or practice after a concussion.	
	5. I am aware that based on current data that most concussions take days or weeks to heal/resolve. Concussions may not go away immediately. I realize that resolution of this injury is a process and may require more than one medical evaluation.	
	6. I am aware that after a concussion the brain needs time to heal. I understand that I/my child is much more likely to have another concussion or more serious brain injury if she/he returns to play or practice before the concussion symptoms go away.	
	7. I am aware that sometimes repeat concussions can cause serious and long-lasting problems.	
	8. I have read the Trailblazers: "Concussion Information for Athletes and their Parents" information pamphlet from the link above.	
	9. I agree that I will seek out appropriate medical evaluation and care for my child if I have observed them sustaining a bump/blow/jolt to the head or if they have received any other bodily injury and are displaying/ reporting signs or symptoms of a concussion or if this has been reported to me by someone who witnessed my child receiving such an injury.	

I accept the WCAA Concussion Terms and Conditions

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Athlete/Participant

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## Photo Release

The Western Carolina Athletic Association (WCAA) has my permission to use my or my child's photograph publicly to promote the Asheville Trailblazers. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me or any family members by reason of such use.

I release and hold harmless the Western Carolina Athletic Association (WCAA) from any and all liability that may arise in connection from such use.

**Athlete Name:** \_\_\_\_\_

**I am the parent or legal guardian of the child named above and have the legal authority to execute this consent and release.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

Date: \_\_\_\_\_

\_\_\_\_\_ YES - I agree to the terms of the Photo Release Form

\_\_\_\_\_ NO - I do NOT agree to the terms of the Photo Consent Form

If "NO" please let us know your reasons why below.

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