

Slidell Junior Athletic Tryout Permission Form

Thank you for your interest in trying out for a team in our athletic program! It is very important that you understand the commitment that our athletic program involves. The overall commitment expected from both parents/guardians and students is tremendous. The team can be at its best only if we have your support.

In order for your child to try-out for athletics at Slidell Junior High, we need your permission as well as the following documents completely filled out – **6 pages in total to be returned*****

- Slidell Junior Athletic Tryout Permission Form *Sudden Cardiac Arrest acknowledgement form
- Physical Exam • Health Insurance Waiver
- Copy of Insurance Card • Concussion Statement

NO ONE WILL BE ALLOWED TO TRYOUT UNTIL PROOF OF INSURANCE IS PROVIDED. You must list the information on the waiver AS WELL AS provide a copy of the insurance card.

In addition to the above-mentioned requirements, we would like to point out a couple of other matter concerning athletics

- Your child may be involved in interscholastic sports. Competition is between schools with the intent to compete to the best of our ability (as a team). Athletic selection and playing time will be based on skill level and who can best help the team. The coach has the final decision. Understand that this is different from recreational sports.
- You cannot become 15 years of age before September 1 of current school year.
- You must earn at least a 1.50 GPA in all subjects taken and pass at least 5 classes.
- Positive parental support as well as transportation from our athletes' families is essential to our success. Due to the game times of certain sports, we cannot get bus transportation and depend on our families to get the athletes to the games in a timely fashion.
- The school team must become a high priority in terms of commitment. Outside clubs, organizations, etc., must be arranged around practices and games for our athletic program. We will do our very best to work around other SCHOOL activities. We understand this is a small school and our students want to be involved in other activities.

If you and your child agree to the following requirements, please sign below.

Parent/Guardian Name PRINTED _____

Parent/Guardian Name SIGNED _____

Date _____

Student Name PRINTED _____

Student Name SIGNED _____

#1 to be
Returned

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
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	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
☐	☐	Head Injury / Concussion	_____	☐	☐	Neck Injury / Stinger	_____	☐	☐	Shoulder L / R	_____
☐	☐	Elbow L / R	_____	☐	☐	Arm / Wrist / Hand L / R	_____	☐	☐	Back	_____
☐	☐	Hip L / R	_____	☐	☐	Thigh L / R	_____	☐	☐	Knee L / R	_____
☐	☐	Lower Leg L / R	_____	☐	☐	Chronic Shin Splints	_____	☐	☐	Ankle L / R	_____
☐	☐	Foot L / R	_____	☐	☐	Severe Muscle Strain	_____	☐	☐	Pinched Nerve	_____
☐	☐	Chest	_____	Previous Surgeries: _____							

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

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

- 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
- 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
- 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
- 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	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐

ORTHOPAEDIC EXAM :

I. Spine / Neck

	Norm	Abnl
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐

II. Upper Extremity

	Norm	Abnl
Shoulder	☐	☐
Elbow	☐	☐
Hand / Fingers	☐	☐
Wrist	☐	☐

III. Lower Extremity

	Norm	Abn
Knee	☐	☐
Hip	☐	☐
Ankle	☐	☐

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.

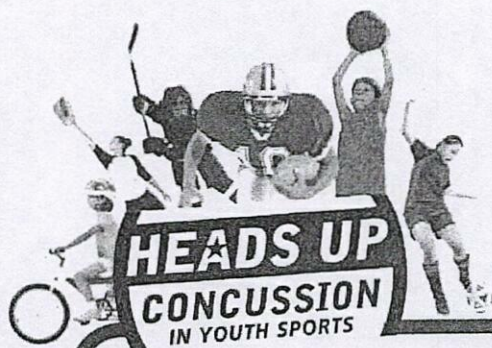
 Printed Name of MD, DO, APRN or PA

 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 Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

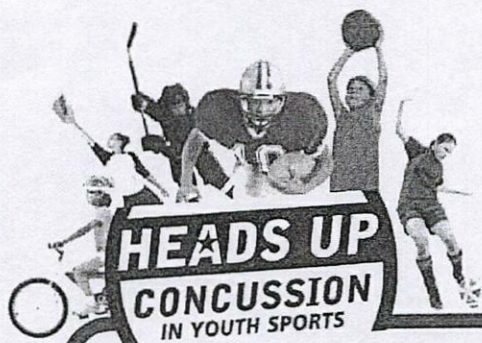
- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - > The right equipment for the game, position, or activity
 - > Worn correctly and fit well
 - > Used every time you play

It's better to miss one game than the whole season.



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

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

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

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

☐ I have read and understand the Concussion Fact Sheet.

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

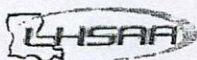
Parent Initial	Student Initial	
_____	_____	A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or team physician.
_____	_____	A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance
_____	_____	You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
_____	_____	If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.
_____	_____	I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
_____	_____	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
_____	_____	In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete Date

Printed name of Student-Athlete

Signature of Parent/Guardian Date

Printed name of Parent/Guardian



#4 to be
Returned

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Frank J. Jabbia
Superintendent

Steve E. Alfonso, Jr.
Associate Superintendent

Kimberly B. Gardner
Assistant Superintendent

Melissa Langlois, Ed.D.
Assistant Superintendent

District	Board Members
1	Matthew E. Greene
2	Roslyn H. Hanson
3	Adaline V. Rutherford
4	Kalinda Fauntleroy
5	Brandon Harrell
6	Amanda R. Martin
7	Isabelle Moore
8	Mike Peterson, Ph.D.
9	Gia R. Baker
10	Deborah McCollum
11	Tammy W. Lamy
12	Michelle Hirstius
13	James Braud
14	Dennis S. Cousin
15	Michelle Ruffino Gallaher

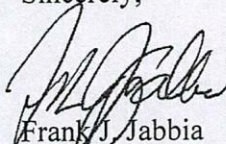
Dear Parent/Guardian:

The St. Tammany Parish School Board, its employees, agents and insurer's have no liability, and accept no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams and activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation of risk injury and risk of incurring medical expenses associated with the participation by the student.

The St. Tammany Parish School Board does not provide a base accident-medical expenses insurance plan for students, however, the School Board does provide a catastrophic policy for all interscholastic athletes, including interscholastic football and cheerleaders and participants of non-sport extracurricular activities. Details regarding provisions of this plan are available through the School Board office. If you have a son or daughter participating in interscholastic sports or cheerleading, we recommend you investigate the following:

1. Check with your own health insurance carrier to determine the nature and extent of coverage available to you due to athletic injury.
2. If athletic injuries are not covered or only partially covered through your current health plan, consider purchasing a rider to that plan.
3. Contact the School's Athletic Department for information regarding an insurance plan designed for students that is offered at the beginning of the school year or throughout the year upon your request.

Sincerely,


Frank J. Jabbia
Superintendent

Learning to Last a Lifetime.®

School Waiver Form Extracurricular Activities

The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accept no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

****Complete every item below****

Student's Name: _____ Sport: _____

Sex: M F School: _____ Grade: _____

Age: _____ Date of Birth: ____/____/____

Parent's/Guardian's Name: _____

Home Address: _____ Home Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

2nd Person to Contact: _____ Relationship to student: _____

2nd Contact Phone Number: _____

Insurance Company: _____

Policy Number and/or Group Numbers: _____

ALLERGIES: _____

Parent's/Guardian's signature: _____

Date: _____

IMPORTANT - It is the policy of St. Tammany Parish School Board that ALL athletes participating in our school sports programs MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE. Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parent/guardian.

#5 to be
Returned

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Important Information about Sudden Cardiac Arrest for Parents and Student Athletes

Starting August 1, 2024, Louisiana Law [Act 421 (R.S. 17:440.3)] requires schools to inform parents and student athletes about heart health. Schools must provide written information about the requirements a student athlete who has or has had a heart-related issue must meet before participating in sports. This information must be given to parents and guardians, and they must sign to show they have received and understood it. This ensures proper communication and safety measures are in place for student athletes returning to play.

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is the sudden loss of all heart activity (i.e. the heart stops beating). This stops blood flow to the body's organs. It usually occurs because of an abnormal heart rhythm called ventricular fibrillation. If CPR is not started quickly, SCA can lead to death within minutes.

Warning Signs and Symptoms of SCA

- Sudden collapse;
- No pulse;
- No breathing;
- Loss of consciousness

Sometimes other symptoms occur before sudden cardiac arrest. These might include:

- Chest discomfort.
- Shortness of breath.
- Weakness.
- Fast-beating, fluttering or pounding heart; called palpitations.

*But sudden cardiac arrest often occurs with no warning. If any of these symptoms occur during exercise, the student athlete should **STOP PLAY AND SEE A HEALTH CARE PROVIDER immediately.***

Possible Causes of SCA:

- Structural heart defects, like congenital heart diseases or Marfan syndrome;

- *Problems with the heart's electrical system (which can make the heart beat too fast, too slow, or irregularly);*
- *Diseases affecting the heart muscle: (such as hypertrophic cardiomyopathy);*
- *Heart infections; and*
- *Other factors, such as direct impact to the chest.*

Additional Risk Factors:

- *Family history: Sudden death of a close relative before age 50; history of heart conditions like cardiomyopathy, Marfan syndrome, Long QT syndrome, or heart rhythm problems; and/or history of immediate family members experiencing SCA.*
- *Heart murmurs*
- *High blood pressure*

Requirements for Return to Play:

If a student athlete has experienced SCA or any of its warning signs, a consultation with a health care provider is necessary. To return to play, the athlete must provide:

- *Written clearance from a doctor; AND*
- *Acknowledgment form signed by the parent or guardian and the student athlete.*

More information:

More information may be found at Parent Heart Watch (<https://parentheartwatch.org/>)

#6 to be Returned

SCA Information: Parent/Guardian and Student Athlete Acknowledgement Form

Starting August 1, 2024, Louisiana Law [Act 421 (R.S. 17:440.3)] requires schools to inform parents and student athletes about heart health. Schools must provide written information about the requirements a student athlete who has or has had a heart-related issue must meet before participating in sports. This information must be given to parents and guardians, and they must sign to show they have received and understood it. This ensures proper communication and safety measures are in place for student athletes returning to play.

Acknowledgment Form: (Please return this signed form to the school administration.)

By signing below, I acknowledge that I have received and understood the information regarding Sudden Cardiac Arrest (SCA) and the requirements for my child to return to play after experiencing any related health issues.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Student Athlete Name: _____

Student Athlete Signature: _____

Date: _____

