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:

<table>
<thead>
<tr>
<th>RULE</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>BONA FIDE STUDENT</td>
<td>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.</td>
</tr>
<tr>
<td>ENROLLMENT</td>
<td>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.</td>
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<tr>
<td>AGE</td>
<td>You cannot become 19 years of age prior to September 1 of this year.</td>
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<tr>
<td>PROOF OF AGE</td>
<td>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.</td>
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<tr>
<td>CONSECUTIVE SEMESTERS</td>
<td>Once you enter the ninth grade, you have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.31.9 of the LHSAA handbook)</td>
</tr>
<tr>
<td>SCHOLASTIC</td>
<td>For regular education high school students at the end of the first semester you must pass at least six subjects in all subjects taken. At the end of the year and prior to the next school year, you must have earned at least six units with an overall “C” average as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester. Special education students must consult the school principal, athletic director, or coach for scholastic information.</td>
</tr>
<tr>
<td>RESIDENCE AND SCHOOL TRANSFERS</td>
<td>Upon entering high school for the first time, a student shall have the choice to attend any member school located in the parish in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same parish will render the student ineligible for one calendar year.</td>
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</table>

(OVER)
If you have been recruited to the school for athletic purposes, you will remain ineligible as long as you attend that school.

You cannot play high school athletics if you lose your amateur status.

In certain sports you cannot play on a school team and an independent team during the same sport season.

You must annually pass a physical examination given by a licensed physician/practitioner that is in collaboration with a licensed physician or a licensed physician assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

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.

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.

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. Additionally, I give the LHSAA or its representative(s) permission to review my child’s scholastic records and all required eligibility forms.

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:

<table>
<thead>
<tr>
<th>BASEBALL</th>
<th>GOLF</th>
<th>SWIMMING</th>
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<tr>
<td>BASKETBALL</td>
<td>GYMNASTICS</td>
<td>TENNIS</td>
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<tr>
<td>BOWLING</td>
<td>POWERLIFTING</td>
<td>TRACK AND FIELD</td>
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<tr>
<td>CROSS COUNTRY</td>
<td>SOCCER</td>
<td>VOLLEYBALL</td>
</tr>
<tr>
<td>FOOTBALL</td>
<td>SOFTBALL</td>
<td>WRESTLING</td>
</tr>
</tbody>
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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 1.10.3 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 Rule 1.10.3.

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.
BELLE CHASSE ATHLETICS
EMERGENCY INFORMATION

NAME ____________________________ BIRTH DATE ___________ AGE ___

ADDRESS ___________________________ CITY ______________ ZIP ______

IN CASE OF EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY:

NAME ___________________________ PHONE __________________

FAMILY DOCTOR ______________________ PHONE ________________

PREFERRED HOSPITAL ___________________ KNOWN ALLERGIES ________

THE TEAM PHYSICIAN, TRAINER, AND COACH MAY APPLY FIRST AID TREATMENT UNTIL THE FAMILY DOCTOR CAN
BE CONTACTED: YES ____ NO ____

WE GIVE OUR CONSENT FOR COACHES, TRAINER, AND TEAM PHYSICIAN TO USE THEIR OWN JUDGEMENT IN
SECURING MEDICAL AID AND AMBULANCE SERVICE IN THE CASE PARENTS/GUARDIANS CAN NOT BE REACHED.
YES ____ NO ____

DATE ___________________________ SIGNATURE ________________

INSURANCE COMPANY __________________________ POLICY # ________

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<th>Mothers Name:</th>
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<td>Mother's Work Phone:</td>
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<td>Mother's Home Phone:</td>
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<td>Cellular Phone:</td>
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<td>Beeper:</td>
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<table>
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<th>Father's Name:</th>
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**LHSAA Basic Concussion Rule**

Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional.

*A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness to have suffered a concussion.*

Common Symptoms of Concussion include:

- headache, fogginess, difficulty concentrating, easily confused, slowed thought processes, difficulty with memory, nausea, lack of energy, dizziness or poor balance, blurred vision, sensitive to light and sounds, mood changes—irritable, anxious, or tearful

**LHSAA Adopted Concussion Management Protocol:**

1. No athlete shall return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion shall be evaluated by an appropriate health-care professional that day. If none is not available, the Head Coach shall make the determination.
3. Any athlete diagnosed with a concussion shall be medically cleared by a Medical Doctor or a Doctor of Osteopathic Medicine, each of which must be licensed to practice in Louisiana, prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions as determined by a Medical Doctor or Doctor of Osteopathic Medicine, each licensed to practice in Louisiana, for delayed RTP based upon return of any signs or symptoms.
WHAT IS A CONCUSSION?
A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:
• Appears dazed or stunned
• Is confused about assignment or position
• Forgets an instruction
• Is unsure of game, score, or opponent
• Moves clumsily
• Answers questions slowly
• Loses consciousness (even briefly)
• Shows behavior or personality changes
• Can’t recall events prior to hit or fall
• Can’t recall events after hit or fall

Symptoms Reported by Athlete
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Sensitivity to light
• Sensitivity to noise
• Feeling sluggish, hazy, foggy, or groggy
• Concentration or memory problems
• Confusion
• Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?
Every sport is different, but there are steps your children can take to protect themselves from concussion.
• Ensure that they follow their coach’s rules for safety and the rules of the sport.
• Encourage them to practice good sportsmanship at all times.
• Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
• Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?
1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child’s coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.
WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a bump or blow to the head
• Can change the way your brain normally works
• Can occur during practices or games in any sport
• Can happen even if you haven’t been knocked out
• Can be serious even if you’ve just been “dinged”

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Bothered by light
• Bothered by noise
• Feeling sluggish, hazy, foggy, or groggy
• Difficulty paying attention
• Memory problems
• Confusion
• Does not “feel right”

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
• Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

• Get a medical check up. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

• Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?
Every sport is different, but there are steps you can take to protect yourself.
• Follow your coach’s rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  > The right equipment for the game, position, or activity
  > Worn correctly and fit well
  > Used every time you play

It’s better to miss one game than the whole season.
Louisiana High School Athletic Association
Parent and Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

<table>
<thead>
<tr>
<th>Parent Initial</th>
<th>Student Initial</th>
</tr>
</thead>
</table>

A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or team physician.

A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.

I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete Date
Printed name of Student-Athlete

Signature of Parent/Guardian Date
Printed name of Parent/Guardian
From this limited screening I see no reason why this student cannot participate in athletics.

[ ] Student is cleared
[ ] Cleared after further evaluation and treatment for:
[ ] Not cleared for: _contact _non-contact

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This physical expires one year on the last day of the month that it was signed and dated by the MD, DO, APRN or PA.