

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Currituck County High School Athletics

Sport(s) that you plan to play:  
\_\_\_\_\_

Student-Athlete Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

\*\*\*\*\*Parent/Guardian You Live With\*\*\*\*\*

Father(Step-Father)/Gaurdian

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother(Step-Mother)/Gaurdian

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parental Permission

I certify that the home address as parents shown above is my sole bona fide address and I will notify the school principal immediately of any changes in residence, since such a move may alter the eligibility status of my son/daughter. All other information on this form is accurate and current.

I also acknowledge that there is a certain risk of injury involved with athletic participation: even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

In accordance with the rules of the NCHSSA, I hereby give my son/daughter permission to participate in the sports listed above.

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*PLEASE COMPLETE AND RETURN THIS ENTIRE PACKET TO YOUR CHILD'S COACH \*\*\*\*

**UNC-CH School Sports Concussion & Post-Concussion Syndrome  
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.



*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.*

## 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 or practice if a doctor or to my, or my child's, head or body cause any concussion-related symptoms.	
	I, or my child, will not return 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

**Currituck County High School  
Student-Athlete Discipline Guidelines**

*The faculty and staff at CCHS encourage students to participate in athletics. Athletics is a privilege that offers many beneficial life-skills. Student-athletes represent their school, family, and community; therefore, it is essential that appropriate conduct be displayed. The following serves as a minimum for all athletes. Each coach may assign disciplinary action which exceeds the minimum set on this policy. For the purpose of this policy, a student-athlete is defined as any student who engages in, is eligible to engage in, or may be eligible in the future to engage in any athletic competition.*

**The policies below are in effect in-season or out of season and on or off campus:**

1. A student-athlete will not be allowed to participate or practice while he/she is serving Out of School Suspension (OSS). Additional consequences may be imposed by the coach.

2. Any student-athlete found to be in possession of any drug, drug paraphernalia or alcohol, under the influence of illegal drugs or alcohol, or to have received a positive test on a drug test pursuant to Board Policy 4326 will be subject to consequences in accordance with Policy 4326. Specifically:

**a. 1st Offense:**

The student athlete will be suspended for 30% of the number of contests in the entire athletic season, not counting scrimmages. If there is not 30% of the total number of contests remaining in that season, this loss of eligibility will extend into the next athletic season in which the athlete participates. Despite being prohibited from participating in contests and from dressing out and traveling with their teams for such contests, student-athletes must attend practices and follow all other athletic requirements and guidelines to remain members of the team. In accordance with Board Policy 4326, the suspension may be reduced to 20% of the athletic contests in the entire athletic season upon receipt of documentation from a licensed substance abuse professional that the student has completed a substance abuse assessment and is participating in any recommended or approved counseling or treatment program as described in section H of the policy.

**b. 2nd Offense:**

The student will be ineligible to participate in athletic activities for 365 days. Athletic coaches may, as a condition of the student remaining on the team, require the student to continue to participate in practices while sitting out of competitions during this time period, unless the student regains eligibility earlier as outlined in Board Policy 4326, where the student may regain eligibility prior to 365 calendar days, but not before being ineligible for at least 50% of the athletic contests in the entire athletic season as defined above (in the case of athletic activities). If there are not 50% of the total contests remaining in that school year or season, the period of ineligibility will extend into the

next school year or athletic season in which the student participates, upon compliance with all of the requirements outlined in Board Policy 4326.

**c. 3rd Offense:**

The student will be ineligible to participate in athletic activities for the remainder of his/her high school career.

3. Any student-athlete caught selling or transmitting drug paraphernalia and/or prohibited substances in any amount will be suspended from participation for one calendar year.

4. Any student-athlete found to be participating in an assault, theft, vandalism, or threat on or off campus will be subject to:

**a. 1st Offense:**

The student athlete will be suspended for 30% of the number of contests in the entire athletic season, not counting scrimmages. If there is not 30% of the total number of contests remaining in that season, this loss of eligibility will extend into the next athletic season in which the athlete participates. Despite being prohibited from participating in contests and from dressing out and traveling with their teams for such contests, student-athletes must attend practices and follow all other athletic requirements and guidelines to remain members of the team.

**b. 2nd Offense:**

The student athlete will be ineligible to participate in athletic activities for 365 days. Athletic coaches may, as a condition of the student remaining on the team, require the student to continue to participate in practices while sitting out of competitions during this time period.

**c. 3rd Offense:**

The student will be ineligible to participate in athletic activities for the remainder of his/her high school career.

5. A student-athlete convicted of any misdemeanor offense will be subject to:

**a. 1st Offense:**

The student athlete will be suspended for 30% of the number of contests in the entire athletic season, not counting scrimmages. If there is not 30% of the total number of contests remaining in that season, this loss of eligibility will extend into the next athletic season in which the athlete participates. Despite being prohibited from participating in contests and from dressing out and traveling with their teams for such contests, student-athletes must attend practices and follow all other athletic requirements and guidelines to remain members of the team.

**b. 2nd Offense:**

The student athlete will be ineligible to participate in athletic activities for 365 days. Athletic coaches may, as a condition of the student remaining on the team, require the student to continue to participate in practices while sitting out of competitions during this time period.

**c. 3rd Offense:**

The student will be ineligible to participate in athletic activities for the remainder of his/her high school career.

6. A student-athlete found to be in illegal possession of a weapon or firearm, on or off campus, will be subject to:

**a. 1st Offense:**

Athlete will be suspended from athletic participation for 180 school days.

**b. 2nd Offense:**

Exclusion from all interscholastic activities for the remainder of his/her high school career.

7. A student-athlete convicted of a felony will lose his/her eligibility for the remainder of his/her high school career. (NCHSAA Felony Policy)

a. A student-athlete who is facing felony charges will be subject to an immediate suspension until the student-athlete is adjudicated.

When the above consequences are enforced, the athletic director will determine the initial consequence. If an appeal of the decision is made, the consequence will be in effect during the appeal. A student-athlete may appeal the decision to the principal, who will recommend any changes to the athletic director. After this decision, the student-athlete may appeal to the superintendent.

Note: This policy will run consecutively for each year the student-athlete is enrolled in CCHS. (i.e. a student-athlete receives a first offense consequence during his/her freshman year and commits another offense of any kind during a subsequent year- the student-athlete will receive the second offense consequences.)

At any time the percentage results in a partial contest suspension, the total contests suspended will round up to the next full contest (i.e. If 20% of the maximum number of contests results in 2.2 contests suspended, the suspension will round up to 3 contests).

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**2018-2019 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE AND RELEASE FORM**

**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.**

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Student’s Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent or Legal Custodian \_\_\_\_\_ Date \_\_\_\_\_

EXHIBIT B



Athletic Training Services Program

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (H) Phone \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

List of sports: \_\_\_\_\_

List any previous injuries: \_\_\_\_\_

List any health-related conditions/medications (ie, diabetes, asthma, allergies etc.): \_\_\_\_\_

Emergency Contacts

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Notice, Consent and Waiver Agreement

The Children's Hospital of The King's Daughters (CHKD) Sports Medicine Program (the "Program") is in part designed to provide athletic training services with the ultimate goal of reducing the likelihood of future injury. Currituck County Schools (CCS) has contracted with CHKD to provide Certified Athletic Trainers (ATC's) at CCS events. I, the undersigned, acknowledge and agree that such ATC's may provide ATC services to Participant. I understand that there is risk of injury associated with physical activity, and by signing this agreement, I consent to such ATC's providing ATC services to Participant, Participant's participation in the Program, and I assume all risks incidental to Participant's participation in the Program, and accept full responsibility for any injuries incurred while participating in this Program. Participant, and any parent or legal guardian acting on behalf of Participant, hereby waives, releases, and agrees to hold the ATC's, CHKD and any of its affiliates, and their officers, agents, and representatives harmless from all claims and liabilities of any kind



arising directly or indirectly out of Participant's participation in the Program and the provision of ATC services to Participant.

Parent or guardian signature is required for each participant under 18 years of age.

By signing below, I confirm that I have read, understand, and agree to the terms and conditions of this Notice, Consent and Waiver Agreement.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

*If the participant is under 18:* By signing below, I confirm that I have read, understand, and agree to the terms and conditions of this Notice, Consent and Waiver Agreement. By signing below, I also give my permission for the minor named above to participate in the Program and receive ATC services.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



As a student-athlete, I know that I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



As a parent, I know that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators and officials. I will participate in cheers that support, encourage and uplift teams involved. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, and trash talking. I understand the spirit of fair play and good sportsmanship expected by our school, conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student-athlete.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT: Please complete ALL blank spaces. By leaving a space empty, it looks as if you have forgotten it. If, for some reason, it doesn't apply, please write N/A.

**2018-2019 STUDENT EMERGENCY INFORMATION  
CURRITUCK COUNTY HIGH SCHOOL**

STUDENT'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST  
ADDRESS: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_

TO PARENT(S) OR LEGAL GUARDIAN(S): To serve your child in an emergency situation, such as an ACCIDENT or SUDDEN ILLNESS it is necessary that you furnish the following information for emergency calls.

NAME	CELL PHONE NUMBER	BUSINESS PHONE NUMBER
Mother _____		
Father _____		

List two (2) neighbors or nearby relatives who will assume temporary care of your child in the event you cannot be reached.

1) NAME: _____	2) NAME: _____
RELATIONSHIP _____	RELATIONSHIP _____
PHONE #: _____	PHONE #: _____

Is the above-named student allergic to any medication? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please list all medications: \_\_\_\_\_

Is the above-named student currently taking any medication? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please list all medications: \_\_\_\_\_

I, the undersigned, do hereby authorize the officials of the Currituck County Schools to contact directly the persons named on this form, and do authorize the named physicians/Emergency Room physician to render such treatment as deemed necessary in an emergency for the health of the said child.

In the event physicians, others persons named on this card or the parents cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the said child.

Information about an ATHLETICS-RELATED injury may be shared with the following entities. My initial serves as authorization.

_____ Coach/Assistant Coaches	_____ Teachers (on a "need - to - know" basis)
_____ Athletic Director	_____ School - insurance providers
_____ Principal/Assistant Principal	_____ Media (which may include, but is not limited to: radio, television, and newspapers)
_____ School Resource Officer	_____ School System Officials (which may include, but is not limited to: Superintendent, Assistant Superintendent, Public Information Officer)
_____ Athletic Trainer	

I authorize the hospital and/or treating physician(s) to release any information acquired in the course of ATHLETICS - RELATED examination and treatment at the hospital/physician's office for the purpose of the Athletic Trainer's records for the school year.

I will not hold the school district financially responsible for the emergency care and/or transportation for the said child.

\_\_\_\_\_  
DATE SIGNATURE OF PARENT OR LEGAL GUARDIAN

INSURANCE INFORMATION: All student-athletes participating in a scholastic sport are covered by a *basic* school insurance policy provided by Currituck County Schools. This policy covers the student during athletic practices, athletic contests, and travel to and from those contests **ONLY**. It **DOES NOT** cover an accident occurring during the regular school day. If your child is covered by a personal or family policy (including Medicaid), please list that information below. Please attach a copy of the insurance card if possible.

INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
2018 -2019 SCHOOL YEAR \_\_\_\_\_  
DATE SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_