

**SCI  HIGH
NAUTILI**

**2021 - 2022
STUDENT ATHLETE PACKET**



Achievement. Integrity. Perseverance. Critical Thinking. Leadership and Community

Dear Sci High Student-Athlete and Families,

Welcome to the 2021-2022 school year. We will begin our sports programs according to the approved practice and season dates required by the LHSAA. Sci High student-athletes practice five to six days a week (barring special events and holidays). Practice times are from dismissal to 6:00pm. Students must report to their assigned practice location with their coach immediately after the dismissal bell. Students who leave the school building or campus at dismissal will not be allowed to re-enter the school building. Students who are absent from or suspended from school on a specific day may not participate in practice on that day. All practices will be held at Sci High approved practice locations and vary from the outdoor courts to specified parks or gyms. Players will be supervised by at least one coach at all times. The team will return to Sci High upon completion of practice. Practices are closed events open only to active players on the team rosters. All other students, including siblings of players must leave campus at dismissal.

Parents/Guardians are responsible for picking up his/her student athlete from practices and games/competitions.

This year athletic fees are \$75 per student-athlete, any additional sport is \$30. Please submit payment via money orders to Ms. Smith in the front office. Athletic fees cover referee costs, transportation to games and student athlete hydration needs. ***NOTE: There will be additional costs per specific sport.***

Athletic Packets and Physicals must be completed and submitted to Coaches or Athletic Director. All forms can be located on the website: noscighigh.org (click on the athletics tab). Students may obtain physicals through School Based Health Clinic.

We look forward to a great season! If you have any questions or concerns, please contact Coach K at kwilliams@noscighigh.org

Sincerely,

Coach K Williams

Coach K Williams, M.A.

Athletic Director

(504) 330-7748

kwilliams@noscighigh.org

New Orleans Charter Science and Mathematics High School
2011 Bienville st.
New Orleans, LA 70118
www.noscighigh.org



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INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK FOR COVID-19

Participant's name: _____

Birth Date: _____

Parent/Guardian's name: _____

Home Address: _____

Home Phone: _____

Parent's Cell: _____

As a result of the highly contagious coronavirus, COVID-19, federal, state, local governments, and health agencies recommend social distancing and have, in many situations, prohibited and limited the congregation of groups of people. **New Orleans Charter Science and Mathematics High School** has put in place preventative measures intended to reduce the spread of COVID-19 including following the directives and guidelines from our Governor, Department of Health, and local standards. However, **New Orleans Charter Science and Mathematics High School** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending and participating in _____ (Sport/Activity) could increase your risk and your child(ren)'s risk of contracting COVID-19.

You and/or your child(ren)'s participation and attendance at an activity is voluntary. Further, you and your child(ren) are required to abide by directives designed to lower the risk of COVID-19 exposure which may include wearing masks, social distancing (6 feet apart), washing hands, non-sharing of equipment, wiping down all shared



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equipment after each use, limitations on spectators, etc. **Additionally, all participants are required to be vaccinated, provide proof of vaccination, or have weekly COVID 19 testing.** These directives will be provided to you by _____. If you fail to follow these directives, you will forfeit you and your child(ren)'s right to continued participation in the activity.

- Participants will be allowed to participate in workouts/practices/meetings held at facilities.

- No family members or guests will be permitted to enter the location of the workouts/practices/meetings or gather for social interactions. While waiting for their children, parents/guardians should remain in their vehicles in the parking lots.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____ Date _____

Parent's Signature _____ Date: _____

LHSAA MEDICAL HISTORY EVALUATION

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

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes No Condition	Whom	Yes No Condition	Whom	Yes No Condition	Whom
<input type="checkbox"/> <input type="checkbox"/> Heart Attack/Disease	_____	<input type="checkbox"/> <input type="checkbox"/> Sudden Death	_____	<input type="checkbox"/> <input type="checkbox"/> Arthritis	_____
<input type="checkbox"/> <input type="checkbox"/> Stroke	_____	<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure	_____	<input type="checkbox"/> <input type="checkbox"/> Kidney Disease	_____
<input type="checkbox"/> <input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia	_____	<input type="checkbox"/> <input type="checkbox"/> Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes No Condition	Date	Yes No Condition	Date	Yes No Condition	Date
<input type="checkbox"/> <input type="checkbox"/> Head Injury / Concussion	_____	<input type="checkbox"/> <input type="checkbox"/> Neck Injury / Stinger	_____	<input type="checkbox"/> <input type="checkbox"/> Shoulder L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Elbow L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Arm / Wrist / Hand L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Back	_____
<input type="checkbox"/> <input type="checkbox"/> Hip L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Thigh L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Knee L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Lower Leg L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Chronic Shin Splints	_____	<input type="checkbox"/> <input type="checkbox"/> Ankle L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Foot L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Severe Muscle Strain	_____	<input type="checkbox"/> <input type="checkbox"/> Pinched Nerve	_____
<input type="checkbox"/> <input type="checkbox"/> Chest	_____	Previous Surgeries:	_____		

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes No Condition	Yes No Condition	Yes No Condition
<input type="checkbox"/> <input type="checkbox"/> Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/> <input type="checkbox"/> Asthma / Prescribed Inhaler	<input type="checkbox"/> <input type="checkbox"/> Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/> <input type="checkbox"/> Seizures	<input type="checkbox"/> <input type="checkbox"/> Shortness of breath / Coughing	<input type="checkbox"/> <input type="checkbox"/> Rapid weight loss / gain
<input type="checkbox"/> <input type="checkbox"/> Kidney Disease	<input type="checkbox"/> <input type="checkbox"/> Hernia	<input type="checkbox"/> <input type="checkbox"/> Take supplements/vitamins
<input type="checkbox"/> <input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> <input type="checkbox"/> Knocked out / Concussion	<input type="checkbox"/> <input type="checkbox"/> Heat related problems
<input type="checkbox"/> <input type="checkbox"/> Single Testicle	<input type="checkbox"/> <input type="checkbox"/> Heart Disease	<input type="checkbox"/> <input type="checkbox"/> Recent Mononucleosi
<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Enlarged Spleen
<input type="checkbox"/> <input type="checkbox"/> Dizzy / Fainting	<input type="checkbox"/> <input type="checkbox"/> Liver Disease	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia
<input type="checkbox"/> <input type="checkbox"/> Organ Loss (kidney, spleen, etc)	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> Overnight in hospital
<input type="checkbox"/> <input type="checkbox"/> Surgery	<input type="checkbox"/> <input type="checkbox"/> Prescribed EPI PEN	<input type="checkbox"/> <input type="checkbox"/> Allergies (Food, Drugs) _____
<input type="checkbox"/> <input type="checkbox"/> Medications _____		

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. 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**
2. 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**
3. 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**
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s) **Yes No**

_____ **Date Signed by Parent** _____ **Signature of Parent** _____ **Typed or Printed Name of Parent**

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPEAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
III. Lower Extremity		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

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

_____ **Printed Name of MD, DO, APRN or PA** _____ **Signature of MD, DO, APRN or PA** _____ **Date of Medical Examination**

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

LHSAA MEDICAL HISTORY EVALUATION/EVALUACIÓN HISTORIAL MÉDICO DE LHSAA

IMPORTANTE: Este formulario tiene que ser completado anualmente, archivado con la escuela, y estar sujeto a inspección por el Equipo de Reglas Cumplida.

Nombre: _____ Escuela: _____ Grado: _____ Fecha: _____
 Deporte (s): _____ Sexo: M / F Fecha de nacimiento: _____ Edad: _____ Teléfono celular: _____
 Dirección: _____ Ciudad: _____ Estado: _____ Código postal: _____ Teléfono de casa: _____
 Padres/ tutor: _____ Empleadores: _____ Teléfono del trabajo: _____

HISTORIAL MÉDICO FAMILIAR: Cualquier miembro de su familia menor de 50 años ha tenido estas condiciones?

Sí	No	Condición	Quien	Sí	No	Condición	Quien	Sí	No	Condición	Quien
<input type="checkbox"/>	<input type="checkbox"/>	Ataque al corazón, cardiopatía	_____	<input type="checkbox"/>	<input type="checkbox"/>	Muerte súbita	_____	<input type="checkbox"/>	<input type="checkbox"/>	Artritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Derrame cerebral	_____	<input type="checkbox"/>	<input type="checkbox"/>	Presión alta/hipertensión	_____	<input type="checkbox"/>	<input type="checkbox"/>	Enfermedad del riñón	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rasgo de células falciformes, Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsia	_____

HISTORIAL ORTOPÉDICA DEL ATLETA: ¿El atleta ha tenido cualquiera de las siguientes heridas?

Sí	No	Condición	Fecha	Sí	No	Condición	Fecha	Sí	No	Condición	Fecha
<input type="checkbox"/>	<input type="checkbox"/>	Lesiones de la cabeza / conmoción cerebral	_____	<input type="checkbox"/>	<input type="checkbox"/>	Lesiones del cuello / Parestesias	_____	<input type="checkbox"/>	<input type="checkbox"/>	Hombro I / D	_____
<input type="checkbox"/>	<input type="checkbox"/>	Codo Izquierda / Derecha	_____	<input type="checkbox"/>	<input type="checkbox"/>	Brazo / muñeca / mano I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Espalda	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cadera I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Muslo I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rodilla I / D	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pierna I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Periostitis crónica	_____	<input type="checkbox"/>	<input type="checkbox"/>	Tobillo I / D	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pie I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Tensión muscular severa	_____	<input type="checkbox"/>	<input type="checkbox"/>	Nervio comprimido	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pecho	_____	Cirugías previas: _____							

HISTORIAL MÉDICO DEL DEPORTISTA: ¿El atleta ha tenido cualquiera de las siguientes condiciones?

Sí	No	Condición	Sí	No	Condición	Sí	No	Condición
<input type="checkbox"/>	<input type="checkbox"/>	Murmullo en el Corazón / Dolor en el Pecho	<input type="checkbox"/>	<input type="checkbox"/>	Asma / prescrito inhalador	<input type="checkbox"/>	<input type="checkbox"/>	Irregularidades menstruales: último ciclo: _____
<input type="checkbox"/>	<input type="checkbox"/>	Convulsiones	<input type="checkbox"/>	<input type="checkbox"/>	Brevedad de la respiración / tos	<input type="checkbox"/>	<input type="checkbox"/>	Pérdida/ ganancia rápida de peso
<input type="checkbox"/>	<input type="checkbox"/>	Enfermedad del riñón	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Tomar suplementos/vitaminas
<input type="checkbox"/>	<input type="checkbox"/>	Latido cardíaco irregular	<input type="checkbox"/>	<input type="checkbox"/>	Inconsciente / conmoción cerebral	<input type="checkbox"/>	<input type="checkbox"/>	Problemas de calor
<input type="checkbox"/>	<input type="checkbox"/>	Testículo único	<input type="checkbox"/>	<input type="checkbox"/>	Enfermedades del corazón/cardiopatía	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosi recientes
<input type="checkbox"/>	<input type="checkbox"/>	Presión alta/hipertensión	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Agrandamiento del bazo
<input type="checkbox"/>	<input type="checkbox"/>	Mareos / desmayos	<input type="checkbox"/>	<input type="checkbox"/>	Enfermedad del hígado/hepática	<input type="checkbox"/>	<input type="checkbox"/>	Rasgo de células falciformes, Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Pérdida de órgano (riñón, bazo, etcetera)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Una noche de estancia (hospital)
<input type="checkbox"/>	<input type="checkbox"/>	Cirugía	<input type="checkbox"/>	<input type="checkbox"/>	Prescrito EPIPEN/inyección de Epinefrina	<input type="checkbox"/>	<input type="checkbox"/>	Alergias (Alimentos, medicamentos)
Medicamentos: _____								

Apunte las fechas de: La última vacuna de tétanos: _____ Vacuna de sarampión: _____ Vacuna de meningitis: _____

FORMULARIO DE RENUNCIA DE LOS PADRES

Al mejor de nuestro conocimiento, hemos dado información verdadera y exacta y doy permiso para la evaluación del examen físico. Entendemos la evaluación consiste en un examen limitado y la investigación no se pretende ni evitará lesiones o la muerte súbita. Entiendo que si el examen es sin expectativa de pago, no habrá ninguna causa de acción en virtud de Luisiana R.S. 9:2798 contra el equipo voluntario de la salud médico o empleador bajo la ley de Louisiana.

- Si, a juicio de un representante de la escuela, el nombre estudiante atleta necesita atención o tratamiento como resultado de una lesión o enfermedad, por la presente solicitud, consentimiento y autorizar para tal cuidado como puede ser juzgado necesario **Sí** **No**
- Entiendo que si la condición médica de mi hijo cambia de cualquier manera significativa después de su examen físico, Notificaré a su principal el cambio inmediatamente **Sí** **No**
- Doy mi permiso para que el entrenador le diga información sobre lesiones de mi hijo para el director de entrenadores/ Director/Director de su escuela **Sí** **No**

Esta renuncia, ejecutada el día _____ del mes _____, 20____, por _____ siguiente por el médico que suscribe, médico osteopático, enfermera o asistente médico y padre del atleta de estudiante nombrado arriba, que se realiza en cumplimiento de la ley de Louisiana con el completo entendimiento de que no habrá ninguna causa de acción por la pérdida o daños causados por cualquier acto u omisión relacionado con los servicios de atención médica si voluntariamente y sin expectativas de pago adjunto a menos que tal pérdida o daño fue causado por negligencia.

Fecha de firma de los padres _____ Firma del padre _____ Mecanografiado o en letra de molde _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)
 COMPLETADO ANUALMENTE POR DOCTOR MÉDICO, DOCTOR OSTEOPÁTICO (DO), PRACTICANTE DE ENFERMERÍA (APRN) O ASISTENTE DE MÉDICO (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: _____

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
III. Lower Extremity		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

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

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed **by the student-athlete's parent** prior to a student's participation in an athletic contest and shall be kept on file with the school. **It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school.** This form is subject to **review/inspection** by the LHSAA **or its representative.**

PART I: STUDENT INFORMATION (Please Print)

Student's Name: (Last, First, Middle) _____ School Year: _____

Date of Birth: _____ Last Four Digits of SSN: _____

Home Address: _____

City: _____ Zip: _____

My child entered ninth grade in _____ (month and year). Last semester/year he/she attended _____ High School.

ARE YOU ELIGIBLE?

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

<u>RULE</u>	<u>COMMENTS</u>
BONA FIDE STUDENT	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 th grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
ENROLLMENT	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
AGE	A student shall not become 19 years of age prior to August 1 of this year.
PROOF OF AGE	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
CONSECUTIVE SEMESTERS	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.26.6 of the LHSAA handbook)
SCHOLASTIC	<p>For regular education high school students at the end of the first semester a student shall pass at least six subjects in all subjects taken.</p> <p>At the end of the year and prior to the next school year, a student shall must have earned at least six units with an overall "C" average for the entire previous school year as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.</p> <p>Special education students must consult the school principal, athletic director, or coach for scholastic information.</p>
RESIDENCE AND SCHOOL TRANSFERS	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone 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 attendance zone shall render the student ineligible for one calendar year.
UNDUE INFLUENCE	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
AMATEUR	A student cannot play high school athletics if he/she loses their amateur status.
INDEPENDENT TEAM	In certain sports a student cannot play on a school team and an independent team during the same sport season.

MEDICAL EXAMINATION A student shall 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 only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school unless the student transfers to another member 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 Shall not 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 a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

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

PART II – PARENTAL PERMISSION

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

I certify the home address listed on this form is my sole bona fide residence and that I will notify the school principal immediately of any change in my residence, since such a move may alter the eligibility status of my child. All other information given 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 it representative(s) permission to review my child's scholastic records and all required eligibility forms however submitted by the school or myself.

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 my child to participate in any of the following LHSAA sports:

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

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.

Date: _____ Parent's Signature: _____

Relationship to Student _____ (Print Name) _____

(Principal Signature) _____

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION

12720 Old Hammond Highway
Baton Rouge, LA 70816

PARENTAL RELEASE AND ACKNOWLEDGEMENT OF RISK

The LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION (LHSAA), in an effort to continue its promotion and development of student-athletes in the State of Louisiana during these difficult times and special circumstances, hereby offers the following release and acknowledgement to parents as a prerequisite to participation in athletic competition, conditioning and training. An affirming signature will be required on behalf of all student-athlete participants.

I, _____, the parent/legal guardian of _____, do affirm and acknowledge each of the following, free of coercion from any source or origin:

1. I am aware that my child has not obtained a physical examination and is desiring to engage in summer athletics, conditioning and training. I further understand that an annual physical examination is recommended for all student-athletes.
2. I am aware of no medical condition, illness, injury and/or disorder that would preclude his/her full participation in athletic competition, training, and/or conditioning.
3. I am not aware of and have no reason to believe that his coaches are aware of any such medical condition, illness, injury, and/or disorder that would preclude his/her full participation in athletic competition, training, and/or conditioning.
4. I will immediately advise the head coach and any other associated personnel should I become aware of any condition, illness, injury, disorder, and/or other reason why my child should not participate in athletic competition, training and/or conditioning.

Accordingly, I hereby request that _____ (High School) allow my child to participate in athletic competition, training, and conditioning without restrictions, and I do hereby release the LHSAA, school district, school, its employees, contractors, insurers, and/or assigns from any claims arising out of the absence of an updated

physical examination by a qualified physician. I understand and acknowledge the risks associated therewith.

Signed this ____ day of _____, 2020.

_____ (Signature of Parent)

Printed Name of Parent: _____

Printed Name of Child: _____



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
Dated: _____	_____
	Principal
Dated: _____	_____
	Head Coach or AD

1.10 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

1.10.1 The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:

1. A school shall be fined \$50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed \$500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.