



2025-2026

North Carolina Independent Schools Athletic Association
STUDENT ATHLETIC SPORTS PACKET &
Wesleyan Christian Academy's ATHLETIC CODE OF CONDUCT

Instructions

Thank you for your interest in Wesleyan Christian Academy athletics. Student-athletes and their parents/caregivers must complete and sign a current **NCISAA Sports Packet** and **WCA Athletic Code of Conduct Agreement** before being allowed to participate in pre-season or post-season competitions, practices, and workouts.

Requirements

NCISAA: Per the North Carolina Independent Schools Athletic Association (NCISAA) Sports Medicine Advisory Committee (SMAC), all student-athletes must complete the following forms before participating or competing in school athletics or activities.

1. The NCISAA Pre-Participation Evaluation (PPE), aka "Sports Physical," must be current.
 - a. The form will need the signature of the *NC licensed health care professional* in addition to the *parent/student signature*. Please note: Wellness visits are not accepted.
2. The NCISAA 25-26 Consent to Participate and Release Form
3. The NCISAA Gfeller-Waller Student Athlete and Parent/Legal Custodian Concussion Statement
4. The NCISAA Student Cardiac Arrest Form

WCA: Every year, Wesleyan Christian Academy student-athletes and their parents/caregivers are required to complete and sign the following form before participating or competing in school athletics or activities.

1. WCA Athletic Code of Conduct

How To Submit Completed Forms

PLEASE READ, READ, READ all information. Ensure **all FOUR (4) forms** are signed, dated, and initialed (where appropriate) by the student-athlete and parent/legal guardian. These have been highlighted for your convenience. Missing items will slow down the data entry, and forms will be returned for completion. Families will need to keep the originals.

To reduce the number of lost forms, please abide by the following:

1. Do NOT turn in your forms to coaches
2. Keep a legible scanned or digital copy for your records
3. Email completed forms to the following Wesleyan staff:
 - o Athletic Assistant: Tammy Russell at russell@wcatrojans.org
 - o Director of Sports Medicine: Nip Pesayanavin at npesayanavin@wcatrojans.org
 - o Athletic Trainer: Danica Fjelstul at dfjelstul@wcatrojans.org

Please reach out if you have any questions or need guidance with this process. Thank you for your cooperation and patience.

Nip Pesayanavin, PT, DPT, MS, LAT, ATC
Director of Sports Medicine | Wesleyan Christian Academy
336-209-9018



2025-26 NCISAA CONSENT TO PARTICIPATE AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF A NCISAA MEMBER SCHOOL AND BY THE STUDENT'S PARENT(S)/LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENT-ATHLETES MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT-ATHLETE AND PARENT(S)/LEGAL CUSTODIAN.

I acknowledge that my school is a member of the North Carolina Independent Schools Athletic Association (NCISAA) and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local conference regulations and those imposed by the NCISAA. I understand that local conference rules may be more stringent than the NCISAA and agree to follow the rules of my school and the NCISAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I acknowledge that I understand all pertinent rules that apply to my student-athlete and my school. I understand that a copy of the NCISAA Handbook is available at NCISAA.org.

PARENTS, LEGAL CUSTODIANS OR STUDENT-ATHLETES WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student-athlete and parent(s)/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, exposure to viruses or effects to the general health and well-being of the child, and in rare cases death. It is impossible to eliminate all risks. Because of these inherent risks, the student-athlete and his/her parent(s)/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(s)/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 any means, including but limited to an 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 NCISAA'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 NCISAA 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 NCISAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCISAA, 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-athlete and parent(s)/legal custodian individually and on behalf of the student-athlete, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCISAA 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-athlete'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-athlete. 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 student-athlete's member school. By doing so, however, we understand that the student-athlete would no longer be eligible for participation in interscholastic athletics.

Student-Athlete's Name

Date of Birth

Grade in School

Date

Student-Athlete's Signature

Date

Signature of Parent or Legal Custodian

Date

Gfeller-Waller NCISAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

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:

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

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, and North Carolina Independent School Athletic Association.

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) _____

Student-
Athlete
Initials

Parent/Legal
Custodian(s)
Initials

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

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 _____



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES INFORMATION FOR STUDENT-ATHLETES AND PARENTS/LEGAL CUSTODIANS

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automatic external defibrillator (AED).

How common is sudden death in young athletes?

Rare. About 100 such deaths are reported in the US per year. The chance of death occurring to any individual high school athlete is about 1 in 200,000/year. Sudden cardiac death is more common in males than females; in football and basketball than in other sports; and in African Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and the body. This is called ventricular fibrillation and is caused by one of several cardiovascular abnormalities and electrical diseases of the heart that may go unnoticed in healthy appearing athletes. The most common cause is hypertrophic cardiomyopathy, which is a disease of the heart with abnormal thickening of the heart muscle which can cause rhythm problems and blockages to blood flow. This is a genetic disease that may run in families and gradually develop over many years. The second most common cause is congenital abnormalities of the coronary arteries in which the blood vessels supplying the heart are formed abnormally. Other causes include myocarditis (inflammation of the heart, usually due to a virus), dilated cardiomyopathy (enlargement of the heart, often for unknown reasons), long QT syndrome and other electrical abnormalities of the heart, and Marfan syndrome (an inherited disorder involving abnormalities of the heart valves and major arteries, often seen in unusually tall athletes).

Are there warning signs to watch for?

Yes, in more than 1/3 of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. These include:

- History of a heart murmur
- Chest pains, at rest or during exertion
- Fatigue or tiring more quickly than peers
- Dizziness or lightheadedness, especially during exertion
- Fainting, seizure, or convulsions during physical activity
- Being unable to keep up with friends due to shortness of breath (labored breathing)
- Fainting or seizures during emotional excitement, emotional distress, or being startled
- Palpitations-awareness of the heart beating unusually (skipping, irregular, or extra beats) during athletics or cool down periods after athletic participation
- Family history of sudden death during physical activity or during a seizure
- Family history of sudden, unexpected death before age 50

- Family history of cardiac or aortic disease under 50 years of age

When should a student athlete see a heart specialist?

If the primary care provider or school physician has concerns, referral to a pediatric cardiologist is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram (ECHO), which is an ultrasound of the heart to allow for direct visualization of the heart structure may also be done. Other possible tests include a treadmill exercise test and monitor to enable longer recording of heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. That is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. That is why screening evaluations and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.



Sudden Cardiac Arrest Awareness Statement

If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.

Student-Athlete Name: _____

Parent/Legal Custodian Name: _____

☐ We have read the Student-Athlete and Parent/Legal Custodian Sudden Cardiac Death in Young Athletes Information Sheet.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	Chest pain with exercise should be reported to my parents, my coaches or a medical professional if one is available.	
	Dizziness, lightheadedness or fainting with exercise or just after exercise should be reported to my parents, my coaches or a medical professional if one is available.	
	Palpitations (skipping, irregular or extra beats) during athletics or cool down periods after athletic participation should be reported to my parents, my coaches or a medical professional if one is available.	
	A history of murmur or other known cardiac abnormalities should be reported as a part of the preparticipation sports physical	
	A family history of sudden, unexpected death before age 50 or inheritable cardiac disease should be reported as a part of the preparticipation sports physical.	
	I/my child will need written permission to participate in athletics from a medical professional should warning signs or abnormalities be noted on preparticipation sports physical.	
	I realize that further testing for cardiac disease may be necessary if warning signs or abnormalities are noted on preparticipation sports physical.	

_____ Signature of Student-Athlete	_____ Signature of Parent/Legal Custodian
_____ Date	_____ Date



2025-2026
Wesleyan Christian Academy
ATHLETIC CODE OF CONDUCT

Wesleyan Christian Academy's (WCA) athletic programs strive to provide a setting for our student-athletes to develop and display **Christ-like character** in all situations. Each athlete will be expected to prayerfully consider his/her willingness to agree to the Wesleyan Athlete Code of Conduct before program participation. The WCA interscholastic athletic program, governed by the North Carolina Independent Schools Athletic Association (NCISAA), is entirely voluntary on the part of the student. Involvement in the WCA interscholastic athletic program is a privilege, not a right. All students participating in WCA athletics shall abide by this athletic code. This includes athletes, cheerleaders, managers, statisticians, videographers, and other students representing WCA in athletics.

The following rules of the athletic code apply to all student-athletes at WCA year-round, including summer and school breaks.

Character Commitments

- I will strive for personal spiritual growth through Scripture study and prayer.
- I will seek to encourage my teammates through my attitude and behavior, both at school and in sports. I desire not to be selfish, but rather to put the interests of others before my own. (Phil. 2:3-4)
- I will respect, support, and be accountable to the authorities at school and in my sport(s) by obeying rules and guidelines with a proper attitude and countenance. (1 Peter 2:17)
- I will diligently strive for academic excellence "heartily as unto the Lord." (Colossians 3:23)
- I will demonstrate appropriate sportsmanship in practice and competition. This includes:
 - Exercising self-control with my language by not using profanity.
 - Respecting all opponents by not directing any comments, inappropriate talk, or addressing them or their actions in any way during a contest.
 - Controlling my temper and displaying a positive attitude toward game officials, referees, teammates, coaches, and spectators at all times.
- I will compete as if Jesus Christ were my audience, aware of my true accountability.
- I will forgive. (Colossians 3:13) I will reconcile differences with my friends and coaches. (Matthew 5:24) If I have a concern about another, I will respond to the spirit of Matthew 18 and deal privately with that person, "just between the two of you. If he listens to you, you have won a brother over."
- I will live in a manner pleasing to God at school and at home. I will not compromise my Christian witness through inappropriate behavior, such as cheating, truancy, use of drugs, alcohol, or tobacco, or involvement in illegal or sexually immoral activities. Conduct such as smoking, vaping, alcohol use, and drug use (which includes the use of prescription medications) will result in suspension and possibly dismissal from the team. (1 Corinthians 6:19)

Wesleyan Christian Academy
ATHLETIC CODE OF CONDUCT
Agreements and Understandings

- I will complete and sign all necessary paperwork for each sport I play at Wesleyan Christian Academy.
- I must maintain academic eligibility according to the WCA and NCISAA eligibility policy.
- I understand that the coach may collect cell phones on bus trips to help build team unity and to help me focus on the upcoming contest.
- I understand that any type of school discipline takes priority over athletics.
- In all athletic contests conducted away from school, I will ride to the contest in school transportation unless otherwise arranged with the coach and athletic director.
- I will be personally responsible for all school equipment checked out to me and will return the equipment in good condition and on time.
- I agree to and will abide by the rules and guidelines outlined in the WCA Athletic Handbook, the WCA Student Handbook, NCISAA, and the rules specific to each sport.

STATEMENT OF UNDERSTANDING AND AGREEMENT

I understand that once signed, this Code of Conduct will be in effect all year long as long as I am a student and involved in athletics at Wesleyan Christian Academy. I understand violations are cumulative for grades 6-8 and 9-12. I understand that if I falsify any signature on any required forms, I will lose eligibility for that activity.

I have read and agree to comply with the Wesleyan Christian Academy Athletic Code of Conduct.

PRINT: Student Athlete Name: (FIRST MI LAST)

SIGN: Student Athlete's Signature

Date

Parent Signature

Date