

Hammond High Magnet School Athletics

2026-2027 Paperwork Checklist

(These are the only acceptable forms)

ATHLETE'S NAME _____
 (Please print first and last name clearly.)

Check	Item
	1. Copy of Birth Certificate
	2. Current / up to date Physical Form (must be completely filled out with the necessary signatures) FREE NORTH OAKS PHYSICAL DAY at HHMS, Wednesday, June 3, 2026
	3. LHSAA Parent Permission Form (2 pages)
	4. LHSAA Substance Abuse/Misuse Contract & Consent Form
	5. LHSAA Parent & Student Athlete Concussion Statement
	6. North Oaks Authorization to Disclose Drug Screen Results Form
	7. LHSAA 8th Grade Student Spring/Summer Practice Participation/Tryout Commitment Form
	8. Do you currently live in Hammond High Magnet School Attendance Zone? YES or NO (circle one)
	9. All Seniors must be enrolled in a minimum of four (4) classes to be eligible to participate in athletics.
	ALL BLANKS MUST BE FILLED IN ON ALL FORMS

No student will be allowed to try out or participate for any team without this paperwork on file. ALL forms must be completed, signed and submitted prior to tryouts.

*****Returning players are only required to submit an updated physical*****

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed *annually*, kept on file with the school, and 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 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 Mononucleosis
<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) or the associated medical personnel. 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 :		ORTHOPAEDIC EXAM :									
	Norm	Abnl	I. Spine / Neck	Norm	Abnl	II. Upper Extremity	Norm	Abnl	III. Lower Extremity	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>	Cervical	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Hip	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>				Wrist	<input type="checkbox"/>	<input type="checkbox"/>			
Skin	<input type="checkbox"/>	<input type="checkbox"/>									

Health Care Provider notes (if needed): _____

- Medically eligible for all sports without restriction
 - Medically eligible for certain sports
 - Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____
 - Not medically eligible pending further evaluation
 - Not medically eligible for any sports
- This recommendation is from a limited screening.

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

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	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. 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. Special education students must consult the school principal, athletic director, or coach for scholastic information.
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.



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: 3/2/26

Mit K. J.
Principal

Dated: 3/2/26

A. K. V.
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.

**Louisiana High School Athletic Association
Student-Athlete and Parent Concussion Statement**

After reading the CDC Heads Up Concussion Fact Sheets and reviewing the LHSAA Concussion Management Protocol, I am aware of the following information:

Athlete Initial:	Parent Initial:	
		A concussion is a brain injury which I am responsible for reporting to my coach, athletic trainer, or health care provider.
		A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot always see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
		Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.
		Athletes diagnosed with a concussion must be assessed by a health care provider. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.
		Concussed athletes are much more likely to experience complications if they return to play before symptoms resolve including but not limited to permanent brain damage or even death.

I commit to the following:

Athlete Initial:	Parent Initial:	
		I will report all injuries and illnesses to my coach, athletic trainer and/or health care provider.
		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.
		If I suspect a teammate has a concussion, I will report the injury to my coach, athletic trainer, or team health care provider.

Signature of Student-Athlete

Signature of Parent/Legal Guardian

Printed Name of Student-Athlete

Printed Name of Parent/Legal Guardian

Date

Date

This form must be kept on record with the school.



P. O. Box 2668 HAMMOND, LA 70404
(985) 345-2700

AUTHORIZATION TO DISCLOSE DRUG SCREEN RESULTS

I hereby authorize NORTH OAKS HEALTH SYSTEM to disclose the drug screen results of:

Student Name: _____ DOB: _____

Release to:

Client Name: Tangipahoa Parish School System School: _____

Sport: _____

The information will be disclosed for the following purpose:

Student athlete random drug screen required for participation in school athletics.

FOR RELEASE OF INFORMATION TO SOMEONE OTHER THAN TO THE PATIENT:

Health information released as a result of this authorization may be re-disclosed or shared by the person or entity receiving the information and may not be protected by federal/state regulations.

I understand that I may refuse to sign this authorization. I further understand that my refusal to sign will not affect my ability to obtain treatment unless a third party requests the service and/or release of information. (For example, if you present for a drug test solely for the purpose of having the results disclosed to your employer, North Oaks may refuse to perform the drug test if you refuse to sign this form.)

I understand that I may revoke this authorization in writing at any time. Revocation will be effective when received by North Oaks Health System. I further understand that any information already authorized and released is not covered by this revocation.

Drug screen results are utilized for athletic eligibility purposes. This authorization expires upon completion of athletic eligibility.

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian

Donor/Student's Signature

Not of Legal Age

Reason Donor/Student Cannot Sign

(A copy of this signed form will be provided to the donor/student as the drug screen collection is performed)



**8TH GRADE STUDENT SPRING/SUMMER
PRACTICE PARTICIPATION/TRYOUT COMMITMENT FORM**

School Name: _____ School's Attendance Zone: _____

Student's Name: _____ DOB: _____ Last Four of SSN: _____

1.	Does the above-named student reside in your school's attendance zone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	If no, did student attend the entire 8 th grade at a traditional middle/junior high school that was located in your attendance zone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	What was the name of the middle/junior high school the student attended?		
4.	Has this student been pre-enrolled in your school, i.e., has the student completed your school's application process and been officially accepted into your school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Has this student's parents been informed that once the student has participated in one session of spring/summer practice or tryout at your school, that your school shall become the student's school of eligibility and subsequent transfer to another LHSAA member school without a corresponding bona fide change of residence shall cause the student to become ineligible for one calendar year from the date of the student's enrollment in that school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Have you registered the student on the LHSAA's Member Only website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Does the student meet all other LHSAA rules and regulations as it relates to eligibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Do you have a student folder for this student that includes a properly completed and signed parental permission form, athletic participation form, substance abuse/misuse contract, medical history evaluation, and current medication examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Do you have documentation that student is covered by catastrophic insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CONTRACT REGARDING STUDENTS ELIGIBILITY

I, principal of the above-named school, have informed the parent(s) of the 8th grade student named above that once the student participates in one spring/summer practice or tryout session with my school, my school shall become the school of eligibility and that a transfer to any other LHSAA member school without a corresponding bona fide change of residence shall render the student ineligible at that school for one calendar year from the date of this enrollment in the school. Note this form must be uploaded to the LHSAA member site prior to the student participating at the school.

Principal Signature

Date

I, _____ parent(s) or guardian, of the above-named student, understands that by allowing the student to participate in the 2026 spring/summer practice or tryout session at _____ High School, the student will have establish their athletic eligibility at the school for the 2026-2027 school year. Participating in a spring or summer practice or tryout will be make _____ High School the student first school of choice for eligibility purposes.

If the student does not attend _____ High School when the 2026-2027 school year begins, I, the parent understand that the student shall be ineligible to participate in any sport at any level at all LHSAA member schools for one calendar year from the date of the student enrollment in the school unless a permanent bona fide change of residence takes place.

Parent/Guardian Signature

Date

*March 2026 -

*EXPIRES AUG 7, 2026

*A NEW FORM WILL BE UPLOADED TO THE MEMBER SITE FOR THAT SCHOOL YEAR FOR THE SPRING/SUMMER/TRYOUTS ON THE 40TH WEEK OF THE NFHS CALENDAR.