



ATHLETIC PAPERWORK

For the 2023-2024 school year, the Athletic Department will continue with the procedure for turning in athletic paperwork (physical, etc.) All paperwork will need to be turned into the Head Coach of the athletes' first sport he/she participates in or to the Athletic office. All athletes **MUST** have a physical to try out for a sport. It is strongly encouraged for parents to make a copy of the physical (or packet) for their records. Thank you for your cooperation!

God Bless,

Kayla Vicknair

Athletic Director

Vandebilt Catholic High School

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2023-2024

VCH TERRIER ATHLETICS



Please Print the Following:

Name of Student Athlete: _____

Grade of Student Athlete: _____

Please circle one of the following: MALE FEMALE

Sports Considering: _____

Name of Parents or Guardian: _____

IS THIS YOUR FIRST TIME PARTICIPATING IN A SPORT AT VCH? YES NO

(IF YES PLEASE ATTACH A COPY OF BIRTH CERTIFICATE!!!!)

Participation in the Vanderbilt Catholic Athletic Program is a privilege, not a right. Upon making the decision to participate, student-athletes and Parents must be prepared to make a commitment to the program. In addition, participation requires student-athletes and their parents to accept and abide by the policies and procedures as required by Vanderbilt Catholic High School in its rules and codes for all students, as well as those of the Louisiana High School Athletic Association (LHSAA). If you have questions about any of this information, please do not hesitate to call the Vanderbilt Catholic Athletic Office and speak with the Athletic Director.

****ALL PAPERWORK MUST BE COMPLETELY FILLED OUT AND RETURNED TO THE ATHLETIC DEPARTMENT, BEFORE A STUDENT ATHLETE CAN PARTICIPATE IN ANY SPORT-INCLUDING TRYOUTS!**

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 Mononucleosis
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medications _____						

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.....Yes No
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately.....Yes No
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.....Yes No
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its representative(s) or the associated medical personnel.Yes No

Date Signed by Parent _____

Signature of Parent _____

Typed or Printed Name of Parent _____

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.

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

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

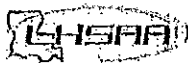
Date

Printed name of Student-Athlete

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian



**VANDEBILT CATHOLIC HIGH SCHOOL
EMERGENCY MEDICINE FORM**

GENERAL INFORMATION:

ATHLETE NAME: _____ DATE OF BIRTH: _____

SPORT(S): _____ GRADE: _____

ADDRESS: _____

MOTHER/GUARDIAN NAME: _____ MOTHER/GUARDIAN CELL: _____

FATHER/GUARDIAN NAME: _____ FATHER/GUARDIAN CELL: _____

☐ PRIVATE INSURANCE (NAME/ID #): _____

☐ MEDICAID (ID#): _____

☐ NO INSURANCE

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED:

(1) NAME/RELATIONSHIP: _____ CELL: _____

(2) NAME/RELATIONSHIP: _____ CELL: _____

HEALTH INFORMATION:

FAMILY PHYSICIAN/PCP: _____ PHONE NUMBER: _____

KNOWN ALLERGIES (N/A IF NONE): _____

EPI-PEN (IF APPLICABLE, PLEASE CHECK) YES _____ NO _____

CURRENT MEDICATIONS (N/A IF NONE): _____

MEDICAL HISTORY (PLEASE CHECK ALL THAT APPLY)

☐ CIRCULATORY/PULMONARY CONDITIONS

☐ DIABETES

☐ ASTHMA

INHALER (IF APPLICABLE, PLEASE CHECK) YES _____ NO _____

☐ CONCUSSION

☐ SKIN CONDITION

☐ SEIZURE

☐ OTHER (PLEASE EXPLAIN): _____

IF CHECKED ABOVE, PLEASE EXPLAIN: _____

**VANDEBILT CATHOLIC HIGH SCHOOL
EMERGENCY MEDICINE FORM**

Parent or Legal Guardian please read the following:

- I hereby give my permission to undergo medical treatment for any injury or illness that may be sustained or acquired during high school athletics by a certified athletic trainer.
- I understand that the certified athletic trainer will perform only those procedures that are within their training, credentials, and scope of professional practice to protect, care for, and rehabilitate athletic injuries.
- I understand that if my son/daughter suffers a potentially life threatening injury or illness, and in the event that we [parent(s)/guardian(s)] cannot be reached within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medical necessary to alleviate the problem.
- I verify and understand that my child may be injured while participating in any high school athletic practice or competition.
- I understand that it is possible that my child may sustain an injury which may result in permanent disability, paralysis, or possibly death.
- I understand that paralysis may include loss of movement, feeling, and use of his/her arms, legs, and trunk that may last a lifetime.
- I understand that it is my child's responsibility to adhere to all of the rules and regulations of her/her chosen sport(s) and that any infraction of these rules and regulations may result in injury to his/her opponent or his/herself. I also understand that no modification of protective equipment or uniform shall be made.
- I understand that it is my child's responsibility to report faulty or poor fitting equipment immediately to the coach, equipment manager, or athletic trainer.
- I understand that all injuries and illnesses sustained by my child are to be reported to the athletic trainer.
- I have read, reviewed, and understand the serious Sports Injury handout (printed and or digital format) regarding ACT 259 provided.
- I have read, reviewed, and understand the concussion information handout (printed or digital format) regarding concussion management and education.
- I hereby authorize the release of copies of all current and past medical records pertaining to my medical history, including all physical and athletic training records, diagnosis, treatment history, and prognosis of injuries from your personal knowledge and/or records to our schools athletic trainer and medical staff(s). By my signature below, I release you from all liability which could relate to the release of such medical records and information.
- A photo copy of this authorization shall be deemed as effective and valid as the original.

I do hereby certify that all the above information is true and to the best of my knowledge and consent to the above:

Student-Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

**CHECKLIST FOR 7TH AND 8TH GRADE STUDENTS
PARTICIPATING IN LHSAA-SANCTIONED ATHLETICS**

School Name:		School's Civil Parish Attendance Zone:			
Student's Name:	Date of Birth:		Last Four of SSN:		Grade Level

1. Is the above-named student, meet the following LHSAA Rules:		
a. Bona fide student at your school? (Rule 1.3)	Yes	No
b. Residence rule? (Rule 1.5)	Yes	No
c. Scholastic rule? (Rule 1.10)	Yes	No
d. All other LHSAA eligibility rules and regulations? (Age, Semesters, Hold Back, Eligibility Forms)	Yes	No
2. Has this student's parents been informed (read and explained) that once the student is registered and submitted on the LHSAA Members' Only website that your school shall become the student's school of eligibility and any subsequent transfers to any other LHSAA member school without a corresponding bona-fide change of residence to another civil parish shall cause this student to become ineligible for one calendar year from the date the student begins attending that school?	Yes	No
3. Has this student's parents been informed that registration and submission on the LHSAA Members' Only website or participation shall constitutes a commitment to the school?	Yes	No
4. Has this student's parents been informed that once the student is registered and submitted on the LHSAA Members' Only website or the student participate in practice or an athletic contest, the student's allowed consecutive semesters of eligibility to participate in high school athletics ensues, i.e., a 7 th grade student shall be eligible for 12 consecutive semesters and an 8 th grade student shall be eligible for 10 consecutive semesters?	Yes	No
5. Has this student been registered and submitted on the LHSAA Members' Only website or has the student participated in practice or an athletic contest at your school?	Yes	No
6. Do you have a complete student folder on the above-named student that includes a birth certificate, transcript/report card and a properly completed and signed medical history and medical examination form, athletic participation and parental permission form, and substance abuse/misuse contract?	Yes	No

CONTRACT REGARDING STUDENT'S ELIGIBILITY

I, principal of the above-named school, have informed the parent(s) of the student named above that once the student has been registered and submitted on the LHSAA Members' Only website or participates in practice or any athletic contest, my school shall become his/her school of eligibility and any subsequent transfer to any other LHSAA member school without a corresponding bona-fide change of residence into another civil parish shall render him/her ineligible at that school for one calendar year from the date the student begins attending that school. I also understand that registering and submitting this student and any other students in 7th and/or 8th grade on the Members' Only website during the 2014-15 and 2015-16 school years shall mandate his/her inclusion in my school's 2016 classification enrollment numbers.

SIGNED: _____ DATE: _____
PRINCIPAL

I, _____, parent(s) or guardian of the above-named student, understand that by allowing him/her to be registered and submitted on the LHSAA Members' Only website or to participate in practice or any athletic contest as a student-athlete for the above-named school establishes his/her school of choice and athletic eligibility at this school and that any subsequent transfer to another LHSAA member school without a corresponding bona-fide change of residence to another civil parish shall render him/her ineligible at that school under he/she has attended the school for one calendar year.

SIGNED: _____ DATE: _____
PARENT/GUARDIAN