JPPSS MIDDLE SCHOOL ATHLETICS

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.

Part 1: Student Information (please print)

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

Date of Birth: _____ Grade: _____

Home Address: _____

City: _____ Zip Code: _____

Are You Eligible?

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

RULE	COMMENT
BONA FIDE STUDENT	A student shall be enrolled in and attending a JPSS school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript (report card). A student 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.
AGE	A student shall not become 15 years of age prior to August 1 of this year
PROOF OF AGE	A student shall provide legal proof of age to the school and kept on file
SCHOLASTIC	A student must be promoted to the next grade, but not socially promoted. At the beginning of the school year and after each grading period, a student must pass all classes taken with a 1.5 GPA or pass all but one class with a 2.0 GPA.
MEDICAL EXAMINATION	A student shall annually pass a physical examination given by an 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 student shall only have this form completed and signed prior to the first time a student participates in athletics at the school.
WARNING AND ASSUMPTION OF RISK AND PARENT/STUDENT CONCUSSION FORM	A school shall only be required to have this form completed and signed prior to the first time a student participates in athletics at the school.
SUSPENDED AND INELIGIBLE STUDENTS	Shall not participate in any team activities

ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL SCHOOLS IN ALL DIVISIONS
Eligibility to participate in athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by JPPSS. If you have any questions or do not fully understand an eligibility rule, check with your child's 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.

PART II: PARENTAL PERMISSION

I have read and reviewed the general requirements for middle school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions /explanations and specific circumstances 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 immediately of any change in my residence. 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 JPPSS Athletic Department or its representative(s) permission to review my child's scholastic records and all required eligibility forms 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 athletic director of the change immediately.

I hereby give my consent and approval for my child to participate in any of the following JPPSS sports:

BASEBALL, BASKETBALL, CHEER, FOOTBALL, SOCCER, SOFTBALL, TRACK, VOLLEYBALL

I certify all the information is correct, that I have read the summary of the JPPSS eligibility 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/her 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 JPPSS school

DATE: _____ PARENT'S SIGNATURE: _____

(PRINT NAME): _____

RELATIONSHIP TO STUDENT: _____

TELEPHONE #: _____

WARNING AND ASSUMPTION OF RISK FORM

Both student and parent/guardian must read carefully and sign:

SPORTS: (Check applicable spaces):

___ Baseball ___ Basketball ___ Cheer ___ Football

___ Soccer ___ Softball ___ Track ___ Volleyball

I am aware that playing or practicing to play /participate in any sport can be dangerous activity involving **many risks of injury.** I understand that the dangers and risks of playing or practicing to play/participate in the above checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in the above checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers of participating in the above checked sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

In consideration of Jefferson Parish Athletics permitting me to try out for the above checked sport(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing or playing/participating in that sport(s), I hereby assume all the risks associated with participation.

I specially acknowledge that Baseball, Basketball, Football, Soccer and Softball are physical contact sports involving even greater risk of injury than other sports.

_____ _____

STUDENT SIGNATURE DATE

PARENT/GUARDIAN

I, _____, am the parent/legal guardian of _____(student). I have read the above warning and assumption of risk form and understand its terms. I understand that all sports can involve **many risks of injury**, including, but not limited to, those outlined above.

_____ _____

PARENT/LEGAL GUARDIAN SIGNATURE DATE

Parent and Student-Athlete Concussion Statement

PARENT INITIAL	STUDENT INITIAL	
_____	_____	A concussion is a brain injury, which I am responsible for reporting to my coach, athletic director or athletic trainer.
_____	_____	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 director or athletic trainer.
_____	_____	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 a 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 are resolved.
_____	_____	In rare cases, repeat concussions can cause permanent brain damage and even death.

_____ _____
STUDENT-ATHLETE SIGNATURE DATE

_____
STUDENT-ATHLETE (PRINT)

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

_____
PARENT/GUARDIAN (PRINT)