

St. Mary Parish Schools

High School Athletic Guidebook

2026-2027



EVERY STUDENT. EVERY DAY.

TOGETHER—WE ARE ST. MARY STRONG!

Ashley Clark, Supervisor of Secondary Education/Parish Athletic Director

Table of Contents

St. Mary Parish High School Sport Seasons	2
Purpose	3
Introduction	3
Sportsmanship	4
Athletic Awards Ceremonies	4
High School Athletic Eligibility	4
Suspended Students	5
Attendance Expectations for Student-athletes	5
Team Selection/Tryouts	5
Inclement Weather	5
Transportation Guidelines for Athletics	6
Clear Bag Policy	7
Drug Testing	8
Required Documents	8

St. Mary Parish High School Sport Seasons

High School: The sports listed below are the only sports that the St. Mary Parish School system recognizes and is responsible for during the school year. The deadline for submitting LHSA eligibility is listed below.

Sport	First Contest Date	State Championship Date(s)	State Championship Location
Volleyball	August 31, 2026	November 12–14, 2026	UL Lafayette Cajundome (Lafayette)
Cross Country	August 31, 2026	November 16–17, 2026	Northwestern State University (Natchitoches)
Football	September 3, 2026	December 10–12, 2026	Caesars Superdome (New Orleans)
Swimming	August 31, 2026	November 18–21, 2026	SPAR Aquatic Center (Sulphur)
Wrestling	November 2, 2026	February 12–13, 2027	Ernest N. Morial Convention Center (New Orleans)
Soccer	November 16, 2026	February 24–27, 2027	Southeastern Louisiana University (Hammond)
Girls' Basketball	November 16, 2026	March 1–6, 2027	Southeastern Louisiana University (Hammond)
Boys' Basketball	November 16, 2026	March 8–13, 2027	UL Lafayette Cajundome (Lafayette)
Indoor Track & Field	March 1, 2027	February 20, 2027	Carl Maddox Field House – LSU (Baton Rouge)
Powerlifting	December 14, 2026	March 31–April 3, 2027	West Monroe Sports & Events Complex
Bowling	January 11, 2027	April 7–9, 2027	All Star Lanes (Baton Rouge) / Premier Lanes (Gonzales)
Gymnastics	January 4, 2027	April 16–17, 2027	Baton Rouge Magnet High School
Tennis	February 1, 2027	April 26–30, 2027	Multiple Sites – ULM (Monroe)
Golf	February 1, 2027	May 3–4, 2027	Multiple Courses (Lafayette)
Outdoor Track & Field	March 1, 2027	May 6–8, 2027	Bernie Moore Stadium – LSU (Baton Rouge)
Softball	February 22, 2027	May 14–15, 2027	Frasch Park (Sulphur)
Baseball	February 22, 2027	May 25–29, 2027	McMurry Park (Sulphur)

Purpose

This handbook has two main objectives:

1. To establish guidelines that support the development of a strong athletic program, sustained through the involvement of athletes, administration, the student body, and the community.
2. To outline rules and expectations so that students understand what is required of them, as well as the consequences for not meeting these standards.

We believe participation in high school athletics provides invaluable life lessons and fosters positive character traits. Involvement in sports builds confidence, discipline, and teamwork while also instilling an appreciation for both winning and losing. These experiences contribute to personal growth and help prepare students for future challenges.

Along with these opportunities comes responsibility. Student-athletes must recognize and adhere to the guidelines set forth by Louisiana High School Athletic Association, St. Mary Parish School Board, and their schools. By choosing to represent their school, students accept this responsibility.

Introduction

Athletics play an important role in the lives of many high school students. Sponsoring athletic teams helps prepare youth for wholesome competition and true sportsmanship.

We encourage participation in a variety of sports and school activities rather than specializing in only one. While scheduling conflicts may require choices, broader experiences are ultimately more valuable.

Although winning is important, the primary goal is to give one's best effort without compromising ethical principles. Athletics are designed to enhance the physical, mental, moral, social, and emotional well-being of student-athletes.

Sports are also considered an extension of the classroom, with an emphasis on academics and citizenship. Student-athletes and coaches serve as role models and are expected to maintain high standards both on and off the field. Participation teaches respect, teamwork, self-control, and how to handle both success and adversity.

Coaches, teachers, and administrators play vital roles in this process by leading with preparedness, enthusiasm, and fairness. Athletes, in turn, are responsible for working toward their potential, respecting others, and following their coaches' guidance.

Message to Parents/Guardians

This handbook provides student-athletes and their parents/guardians with a clear guide to the rules, policies, and procedures governing St. Mary Parish athletics. Participation in athletics is a privilege, not a right, and it requires students to uphold higher standards of behavior.

We encourage you to support your child's decision to participate and to attend their competitions. Your involvement is crucial. By helping your child understand and follow these guidelines, we can collectively make a positive impact. Developing responsible young individuals is a collaborative effort, and your role is essential to our shared success.

Sportsmanship

All schools are expected to compete with determination, but always with fairness and respect. Coaches, athletes, students, and spectators must remember that their behavior reflects on their school.

- Home contests: We act as hosts. Visiting teams and their supporters are our guests; they must be treated with respect.
- Away contests: When we are the visiting team, we are expected to show the same courtesy.
- Officials: Officials have the authority to make decisions and must be respected at all times.

Foul or profane language is never acceptable. Players must not argue with officials or show disapproval through actions such as throwing equipment, slamming chairs, or leaving the bench to join a scuffle.

Good sportsmanship also includes acknowledging excellent plays by both teams. Always cheer for your team and never against the opponent.

Athletic Awards Ceremonies

Athletic awards ceremonies will be held annually for each sport to recognize the accomplishments and dedication of student-athletes. The organization and program details of each ceremony will be determined collaboratively by the principal and the head coach of the respective sport. This ensures that the event reflects the values of St. Mary Parish schools while honoring the unique traditions of each athletic program.

LHSAA Eligibility Requirements

To be eligible for high school athletic competition, a student must meet the standards set forth by the Louisiana High School Athletic Association (LHSAA) regarding enrollment, age, and scholastic requirements. Eligibility to represent a school in interscholastic activities is a privilege that students may obtain by meeting the standards established by both the St. Mary Parish School Board, LHSAA, and the school.

First Semester Eligibility: To be eligible for the first semester of the school year, a student shall have earned at least six (6) Carnegie credits from the previous academic year (fall, spring and summer), which shall be listed on the student's transcript and shall have earned at least a "C" average as determined by the Local Education Authority within their Pupil Progression Plan when considering all "graded" subjects.

Second Semester Eligibility: To be eligible for the second semester of the school year, a student must enroll in and successfully pass the number of courses which will allow him/her to earn a minimum of 3 Carnegie credits for the first semester. Note: This can be accomplished by earning any combination of Carnegie units. Six (6) one-half (.5.) Carnegie credits will meet this requirement.

Block Scheduling: The following process shall be used to determine the scholastic eligibility of students enrolled in schools that schedule classes for one full unit of credit during one semester of classes.

- In determining the scholastic eligibility of a student at the end of the first semester of a school year, a subject's Carnegie unit value shall be multiplied by two when calculating the number of subjects a student passed.
- In determining the scholastic eligibility of a student at the end of the school year for the first semester of the next school year, a subject's Carnegie unit value and the grade point earned in that subject shall count as earned (no multiplication allowed).
- Seniors: Please refer to Rule 1.10.4 in the LHSAA Handbook for specific eligibility guidelines for 12th-grade students.
- All LHSAA rules apply to all high school athletes.

Suspended Students

A student-athlete assigned to In-School Suspension (ISS) may face consequences ranging from probation to dismissal from the team. During ISS, athletes may not participate in practices or games.

Attendance Expectations for Student Athletes

Student-athletes of St. Mary Parish are expected to maintain good standing in attendance as a condition of participation in athletic programs. Consistent attendance reflects commitment, responsibility, and respect for both academics and athletics. If a student athlete fails to meet attendance expectations, the principal or coach reserves the authority to issue appropriate consequences including removal from the team.

Team Selection and Tryouts

The principal has full discretion over team tryouts. While we aim to involve as many students as possible, limitations such as facilities, time, and equipment may require roster limits.

Procedures may include:

- **Announcements:** Informational meetings announced over the PA system for at least three days, with possible reminders via text or social media. Students are responsible for staying informed.
- **Coach Responsibility:** Head coaches select team members, with input from assistants. Coaches follow school-established criteria during evaluations.
- **Tryout Information:** Students will be informed of the time and location of tryouts and the criteria used for evaluation.
- **Results:** Final selections will be submitted to an administrator for posting on the school website.
- The principal reserves the right to adjust tryout procedures as needed to maintain fairness and integrity.

Inclement Weather

If schools are closed due to inclement weather conditions, all after-school activities, including practices, contests, and other events, are automatically canceled. Coaches will provide team members with information regarding interim or adjusted practice schedules.

Transportation Guidelines

As the administration and coaching staff assume supervisory responsibility for students on athletic trips, it is crucial that both students and parents fully understand the rules governing these excursions. Trips are considered extensions of the school day; therefore, student-athletes must adhere to the same rules and regulations that apply on campus. Since they represent St. Mary Parish Schools, their conduct, behavior, and safety are of the utmost importance.

Guidelines:

- The coach is responsible for overseeing the conduct of student-athletes on the bus.

- Making a team does not automatically guarantee a spot on the travel squad. The head coach will determine which athletes will travel for each contest.
- When school-provided transportation is available, student-athletes must travel to and from contests on the team bus.
- A parent or legal guardian may transport only their own child to and from an event if approval is obtained from school administration prior to the event.
- Any change to travel arrangements must be approved by the principal.

Bus Rules:

- Only participating athletes may ride the bus, unless prior approval is given by the principal.
- The aisle must always remain clear.
- Riders must remain seated upright during the trip.
- When both boys and girls ride the same bus, they will be seated separately.
- Nothing may be thrown from or extended outside the windows.
- All students are expected to respect the authority of the driver and always behave courteously.

Clear Bag Policy for All Events & Facilities

To ensure stakeholder safety at all St. Mary Parish Public Schools events and facilities, the St. Mary Parish School Board has instituted a Clear Bag Policy limiting the size and type of bags allowed at all events including but not limited to school meetings, sports, ceremonies, school board meetings, etc. at all facilities including but not limited to school campuses, sports venues, the Materiel and Operation Center, the Office of Special Services, and the School Board Office. This policy includes visitation to St. Mary Parish Public Schools

facilities during operating hours for any purpose. Anyone who brings bags that do not meet the criteria outlined will not be permitted entrance. While safety measures can sometimes be inconvenient, stakeholder safety must be a priority.

VISITORS ON CAMPUS

Extracurricular and Special Events on Campus

APPROVED ITEMS

5.5"
7.5"

CLUTCH OR SMALL BAG
NOT TO EXCEED 5.5"X7.5"
WITH OR WITHOUT A STRAP

1 GALLON CLEAR
STORAGE BAG

16"
16"
10"

CLEAR TOTE: PLASTIC, VINYL OR PVC
NOT TO EXCEED 16"x10"x16"

STADIUM CHAIRS
WITH OR WITHOUT POCKETS

DIAPER BAGS FOR AGE-APPROPRIATE CHILDREN ACCOMPANIED BY AN ADULT ARE ALLOWED.

ALL BAGS AND ITEMS, REGARDLESS OF SIZE OR NATURE, ARE SUBJECT TO SEARCHES. STAKEHOLDERS SHOULD EXPECT TO BE SCANNED WITH METAL DETECTORS.

PROHIBITED ITEMS

PURSES

FANNY PACKS

CAMERA BAGS

DUFFEL/GYM BAGS

BACKPACKS/BRIEFCASES

DRAWSTRING BAGS

MESH BAGS

NON CLEAR PRINTED
OR PATTERNED TOTES

MEMBERS OF THE MEDIA WITH PROPER CREDENTIALS MAY BRING EQUIPMENT BAGS. BAGS ARE SUBJECT TO INSPECTION.

ST. MARY PARISH PUBLIC SCHOOLS

Random Drug Test

Participation in interscholastic athletics, cheerleading, and dance teams in St. Mary Parish is a voluntary privilege, not a guaranteed right, and is not required by law or School Board policy. To ensure the health, safety, and physical fitness of all student participants, the School Board requires compliance with its drug testing policy. As a condition of participation, parents must sign the Bourgeois Medical Clinic consent form authorizing

their student athlete to be drug tested. These procedures are intended to create a safe environment and support student well-being, not to punish participants.

Required Documents

To begin practice at a St. Mary Parish High School, students should submit all forms listed in this section. The forms must be submitted to the coach and approved by the principal before the student is allowed to practice or participate in a game.

Required Eligibility Forms	
Athletics Risk Acknowledgement	SMP
Bourgeois Medical Clinic Consent Form	SMP
Athletic Insurance Acknowledgement Form	SMP
Interscholastic Athletics Insurance Information	SMP
Concussion Awareness	SMP/LHSAA
LHSAA Athletic Participation Parental Permission	LHSAA
LHSAA Substance Abuse/Misuse Contract and Consent Form	LHSAA
LHSAA Medical Evaluation English / Spanish	LHSAA
Birth Certificate (If the school doesn't have one on file)	LHSAA
Transcript (Provided by the school)	LHSAA
Current Grades (Provided by the school)	LHSAA

St. Mary Parish Schools

474 Highway 317 • P.O. Box 170 • Centerville, LA 70522
337-836-9661 • www.stmaryk12.net

Athletic Risk Acknowledgement

I am aware that trying out, practicing, playing, or any form of participation in any sport can be a dangerous activity involving **MANY RISKS OF INJURY.**

I understand that there are risks of injuries in any sport, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, health, and well-being.

I also understand that the dangers and risks of engaging in any sport may result not only in serious injury, but in a serious impairment of future abilities of my child/ward to earn a living and to engage in business, social, and recreational activities and generally to enjoy life.

Because of the risks described above, I recognize the importance of my child listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of my child reading and adhering to all written instructions, written warnings regarding playing techniques, training methods, rules of the sport and other team rules. I therefore expressly agree to direct and to encourage my child to obey all of the coach's instructions.

In consideration of the St. Mary Parish School Board permitting my child to try-out, practice, play or in any other way, participate for an athletic team and to engage in all the activities related to the team, including practice, conditioning, playing, and traveling, **I hereby acknowledge that my child assumes all the risks associated with such participation. My child and I agree to waive all claims of whatever nature**, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named school board, school, their trustees, officers, agents, servants, employees, successors, and assigns, their athletic staff, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners of the healing arts from any liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his/her property or losses of any kind which may result in or connection with his/her participation in any activities related to the St. Mary Parish sports program.

I understand that the Cautionary Statements for each sport are found in the Athletic Participation Handbook

Parent/Guardian Signature

Student Athlete Signature

Date



St. Mary Parish Schools

474 Highway 317 • P.O. Box 170 • Centerville, LA 70522
337-836-9661 • www.stmaryk12.net

St. Mary Parish School Board
Athletic Insurance Acknowledgement Form

I, _____ (Parent/Guardian), hereby grant permission for my child,
_____ (Student Athlete), to participate in school-sponsored athletics.

By signing this Acknowledgement Form, I understand the following:

1. Medical Insurance Requirement

I acknowledge that it is my responsibility to provide **medical insurance coverage** for the student athlete named above.

2. Waiver of Liability

I agree to hold the **St. Mary Parish School Board**, including its members, employees, agents, assigns, and insurers, **harmless** from any liability related to accidents or injuries that may occur while the student is participating in athletic activities.

3. Coverage Certification

I certify that my child is otherwise insured for any **medical expenses** incurred as a result of injuries sustained during athletic participation.

4. Participation Policy

I understand that it is the **policy of the St. Mary Parish School Board** that no student shall be allowed to practice or participate in interscholastic athletics until this form is signed and the insurance requirement is fulfilled.

5. Emergency Medical Treatment Authorization

I authorize **team physicians** or designated medical personnel to provide emergency treatment to the student athlete, if necessary.

Acknowledgement and Signature

Student Name (Please Print): _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

St. Mary Parish Schools

474 Highway 317 • P.O. Box 170 • Centerville, LA 70522
337-836-9661 • www.stmaryk12.net

Interscholastic Athletic Insurance

We wish to advise you that St. Mary Parish School Board provides accident insurance for Junior High/High School interscholastic athletics, band, cheerleading, J.R.O.T.C. and dance team injuries occurring in competition, in practice, or traveling to and from those events by school-provided transportation.

If you already have primary insurance, this can be used as a secondary policy. For families that have no other insurance, purchased coverage becomes your primary accident plan.

Accessing the K-12 Voluntary Program Online Enrollment Forms or Printable Enrollment Forms:

1. Visit the [Bollinger Schools site](#).
2. At the top of the home page, position the cursor over Our Services and click K-12 Voluntary Enrollment. The K-12 Student Accident/Athletic Insurance search engine appears.
3. Select the state, and then select your school. You now have access to the K-12 Voluntary Program online enrollment forms or printable Enrollments forms.
4. Under Printable Forms: complete and mail with your payment.
5. Once enrolled online, you can print an ID card from website under Our Services/K-12 Voluntary ID Cards.
6. Any questions regarding the coverage should be directed to Sarah Ghirardi, (St. Mary Parish School Board) (337) 836-6003

Important Notice: Coverage under the Policy does not constitute comprehensive health insurance coverage (a/k/a/ “major medical insurance”). It therefore does not satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act. The Program provides ACCIDENT insurance only. It does not provide basic hospital, basic medical or major medical for sickness coverage.

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 _____
--------------	--------------	----------------------	-------------

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.

EVALUACIÓN DEL HISTORIAL MÉDICO DE LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION (LHSAA)

Página 1 de 2

IMPORTANTE: El presente formulario debe completarse *anualmente*, mantenerse archivado en la escuela y está sujeto a inspección por parte del Equipo de Cumplimiento de Reglas.

Imprimir

Nombre: _____ Escuela: _____ Grado: _____ Fecha: _____
 Deporte(s): _____ Sexo: M/F Fecha de nacimiento: _____ Edad: _____ Teléfono celular: _____
 Domicilio: _____ Ciudad: _____ Estado: _____ Código postal: _____ Teléfono residencial: _____
 Padre/Tutor: _____ Empleador: _____ Teléfono del trabajo: _____

ANTECEDENTES MÉDICOS FAMILIARES: ¿Algún miembro de su familia menor de 50 años ha tenido estas condiciones?

Sí	No	Condición	Quién	Sí	No	Condición	Quién	Sí	No	Condición	Quién
☐	☐	Ataque/enfermedad cardíaca	_____	☐	☐	Muerte súbita	_____	☐	☐	Artritis	_____
☐	☐	Ataque cerebral	_____	☐	☐	Presión arterial alta	_____	☐	☐	Nefropatía	_____
☐	☐	Diabetes	_____	☐	☐	Rasgo de células falciformes/Anemia	_____	☐	☐	Epilepsia	_____

ANTECEDENTES ORTOPÉDICOS DEL ATLETA: ¿El atleta ha tenido alguna de las siguientes lesiones?

Sí	No	Condición	Fecha	Sí	No	Condición	Fecha	Sí	No	Condición	Fecha
☐	☐	Lesión en la cabeza / Concusión	_____	☐	☐	Lesión/dolor punzante en el cuello	_____	☐	☐	Hombro I / D	_____
☐	☐	Codo I / D	_____	☐	☐	Brazo/Muñeca/Mano I / D	_____	☐	☐	Espalda	_____
☐	☐	Cadera I / D	_____	☐	☐	Muslo I / D	_____	☐	☐	Rodilla I / D	_____
☐	☐	Parte inferior de la pierna I / D	_____	☐	☐	Periostitis tibial	_____	☐	☐	Tobillo I / D	_____
☐	☐	Pie I / D	_____	☐	☐	Distensión muscular severa	_____	☐	☐	Nervio pinzado	_____
☐	☐	Pecho	_____	Antecedentes de cirugías: _____							

ANTECEDENTES MÉDICOS DEL ATLETA: ¿El atleta ha tenido alguna de estas condiciones?

Sí	No	Condición	Sí	No	Condición	Sí	No	Condición
☐	☐	Soplo cardíaco / dolor en el pecho / opresión	☐	☐	Asma / Inhalador recetado	☐	☐	Irregularidades menstruales: último ciclo: _____
☐	☐	Convulsiones	☐	☐	Dificultad para respirar / Tos	☐	☐	Pérdida/aumento rápido de peso
☐	☐	Nefropatía	☐	☐	Hernia	☐	☐	Toma suplementos/vitaminas
☐	☐	Arritmia	☐	☐	Noqueado / Concusión	☐	☐	Problemas relacionados con el calor
☐	☐	Testículo único	☐	☐	Enfermedad cardíaca	☐	☐	Mononucleosis reciente
☐	☐	Presión arterial alta	☐	☐	Diabetes	☐	☐	Bazo agrandado
☐	☐	Mareo/Desmayos	☐	☐	Enfermedad hepática	☐	☐	Rasgo de células falciformes/anemia
☐	☐	Pérdida de órganos (riñón, bazo, etc.)	☐	☐	Tuberculosis	☐	☐	Debió pasar una noche en el hospital
☐	☐	Cirugía	☐	☐	Prescripción de inyección de Epinefrina (EPI PEN)	☐	☐	Alergias (alimentos, medicamentos)
☐	☐	Medicamentos	_____					

Lista de fechas para: Última vacuna contra el tétanos _____: Inmunización contra el sarampión _____: Vacuna contra la meningitis: _____

FORMULARIO PARA PADRES DE RENUNCIA A RECLAMACIONES

A nuestro leal saber y entender, hemos dado información verdadera y precisa y por la presente autorizamos la evaluación de revisión física. Entendemos que la evaluación implica un examen limitado y que no tiene como propósito ni podrá prevenir lesiones o muerte súbita. Además, entendemos que si el examen se proporciona sin expectativa de pago, de conformidad con el título 9:2798 de los Estatutos Revisados de Luisiana no habrá causa de acción contra el profesional de la salud voluntario del equipo y/o empleador de acuerdo a la ley de Luisiana.

La presente renuncia a reclamaciones, otorgada en la fecha a continuación por el abajo firmante, médico, médico osteópata, enfermero facultativo o asistente médico y padre del estudiante atleta mencionado anteriormente, se realiza de conformidad con la ley de Luisiana con el pleno entendimiento de que no habrá causa de acción por ninguna pérdida o daño causado por cualquier acto u omisión relacionada con los servicios de atención médica si en lo sucesivo se prestan de forma voluntaria y sin expectativa de pago, a menos que tal pérdida o daño fueran causados por negligencia grave. Adicionalmente,

- Si, a juicio de un representante de la escuela, el estudiante-atleta mencionado necesita atención o tratamiento como resultado de una lesión o enfermedad, por la presente solicito, doy mi consentimiento para y autorizo los cuidados que se consideren necesarios..... **Sí No**
- Entiendo que si el estado médico de mi hijo/a cambia de manera significativa después de su examen físico, notificaré inmediatamente a su director acerca del cambio..... **Sí No**
- Doy mi permiso para que el entrenador deportivo comparta la información de las lesiones de mi hijo/a al entrenador en jefe / director deportivo / director de su escuela..... **Sí No**
- Con mi firma a continuación, acepto permitir que se revisen los antecedentes médicos / formulario de examen de mi hijo/a y todos los formularios de elegibilidad por la LHSAA o su(s) representante(s) o el personal médico asociado. **Sí No**

Fecha de firma del padre o madre

Firma del padre o madre

Nombre en letra de molde o escrito a máquina

Sección del profesional de la salud en la página 2

EVALUACIÓN DEL HISTORIAL MÉDICO DE LHSAA

Página 2 de 2

IMPORTANTE: Este formulario debe completarse *anualmente*, mantenerse archivado en la escuela y está sujeto a inspección por parte del Equipo de Cumplimiento de Reglas.

Nombre: _____ Fecha de nacimiento: _____ Edad: _____

Fecha: _____

Escuela: _____ Grado: _____ Deporte(s): _____

II. PARA QUE COMPLETE ANUALMENTE EL MÉDICO (MD), MÉDICO OSTEÓPATA (DO), ENFERMERO (APRN) o AUXILIAR MÉDICO

Altura _____	Peso _____	Presión sanguínea _____	Pulso _____
--------------	------------	-------------------------	-------------

EXAMEN MÉDICO GENERAL:

	Normal	Anormal
Otorrino	☐	☐
Pulmones	☐	☐
Corazón	☐	☐
Abdomen	☐	☐
Piel	☐	☐

EXAMEN ORTOPÉDICO :

I. Columna vertebral / cuello

	Normal	Anormal
Cervical	☐	☐
Torácico	☐	☐
Lumbar	☐	☐

II. Extremidad superior

	Normal	Anormal
Hombro	☐	☐
Codo	☐	☐
Mano / Dedos	☐	☐
Muñeca	☐	☐

III. Extremidad inferior

	Normal	Anormal
Rodilla	☐	☐
Cadera	☐	☐
Tobillo	☐	☐

Notas del profesional de la salud (si fuera necesario): _____

[] Medicamento apto para todos los deportes sin restricciones

[] Medicamento apto para algunos deportes _____

[] Medicamento apto para todos los deportes sin restricciones bajo recomendación de evaluación o tratamiento adicionales para _____

[] Medicamento no apto, pendiente de evaluación adicional

[] Medicamento no apto para ningún deporte

Esta recomendación se basa en una evaluación limitada.

Nombre en letra de molde del médico,
médico osteópata, enfermero o auxiliar médico

Firma del médico, médico osteópata,
enfermero o auxiliar médico

Fecha del examen médico

Este formulario de aptitud física vence a los 13 meses de la fecha en que fue firmado y fechado por el médico, médico osteópata, enfermero o auxiliar médico.

Revisado 5/23

A FACT SHEET FOR High School Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

What Should I Do If I Think I Have a Concussion?



Report It. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

Get Checked Out. If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



Give Your Brain Time to Heal.

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  **Get a headache**
-  **Feel dizzy, sluggish, or foggy**
-  **Are bothered by light or noise**
-  **Have double or blurry vision**
-  **Vomit or feel sick to your stomach**
-  **Have trouble focusing or problems remembering**
-  **Feel more emotional or “down”**
-  **Feel confused**
-  **Have problems with sleep**

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

How Can I Help My Team?



Protect Your Brain.

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



Be a Team Player.

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP



A FACT SHEET FOR Parents



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/HEADSUP. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/HEADSUP
January 2021



Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

➤ What should I do if my child or teen has a concussion?

1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021

➤ How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments



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.



BOURGEOIS MEDICAL CLINIC

MELVIN G. BOURGEOIS, M.D.
ROBERT M. BOURGEOIS, M.D.
MARK J. BOQUET, M.D.

**OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE**

Web Site: www.b-m-c.net

1201 KENNETH STREET, MORGAN CITY, LA 70380

PHONE 985-384-3355 FAX 985-384-2884

Student's Information: Please print clearly.

Student's Name: _____ School: _____

Social Security or School ID: _____ Date of Birth: _____ Grade: _____

Sport(s): Football / Swim / Cheer / Dance / Soccer / Volleyball / Cross Country / Basketball / Softball / Track / Baseball /
Tennis / Golf / Bowling / Gymnastics / Other: _____

Student's Consent: Please read carefully.

"I, the above named student, authorize the St. Mary Parish School Board to conduct tests on urine specimens which I will provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such tests to the St. Mary Parish School Board through its agents (the Superintendent and/or his designees) and to my parents and/or guardian."

"If I am or have been taking prescription medications, I acknowledge that I may provide verification (either by a copy of the prescription or by doctor's authorization) prior to being tested. I am aware this requested information concerning prescription medication is voluntary and shall be provided in a sealed envelope, and contents thereof will only be used by the testing agency if needed."

"I am fully aware of the St. Mary Parish School Board Policy on drug and alcohol test use and also the additional rules set forth by my school's athletic department. I understand that should I violate these rules, I am subject to severe penalties including loss of athletic privileges."

Student's Signature: _____ Date: _____

Student's Printed Name: _____

Parent's Consent: Please read carefully.

"I have read the St. Mary Parish's Interscholastic Athletics Drug Testing Policy and understand the rules and regulations. By my signature below, I hereby give consent to Bourgeois Medical Clinic for drug screen and/or alcohol testing to the above named student, following the St. Mary Parish's Interscholastic Athletic Drug Program. I understand that the student's sample will be tested for the presence of prohibited non-prescription drugs and/or alcohol. I understand that the results will be reported directly to the St. Mary Parish School Board to be used as they see fit."

"Consenting to and understanding the above, I hereby release Bourgeois Medical Clinic, its testing personnel, agents, contractors, and associated physicians and St. Mary Parish School Board from any liability whatsoever associated with the collection, testing, result reporting and use of those results."

"I also understand that the urine and/or alcohol test is a "screening" test and that a separate "confirmation" will be performed if necessary."

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Printed Name: _____ Phone: _____

Witness' Signature: _____ Date: _____

Witness' Printed Name: _____

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.

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) _____



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.

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: _____

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/>)

Sports Participation Agreement Summary

- I have thoroughly reviewed the athletic participation handbook and commit to adhering to all its rules and regulations. I have completed all sections of this agreement to participate in interscholastic sports.
- I have provided accurate and comprehensive information regarding the student athlete and parent/guardian details. I have also completed the emergency contact information truthfully and comprehensively.
- I have carefully reviewed the risks and hazards associated with interscholastic sports participation. I understand the gravity of these risks and voluntarily accept responsibility for them. By signing this document, I waive all claims related to my athletic participation.
- I have diligently read and signed all necessary forms pertaining to the student athlete's sports involvement.

All necessary forms have been submitted.

High School Checklist
Athletics Risk Acknowledgement
Bourgeois Medical Clinic Consent Form
Athletic Insurance Acknowledgement Form
Interscholastic Athletics Insurance Information
Concussion Awareness
Withdrawal from Athletic Participation
LHSAA Athletic Participation Parental Permission *
LHSAA Substance Abuse/Misuse Contract and Consent Form*
LHSAA Medical Evaluation English / Spanish
Sports Participation Agreement Summary
Birth Certificate (If the school doesn't have one on file)
Transcript (Provided by the school)
Current Grades (Provided by the school)

*Forms are valid for the duration of the student's high school eligibility.

I fully understand and voluntarily agree to the terms therein.

Parent/Guardian Signature

Student Athlete Signature

Date

