



February 10, 2026

Dear Parent/Guardian:

You are receiving this letter because your child has expressed interest in participating in middle or high school athletic activities.

Before a student can participate in athletics, parents/guardians must provide proof of private insurance, Medicaid coverage, or may purchase a voluntary coverage plan through the school board. The voluntary coverage plans are developed specifically for CPSB and offer sufficient coverage so that a student can participate in middle and high school athletic activities, including the following: football, baseball, softball, basketball, volleyball, soccer, track & field, golf, tennis, swim, cheer, dance, pep squad, band, bowling, and wrestling.

**Parents/guardians with existing insurance may also purchase the voluntary plan to provide additional/secondary coverage for co-pays, deductibles and out-of-pocket expenses.**

Please see the attached enrollment form and instructions if you are interested in purchasing a voluntary policy through the school board.

If you have any questions, feel free to contact the Risk Management Department at 337-217-4240. Thank you for your support and participation in CPSB athletics!

Respectfully,

A handwritten signature in blue ink that reads "Jay Bergeron". The signature is written in a cursive style.

Jay Bergeron  
Risk Manager  
Calcasieu Parish School Board

*Building Foundations for the Future*

## CPSB Student Accident Insurance for School and Sports

\*\*If your child is currently does not have health insurance and wants to participate in summer athletic programs, you will need to purchase the 2025-2026 Student Accident Policy. Please note that this policy will expire on 7/31/26. Therefore, you will be required to purchase the 2026-2027 Student Accident Policy by 8/1/26 for your child to continue to participate in CPSB Athletics.

\*\*Please contact Risk Management at 217-4240 Ext. 3004 for the insurance enrollment forms.

\*\*Incoming freshmen: If a voluntary student accident policy was purchased in middle school, that coverage is valid through 7/31/26. However, for FRESHMAN FOOTBALL – the voluntary policy that was purchased to participate in middle school sports **DOES NOT cover FRESHMAN football**. Once football practice begins in the spring, you will be required to purchase the 2025-2026 High School Spring Only policy (expires 7/31/26) and then purchase the 2026-2027 High School Football Full-Year policy by 8/1/2026 (expires 7/31/27).

### Minimum policy required if student is NOT covered by private insurance or Medicaid

Sport	School Time Low Option	Full Year High School Football Low Option	Spring/Summer High School Football Low Option
All Middle School Sports	X		
High School Non-Football	X		
High School Football		X	
High School Football- Spring Only			X

\*\* If your child plays football and another sport(s), the School Time Low Option Plan must also be purchased

\*\*Non-football: baseball, softball, basketball, volleyball, soccer, track & field, golf, tennis, swim, bowling, wrestling, cheer, dance, pep squad, e-sports, and band

\*\*Middle School Bands who do not perform OUTSIDE of class are NOT required to have insurance coverage

1. If you are purchasing this policy for primary coverage as required for participation in student athletics:

- a. Turn in the completed enrollment form with payment (check or money order **only**) to the Risk Management Office on 3310 Broad Street, Lake Charles, LA 70615
- b. Risk Management will forward your enrollment form and payment to K&K Insurance Group
- c. Risk Management will verify coverage with K&K once your enrollment form and payment are processed
- d. Risk Management will notify the parent once the student is eligible to participate in student athletics

2. If you are purchasing this policy for secondary coverage please mail directly to:

K & K Insurance Group  
P. O. Box  
Fort Wayne, IN 46801-2338

Questions about the enrollment process can be directed to Risk Management: 217-4240 Ext. 3004



**Extra-Curricular**  
**Participant Packet**

REQUIRED FORMS	HIGH SCHOOL SPORTS	MIDDLE SCHOOL SPORTS	HIGH SCHOOL CHEER	MIDDLE SCHOOL CHEER	ALL DANCE	ALL BAND	E-SPORTS
<b>A - Medical History Evaluation (Part I)</b>	X	X	X	X	X	X	X
<b>A - Medical Examination (Part II)</b>	X	N/A	X	N/A	N/A	N/A	N/A
B - LHSAA Participation/Parental Permission	X	N/A	X	N/A	N/A	N/A	N/A
B1 - CPSB Participation/Parental Permission	X	X	X	X	X	X	X
C - LHSAA Substance Abuse/Misuse Contract	X	N/A	X	N/A	X	N/A	X
D - Assurance Form for SPED Student**	X	N/A	N/A	N/A	N/A	N/A	N/A
<b>E - Auth of Treatment/Waiver/Hold Harmless</b>	X	X	X	X	X	X	X
<b>F - Insurance Statement</b>	X	X	X	X	X	X	X
<b>G - Personal Information</b>	X	X	X	X	X	X	X
<b>H - Concussion Statement (Act 314)</b>	X	X	X	X	X	N/A	N/A
<b>I - Risk of Serious Injury (Act 352)</b>	X	X	X	X	X	X	X
<b>J- Student/Athletic Accident Insurance</b>	X	X	X	X	X	X	X
Items in <b>BOLD</b> must be completed each year							

*A copy of your child's birth certificate and **proof of insurance** will need to be provided along with this completed packet.*

# LHSAA MEDICAL HISTORY EVALUATION

Page 1 of 2

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 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) or the associated medical personnel. ....**Yes No**

\_\_\_\_\_  
Date Signed by Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Typed or Printed Name of Parent

Health Care Provider section on page 2



**LHSAA MEDICAL HISTORY EVALUATION**

Page 2 of 2

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_

**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"/>

**ORTHOPAEDIC EXAM :**

**I. Spine / Neck**

	Norm	Abnl
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>

**II. Upper Extremity**

	Norm	Abnl
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>

**III. Lower Extremity**

	Norm	Abn
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<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

Revised 5/23

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

**A**

# 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:

<b><u>RULE</u></b>	<b><u>COMMENTS</u></b>
<b>BONA FIDE STUDENT</b>	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 <sup>th</sup> 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.
<b>ENROLLMENT</b>	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.
<b>AGE</b>	A student shall not become 19 years of age prior to August 1 of this year.
<b>PROOF OF AGE</b>	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.
<b>CONSECUTIVE SEMESTERS</b>	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)
<b>SCHOLASTIC</b>	For regular education high school students at the end of the first semester a student shall <b>pass at least six subjects</b> in all subjects taken.  At the end of the year and prior to the next school year, a student shall must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> 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.
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	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.
<b>UNDUE INFLUENCE</b>	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.
<b>AMATEUR</b>	A student cannot play high school athletics if he/she loses their amateur status.
<b>INDEPENDENT TEAM</b>	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 its 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) \_\_\_\_\_

**B**



**ATHLETIC PARTICIPATION/PARENTAL PERMISSION FORM**

**Part I: Athlete Information-To be completed and signed by student athlete (Please Print)**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

I certify the preceding information is correct and accurate to the best of my knowledge,

\_\_\_\_\_  
Student Athlete (Signature) Date

**Part II: Parental Permission- To be completed and signed by parent/guardian of athlete**

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

- BASEBALL SWIMMING BASKETBALL TRACK & FIELD SOCCER VOLLEYBALL TENNIS  
FOOTBALL SOFTBALL WRESTLING CHEER & DANCE GOLF BOWLING BAND

\_\_\_\_\_  
Parent/Guardian (Signature) Date

\_\_\_\_\_  
Parent/Guardian (Printed Name) Telephone Number

\*\*This contract shall remain in effect for the remainder of the student's eligibility. This means that 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.



## 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.**

C

The undersigned agree the participation of \_\_\_\_\_ in interscholastic sports will be monitored at regular reporting periods. (Student's Name)

If it is determined that satisfactory progress is not being met according to the individual education program (IEP), the above student will be withdrawn from athletics until a satisfactory reporting period is obtained.

Is this student working towards a High School Diploma?  Yes or  No  
(This form must be kept in the student file folder.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Teacher

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal

Date Referred for Sp. Ed. Evaluation \_\_\_\_\_ Completion Date of Last Evaluation \_\_\_\_\_  
Mo-Day-Yr Mo-Day-Yr

**Note:** This form should be attached to the I.E.P records and kept on file at school – Do Not Send to LHSAA – Date of completion should be listed on special education eligibility registration form.  
In order for the eligibility process to be complete, form must be signed by all three (3) parties involved and student must be listed on a special education eligibility registration

**1.11.14 Special Education students other than those classified as “gifted and talented” shall be eligible if they meet the provision of the present rule.**

- 1) This rule's purpose is to make athletic programs accessible to students; however, once a student reports for a sport, he/she, like any other student, is subject to earning a place on the team.
- 2) Special Ed. Students shall be evaluated every three years for eligibility purposes.
- 3) A student shall be placed in a special ed. Program for at least two-thirds of a given semester in order to establish eligibility for the next semester.
- 4) A regular education student who fails to establish scholastic eligibility shall not become eligible as a special ed. student until he/she has established eligibility as stated in 1.11.15.3 and 1.11.15 or 1.11.16.

**1.11.15 Special education students not working toward a high school diploma:** Special education students identified and placed according to state regulations, by virtue of the design of their IEP, who may or may not earn the necessary Carnegie units, shall meet the following requirements: (These are the current students who are alternatively assessed and classified as LAA1 and LAA2.)

- 1) A statement of assurance form shall be completed on each special education student who is not working toward a high school diploma. The student's participation in interscholastic sports shall be monitored at regular reporting periods to assure satisfactory progress in the student's individual education program. This form shall be signed by the student's parent(s)/guardian, teacher, and principal and attached to the IEP on an annual basis.
- 2) A student shall make satisfactory progress through performance and attendance in the student's IEP goals at the end of a semester to be eligible for the entire next semester.

**1.11.16 Special education students working toward a high school diploma:** When a special education student takes enough Carnegie unit subjects to meet the basic requirements of the LHSAA's scholastic rule, his/her scholastic eligibility shall be determined as follows:

- 1) To be eligible for the first semester of the school year, a student shall have earned at least **six (6) units** from the previous school year which shall be listed on the student's transcript, including any special education subject(s) and shall have at least a "C" average as determined by the Local Education Authority when considering all "graded" subjects
- 1) To be eligible for the second semester of the school year, a student shall pass at least **six (6) units** from the first semester, including any special education subject(s).



**AUTHORIZATION FOR TREATMENT AND  
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating in athletic events sponsored by, or in any way involving, the Calcasieu Parish School Board or any of its schools, I hereby release, waive, discharge and covenant not to sue the Calcasieu Parish School Board, its members, agents, faculty, staff, administrators, officers, servants, and employees (hereinafter referred to as CPSB) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that I may sustain or experience while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
  
2. To the best of my knowledge, the student-athlete can fully participate in sports activities. I am fully aware of risks and hazards connected with the activity, and I hereby allow the student-athlete to voluntarily participate in said activity and engage in such activity knowing that the activity may be hazardous. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained, or any loss or damage to property owned, as a result of the student-athlete being engaged in such an activity.
  
3. I authorize all medical treatment that may become necessary as a result of the student athlete's participation in athletic events.

In signing this release, I acknowledge and represent that I (a) have read the foregoing document, understand it and sign it voluntarily; (b) have received no oral representations, statements or inducements apart from the foregoing written agreement; and (c) am fully competent and the proper person to execute this document.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Student Athlete (Printed Name)

\_\_\_\_\_  
Parent/Guardian (Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date



## Insurance Statement Form

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

I, the undersigned parent or guardian, give my child permission to participate in all school sponsored athletics. I sign this form with the understanding that neither the school nor the Calcasieu Parish School Board assumes any liability for accident or injury to my child while participating in school sponsored athletics. I also understand that, in the event of injury to my child, I will assume all liability incurred.

I recognize that the Calcasieu Parish School Board requires each student athlete to be protected for medical expenses in the event of injury, and I must provide coverage for my child's medical expenses resulting from injuries that might occur during school sponsored athletics. I certify that my child is protected for medical expenses resulting from injury through the coverage noted, and I agree to maintain coverage for my child for injury throughout participation in school sponsored athletics. If my child changes or loses coverage while participating in school sponsored athletics, I will immediately alert the Calcasieu Parish School Board. I acknowledge that my child will not be allowed to participate until coverage is reinstated. I understand that the Calcasieu Parish School Board is not responsible for any medical costs associated with any injuries my child might sustain while participating in school sponsored athletics.

\_\_\_\_\_ My child is **covered** for medical expenses that might result from injury during school sponsored athletics by one of the three possible methods listed below:

\_\_\_\_\_ Private Insurance (Proof of coverage attached)

\_\_\_\_\_ I acknowledge that I can and will purchase K&K Student Accident Insurance Policy to supplement any unpaid portion of a student accident claim such as deductible or out-of pocket expenses that are remaining after filing with my private insurance.

\_\_\_\_\_ Medicaid (Proof of coverage attached)

\_\_\_\_\_ My child is **not covered** for medical expenses that might result from injury during school sponsored athletics and I wish to enroll my child in K&K Student Accident Insurance Policy. (See enclosed brochure and attach proof of coverage).

Parent or Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete (signature): \_\_\_\_\_ Date: \_\_\_\_\_



**PERSONAL INFORMATION SHEET**

*One copy will stay on file at the school site, and a second copy will be used when traveling*

**Athlete Information:**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_  
EMERGENCY CONTACT (RELATION AND PHONE #): \_\_\_\_\_  
CPSB ID#: \_\_\_\_\_ CURRENT MEDICATIONS: \_\_\_\_\_  
ALLERGIES? / ASTHMA? / DIABETES?: \_\_\_\_\_

**Responsible Party (parent/legal guardian) of Athlete:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**Medical Insurance Information:**

PRIMARY INSURANCE PROVIDER: \_\_\_\_\_  
INSURED'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
SECONDARY INSURANCE:  
INSURED'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_

***Should my son/daughter require emergency service during a supervised extra-curricular event when I am not present, I give permission to the CPSB personnel on-site to file a claim for such services with the above health care insurer.***

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

This form will be filed as permanent record in the athlete's folder.  
Please notify the school's athletic department of changes to insurance policies.

**\*\*SCHOOLS MUST MAKE A SECOND COPY OF THIS FORM FOR TRAVEL BINDERS.\*\***

## 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 that's provided in this packet.

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

<u>Parent Initial</u>	<u>Student Initial</u>	
		A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or team physician.
		A concussion can affect by 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 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 resolve.
		In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of student athlete \_\_\_\_\_ Date \_\_\_\_\_

Printed name of student athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_





**Parent and Athlete Notification - Risk of Serious Injury in Athletics**

Pursuant to Act 352 of the 2011 Louisiana Legislative Session, before a student is allowed to participate in any school-sponsored or school sanctioned athletic activity, the student and parents or guardian of the student shall document they have viewed information provided in written or verifiable electronic form by the school regarding the risks of serious sports injuries.

By its very nature, competitive athletics can involve students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students' parents/guardians must assess the risks involved in such participation and make their choice to participate despite those risks. NO amount of instruction, precaution or supervision will completely eliminate all risk of injury. Participation in athletics is inherently dangerous.

By granting permission for your son/daughter to participate in athletic competition, a parent or guardian acknowledges that participating in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing a sport include but are not limited to death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well-being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following instructions regarding playing techniques, training, the proper use of all associated sports equipment and other team rules, etc. both in competition and practice and agree to obey such instruction and proper use.

In signing this, I acknowledge and represent that I (a) have read the foregoing document, understand it and sign it voluntarily; (b) have received no oral representations, statements or inducements apart from the foregoing written agreement; and (c) am fully competent and the proper person to execute this document.

I recognize that I have the responsibility to wear the required equipment, obey the rules of any sport, train and condition my body to the best of my ability, and to utilize the proper techniques when playing any sport. I also know that I must avoid athletic activities for which I have not been trained or do not feel qualified to perform. I agree to uphold my responsibility to report any injuries to the athletic training staff immediately, and follow their recommendations for treatment and rehabilitation, as needed to safely return to full participation.

Finally, I understand that the NOCSAE seal on any sports helmet indicates that a manufacturer has complied with the best available engineering standards for head protection. By keeping a proper fit, by not modifying its design, and by reporting to the equipment manager any need for its maintenance, I am also complying with the purpose of the NOCSAE standard.

I have read and understand the significance of these statements. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian (Printed Name)

\_\_\_\_\_  
Student Athlete (Printed Name)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Student Athlete (Signature)



## **Student/Athletic Accident Insurance**

Dear Parent/Guardian,

As you are aware, health care costs can be very expensive. If a CPSB student is accidentally injured at school or participating in a school sponsored event, the cost for any medical treatment is the responsibility of the parent or guardian. Every student should have health insurance whether it is private insurance, employer sponsored, or a government program such as Medicaid. In an effort to ensure that our students are adequately protected in the event of an accident or injury, we are pleased to offer a voluntary student/athletic insurance plan to all CPSB students. This insurance is a secondary policy and is designed to help with the unpaid portion of a school accident claim such as deductible or out-of-pocket expenses that are left over after filing with your personal/primary insurance.

Any CPSB enrolled student who attends a CPSB school is eligible to purchase this voluntary accident coverage. There are two different plans that may be purchased:

### **School Time Accident Coverage**

If coverage is elected and appropriate premium is received, this accident insurance provides coverage while the student is at school and while attending or participating in school sponsored events on or off school premises. You can cover your child for as little as \$38 per school year.

#### *Includes:*

- Travel to and from school
- Summer activities
- Class trips

### **24 Hour Accident Coverage**

If coverage is elected and appropriate premium is received, this accident insurance provides 24 hour coverage. You can cover your child for as little as \$165.00 per year.

#### *Includes:*

- Weekends
- Vacation periods, including summer vacation
- Coverage at home or while away

Additional information and enrollment forms can be obtained by visiting [www.StudentInsurance-kk.com](http://www.StudentInsurance-kk.com)

If you have any questions or would like to purchase a policy for your child, please contact Risk Management at 337-217-4240 Ext.3004.

I, \_\_\_\_\_ acknowledge that I have been made aware of the Student/Athletic Accident Insurance offered by Calcasieu Parish School Board and understand that I do have the option to purchase a student/athletic accident insurance policy for my child.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

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# ACT 314

## Louisiana Youth Concussion Act

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During the 2011 Legislative session ACT 314, "Louisiana Youth Concussion Act", was signed into law. ACT 314 has three major requirements.

1. Prior to beginning of each athletic season, provide pertinent information to all coaches, officials, volunteers, youth athletes, and their parents or legal guardian which informs of the nature and risk of concussion and head injury, including the risks associated with continuing to play after a concussion or head injury.
2. Require each coach, whether such coach is employed or a volunteer, and every official of a youth activity that involves interscholastic play to complete an annual concussion recognition education course.
3. Requires as a condition of participation in any athletic activities that the youth athlete and the youth athlete's parent or legal guardian sign a concussion and head injury information sheet which provides adequate notice of the statutory requirements which must be satisfied in order for an athlete who has or is suspected to have suffered a concussion or head injury to return to play.

ACT 314 gives the responsibility of compliance of the act to the governing authority of each public and nonpublic elementary school, middle school, junior high school, and high school. As a result of many requests from our member schools, the LHSAA Sports Medicine Advisory Committee met and came up with some suggestions that may help our member schools to be

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in compliance with this law. We have included the following documents to help you in your responsibility. The LHSAA is not named in this law, so **DO NOT SEND THIS DOCUMENTATION TO THE LHSAA**; keep it on file at your school for your own protection of compliance.

### General Information

- LHSAA Concussion Policy/Rule (Adopted in 2010)
- Suggested Return-to-Play Healthcare Provider Release
- Suggested Step-wise Return-to-Play Progression
- LHSAA Suggested Home Instruction Sheet
- LHSAA Return-to-Competition Form
- Pocket SCAT2 Evaluation Tool

### Coaches/Officials Information

- A Fact Sheet for Coaches (Center for Disease Control and Prevention or CDC)
- A Coaches Concussion Statement (LHSAA Sports Medicine Committee)
- A Sideline Sheet for Coaches (Center for Disease Control and Prevention or CDC)
- An Officials Concussion Statement (LHSAA Sports Medicine Committee)

### Student-Athletes/Parents Information

- A Fact Sheet for Athletes (Center for Disease Control and Prevention or CDC)
- A Fact Sheet for Parents (Center for Disease Control and Prevention or CDC)
- A Parent's Guide to Concussion in Sports (National Federation of State High School Association or NFHS)
- A Parent and Student-Athlete Concussion Statement (LHSAA Sports Medicine Committee)
- A Home Instruction Sheet (LHSAA Sports Medicine Committee)

To help meet the education course aspect of ACT 314, the LHSAA recommends that individuals go to the NFHS website, [www.nfhslearn.com](http://www.nfhslearn.com), and click the link [Concussion in Sports: What you need to Know](#), under [Great Free Courses](#).

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# HEADS UP CONCUSSION IN YOUTH SPORTS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



A Fact Sheet for PARENTS

### 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 a 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 child 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.

For more information and to order additional materials free-of-charge, visit:  
[www.cdc.gov/concussioninYouthSports](http://www.cdc.gov/concussioninYouthSports)

www.cdc.gov/ncbph

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



A Fact Sheet for ATHLETES



# HEADS UP CONCUSSION IN YOUTH SPORTS

### 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.
- 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.

For more information and to order additional materials free-of-charge, visit:  
[www.cdc.gov/concussioninYouthSports](http://www.cdc.gov/concussioninYouthSports)

For more detailed information on concussion and traumatic brain injury, visit:  
[www.cdc.gov/trauma](http://www.cdc.gov/trauma)

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**Additional Resources:**

Brain 101 – The Concussion Playbook  
<http://brain101.org/casinc.com/5000/>

Concussion in Sports: What you need to know.  
<http://www.nflslearn.com/teletiveDetail.aspx?courseID=15000>

Heads Up Concussion in High School Sports  
[http://www.cdc.gov/concussion/headsup/high\\_school.html](http://www.cdc.gov/concussion/headsup/high_school.html)

NFHS Sports Medicine Handbook, 4<sup>th</sup> Ed, 2011

REAP Concussion Management Program.  
<http://www.rockymountainhospitalforchildren.com/sports-medicine/concussion-management/reap-guidelines.htm>

Sport Concussion Library  
<http://www.sportconcussionlibrary.com/content/concussions-101-primier-kids-and-parents>

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October 2005

**DISCLAIMER – NFHS Position Statements and Guidelines**

The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals, and is subject to change for consultation with appropriate health care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.