

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

*This form must be completed and signed **each year** prior to a student's participation in an athletic contest and shall be kept on file with the school. This form is subject to inspection by the LHSAA Rules Compliance Team.*

PART I

(To be completed and signed by student athlete)

PLEASE PRINT

Name: (Last, First, Middle) _____ School Year: _____

Home Address: _____ Parents' Home Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Date of Birth: _____ Date of Last Physical Exam: _____

I entered ninth grade in _____ (month and year). Last semester/year I attended _____ School.

I certify the preceding information is correct, I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards.

Date: _____ Student's Signature: _____

Telephone No: _____

ARE YOU ELIGIBLE?

As a student athlete in an LHSAA school, you must meet the following rules to be eligible for interscholastic athletic competition:

<u>RULE</u>	<u>COMMENTS</u>
BONA FIDE STUDENT	You must be counted as a student on the daily attendance records at your school. Attendance in one class makes you a student at that school.
ENROLLMENT	You must attend class during the first 11 school days of the first semester or you will be ineligible for the first 30 school days.
AGE	You cannot become 19 years of age prior to September 1 of this year.
PROOF OF AGE	You must provide legal proof of age, which meets the provisions of the LHSAA handbook, to your school administrator to be kept on file at school.
CONSECUTIVE SEMESTERS	Once you enter the ninth grade, you have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.33.15 of the LHSAA handbook)
SCHOLASTIC	For regular education high school students at the end of the first semester you must pass at least five subjects and earn at least a 1.5 grade point average in all subjects taken. At the end of the year and prior to the next school year you must have earned at least five units with an overall 1.5 GPA in all units taken. Special education students must consult the school principal, athletic director, or coach for scholastic information.
RESIDENCE AND SCHOOL TRANSFERS	If you attend a school outside your "home attendance zone", you are automatically ineligible for one year unless you meet the provisions of the Residence and School Transfers Rule.

(OVER)

UNDUE INFLUENCE	If you have been recruited to the school for athletic purposes, you will remain ineligible as long as you attend that school.
AMATEUR	You cannot play high school athletics if you lose your amateur status.
INDEPENDENT TEAM	In certain sports you cannot play on a school team and an independent team during the same sport season.
MEDICAL EXAMINATION	You must annually pass a physical examination given by a licensed physician/nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.
ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM	A school shall be required to have this form completed and signed every year prior to a student's participation in LHSAA athletics at the school.
SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM	A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.
SUSPENDED AND INELIGIBLE STUDENTS	Cannot participate in any interscholastic contest on any team at any school at any level.

LHSAA ELIGIBILITY RULES APPLY TO STUDENT ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting standards outlined on this form and other regulations and policies set by the LHSAA and your school. If you have questions or do not fully understand an eligibility rule, check with your principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize you, your team and/or your school.

ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW YOUR ELIGIBILITY RULES

PART II – PARENTAL PERMISSION

(To be completed and signed by parent)

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my student athlete. I understand additional questions /explanations and specific circumstances should be directed to my student's principal, athletic director or coach.

I certify the parents' home address, on the reverse, is my sole bona fide residence and will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information on the reverse is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for the student named on this form **to participate in any** of the following LHSAA sports:

- | | | |
|---------------|------------|-----------------|
| BASEBALL | GOLF | SWIMMING |
| BASKETBALL | GYMNASTICS | TENNIS |
| BOWLING | SOCCER | TRACK AND FIELD |
| CROSS COUNTRY | SOFTBALL | VOLLEYBALL |
| FOOTBALL | | WRESTLING |

Date: _____ Parent's Signature: _____

(Print Name) _____

Telephone No: () _____

LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.

As an LHSAA athlete, I, _____, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, _____, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: _____

Student Athlete

Dated: _____

Parent/Guardian

Notes: Rule 1.10.2 of the LHSAA By-Laws, states that this contract shall remain in effect for the remainder of the student's eligibility. This means the contract only has to be signed once by both the student and his/her parent or guardian but the terms remain in effect for the student's entire high school career.

According to Rule 6.12.4 of the LHSAA By-Laws, without the signature of the student athlete and his/her parent/guardian, the student is ineligible to participate in interscholastic athletic contests at all levels of play in all LHSAA sports at all LHSAA schools until compliance with Rule 1.10.2 is obtained from both parties.

Any student participating in an interscholastic athletic contest(s) without a properly signed contract shall be classified as an ineligible student and both the student and school shall be penalized according to the LHSAA Penalty Code.

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested. Federal courts have consistently ruled participation in high school athletics is a privilege, not an educational right.

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, and is subject to inspection by the LHSAA Rules Compliance Team.

PART I: INFORMATION *(To be filled out by parent or guardian only)*

Name: _____ Grade: _____ School: _____

Sex: M / F Age: _____ Date of Birth: _____ Home Telephone #: _____ Sports: _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Parent's Employer: _____ Work Telephone #: _____

Insurance Company: _____ Policy #: _____ Family Doctor: _____

PART II: MEDICAL HISTORY *(To be filled out by parent or guardian)*

Has or Does this athlete **Circle & please explain all "yes" answers below**

- | | | |
|---|----------------------------------|--------------------|
| 1. Have a medical problem or injury since his/her last evaluation? | YES | NO |
| Ever not been allowed to participate in sports for a medical reason?..... | YES | NO |
| 2. Ever been hospitalized?..... | YES | NO |
| Ever had surgery? | YES | NO |
| Have any missing organs? (<i>eye, kidney, testicle, etc.</i>) | YES | NO |
| 3. Presently take any medication? | YES | NO |
| 4. Have any allergies to medicine or insect bites? | YES | NO |
| 5. Passed out during or after exercise? | YES | NO |
| Been dizzy or passed out during or after exercise?..... | YES | NO |
| Have chest pain during or after exercise? | YES | NO |
| Tire more quickly than his/her friends during exercise?..... | YES | NO |
| Have high blood pressure? | YES | NO |
| Been told he/she has a heart murmur?..... | YES | NO |
| Have racing of the heart or skipped heartbeats? | YES | NO |
| Have a family member that died of heart problems or sudden death before age 50?..... | YES | NO |
| 6. Have any skin problems?..... | YES | NO |
| 7. Ever had a head or neck injury? | YES | NO |
| Ever been knocked out or unconscious? | YES | NO |
| Ever had a seizure? | YES | NO |
| Ever had a stinger, burner or pinched nerve?..... | YES | NO |
| 8. Ever had heat cramps? | YES | NO |
| Ever been dizzy or passed out in the heat?..... | YES | NO |
| 9. Have trouble with breathing or coughing during or after activity? | YES | NO |
| 10. Use any special equipment? (<i>pads, braces, neck rolls, eye guards, kidney belt, etc.</i>) | YES | NO |
| 11. Have any problems with vision? | YES | NO |
| Wear glasses or contacts? | YES | NO |
| 12. Ever sprained/strained, dislocated, fractured or had repeated swelling of any bones or joints?..... | YES | NO |
| 13. Have any medical problems listed below? (<i>Please check off</i>) | | |
| _____ High Blood Pressure | _____ Rheumatic Fever | _____ Diabetes |
| _____ Mononucleosis | _____ Abnormal Bleeding | _____ Tuberculosis |
| _____ Sickle Cell Disease/Trait | _____ Other(<i>list</i>) _____ | _____ Hepatitis |
| _____ Asthma | | |

14. List dates for last: Tetanus Shot: _____ Measles Immunization: _____

15. Female athletes, list dates for: First menstrual period: _____ Last menstrual period: _____

Longest time between periods last year: _____

Please explain all "yes" answers from above: _____

PART III: SIGNATURES

(You must answer these questions and sign for your child to be examined)

- | | | | |
|----|--|-----|----|
| 1. | The information on the reverse is current and correct to the best of my knowledge | YES | NO |
| 2. | I give my permission for my child to be examined for school-related activities | YES | NO |
| 3. | If, in the judgment of a school representative, the named student athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary..... | YES | NO |
| 4. | I recognize the evaluation to be done on my child is a standard pre-participation screening examination, and that no in-depth testing, x-rays, lab work, or cardiac testing will be performed..... | YES | NO |
| 5. | I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately | YES | NO |
| 6. | I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school..... | YES | NO |

Signature of Parent/Guardian: _____ Date: _____

Signature of Student Athlete: _____ Date: _____

PART IV: PHYSICAL *(To be filled out annually by a licensed physician /licensed nurse practitioner in collaboration with doctor or a licensed physician's assistant under the supervision of a licensed physician.)*

C O M P L E T E	L I M I T E D	Height		Weight		Blood Pressure	/	Pulse	
		SYSTEM	NORMAL	ABNORMAL	INITIALS	COMMENTS			
		Heart							
	Lung								
	Other								
	Abdominal								
	Genitalia								
	Neck								
	Shoulder								
	Elbow								
	Wrist								
	Hand								
	Back								
Knee									
Ankle									
Foot									
Eye	Right	20/	Left	20/	Corrected?	YES	/	NO	

CLEARANCE: _____ A. Cleared
 _____ B. Cleared after further evaluation/treatment
 _____ C. Not cleared for: _____ Collision _____ Contact _____ Non-contact

RECOMMENDATIONS: _____

NAME OF MD/NURSE PRACTITIONER: _____ **DATE:** _____

ADDRESS: _____ **TELEPHONE:** _____

SIGNATURE OF MD/NURSE PRACTITIONER: _____