

# CHECKLIST FOR REQUIRED FORMS/DOCUMENTATION SUBJECT TO INSPECTION LHSAA, EBRPSS, AND TARA HIGH SCHOOL

<u>Form/Documentation</u>	<u>Properly Signed</u>	<u>On File In School Office</u>	<u>Remarks</u>
1. Students Cumulative Record/Official Transcript*	<u>N/A</u>	<u>Yes/No</u>	_____
2. Student's Legal and Acceptable Proof of Birth*	<u>N/A</u>	<u>Yes/No</u>	_____
3. Student's Medical History Evaluation* (every year)	<u>Yes/No</u>	<u>Yes/No</u>	_____
4. Student's Medical Examination Form* (every year)	<u>Yes/No</u>	<u>Yes/No</u>	_____
5. Student's Athletic Participation/Parental Permission Form* (every year)	<u>Yes/No</u>	<u>Yes/No</u>	_____
6. Student's Substance Abuse/Misuse Contract*	<u>Yes/No</u>	<u>Yes/No</u>	_____
7. Declaration Declining Volunteer Student Insurance	<u>Yes/No</u>	<u>Yes/No</u>	_____
8. Heads Up Concussion	<u>Yes/No</u>	<u>Yes/No</u>	_____
9. Tara High School Acknowledgement of Risk	<u>Yes/No</u>	<u>Yes/No</u>	_____
10. Tara High School Athletic Bus Permission Slip	<u>Yes/No</u>	<u>Yes/No</u>	_____
11. Tara High School Athletic Contract	<u>Yes/No</u>	<u>Yes/No</u>	_____

\*LHSAA Compliance for Each Student Athlete

# LHSAA MEDICAL HISTORY EVALUATION

**IMPORTANT: This form must be completed annually, kept on file with the school, & 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'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

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

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

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

## PARENTS' WAIVER FORM

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

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

- 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) ..... **Yes** **No**

Date Signed by Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Typed or Printed Name of Parent \_\_\_\_\_

## II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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### GENERAL MEDICAL EXAM :

	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"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### OPTIONAL EXAMS:

**VISION:**  
 L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected: \_\_\_\_\_

**DENTAL:**  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

### ORTHOPAEDIC EXAM :

	Norm	Abnl
<b>I. Spine / Neck</b>		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Upper Extremity</b>		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
<b>III. Lower Extremity</b>		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.

- [ ] Student is cleared  
 [ ] Cleared after further evaluation and treatment for: \_\_\_\_\_  
 [ ] Not cleared for: \_\_contact \_\_non-contact

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

**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:

<b><u>RULE</u></b>	<b><u>COMMENTS</u></b>
<b>BONA FIDE STUDENT</b>	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 <sup>th</sup> grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
<b>ENROLLMENT</b>	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
<b>AGE</b>	A student shall not become 19 years of age prior to August 1 of this year.
<b>PROOF OF AGE</b>	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
<b>CONSECUTIVE SEMESTERS</b>	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.26.6 of the LHSAA handbook)
<b>SCHOLASTIC</b>	<p>For regular education high school students at the end of the first semester a student shall <b>pass at least six subjects</b> in all subjects taken.</p> <p>At the end of the year and prior to the next school year, a student shall must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.</p> <p>Special education students must consult the school principal, athletic director, or coach for scholastic information.</p>
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
<b>UNDUE INFLUENCE</b>	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
<b>AMATEUR</b>	A student cannot play high school athletics if he/she loses their amateur status.
<b>INDEPENDENT TEAM</b>	In certain sports a student cannot play on a school team and an independent team during the same sport season.

**MEDICAL EXAMINATION**

A student shall annually pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

**ATHLETIC PARTICIPATION/**

**PARENTAL PERMISSION FORM** A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school unless the student transfers to another member school.

**SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM** A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.

**SUSPENDED AND  
INELIGIBLE STUDENTS**

Shall not participate in any interscholastic contest on any team at any school at any level.

**LHSAA ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS**

Eligibility to participate in interscholastic athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

**ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBILITY RULES**

**PART II – PARENTAL PERMISSION**

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed on this form is my sole bona fide residence and that I will notify the school principal immediately of any change in my residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or its representative(s) permission to review my child's scholastic records and all required eligibility forms however submitted by the school or myself.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for my child to participate in any of the following LHSAA sports:

BASEBALL	GOLF	SWIMMING
BASKETBALL	GYMNASTICS	TENNIS
BOWLING	POWERLIFTING	TRACK AND FIELD
CROSS COUNTRY	SOCCER	VOLLEYBALL
FOOTBALL	SOFTBALL	WRESTLING

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

**By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.**

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Relationship to Student \_\_\_\_\_ (Print Name) \_\_\_\_\_

(Principal Signature) \_\_\_\_\_



## 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.**

**Declaration Declining Voluntary Student Insurance  
Offered by the East Baton Rouge Parish School System**

In accordance with the East Baton Rouge Parish School Board Policy JGA and La. Rev. Stat. Ann. §17:81,  
I \_\_\_\_\_, the parent of \_\_\_\_\_ hereby decline  
the voluntary student insurance made available for purchase through the East Baton Rouge Parish School Board.

I also hereby acknowledge that if my child is participating in any High school interscholastic athletic  
program, he or she, in accordance with the East Baton Rouge Parish School Board's policy, **CANNOT** participate  
without insurance.

Additionally, whether my child is participating in any High school or Middle school interscholastic athletic  
program, I hereby acknowledge full responsibility for any expenses associated with any injury suffered by my  
child as a result of participating in any interscholastic athletic program in the East Baton Rouge Parish School  
System.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



# Concussion: Statement of Student-Athlete Responsibility and Parent Awareness - Louisiana Youth Concussion Act 314

## What is a Concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## Facts about Concussions

1. A concussion is a serious brain injury
2. Concussions can occur without a loss of consciousness or other obvious signs
3. Concussions can occur from blows to the body as well as to the head
4. Concussions can occur in any sport
5. Athletes can still get a concussion even if they are wearing a helmet
6. Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

## Symptoms Reported by Athlete:

Headache or “pressure” in head	Nausea or vomiting
Balance problems or dizziness	Double vision
Sensitivity to light or noise	Confusion
Feeling sluggish, hazy, foggy or groggy	Blurry vision
Just not “feeling right” or is “feeling down”	
Concentration or memory problems	

FOR more information:  
[cdc.gov/concussion](https://cdc.gov/concussion)

## Signs Observed by Parents, Friends, Teachers, or Coaches

Appears dazed or stunned	Loses Consciousness (even briefly)
Is confused about what to do	Moves clumsily
Forgets plays or instruction	Answers questions slowly
Is unsure of game, score, or opponent	Shows mood, behavior, or personality changes
Can't recall events prior to hit or fall	Can't recall events after hit or fall

## Concussion Danger Signs

One pupil larger than the other	Is drowsy or cannot be awakened
A headache that get worse	Weakness, numbness, or decreased coordination
Repeated vomiting or nausea	Slurred speech
Convulsions or seizures	Cannot recognize people or places
Has unusual behavior	Becomes increasingly confused, restless, or agitated
Loses consciousness (even a brief loss of consciousness should be taken seriously)	

Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of a concussion listed above after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional. Experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

## Statement of Student Athlete Responsibility

I accept responsibility for reporting all injuries and illnesses to the coach and parent(s) including any signs and symptoms of a Concussion. I have read and understand the above information on concussions.

Student Printed Name \_\_\_\_\_ Student's Signature \_\_\_\_\_

As a parent of the above mentioned student, I am also aware of the issues concerning concussions as mentioned in this document and agree to adhere to these guidelines.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **TARA HIGH SCHOOL ACKNOWLEDGEMENT OF RISK**

There is a risk of injury that comes with participation in athletics. The degree of seriousness or the risk and the type of possible injury varies with the sport or activity. Injuries could possibly range from concussions, broken bones, sprains, or even more serious conditions, such as death. These injuries may occur despite the best possible rules, measures of protection, instruction and coaching.

Having read this form and explained this to my son/daughter,

I, \_\_\_\_\_ (**Print-parent or guardian name**), hereby give my consent for my child to participate in athletics at **TARA HIGH SCHOOL**.

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**Parent/Guardian (Signature)**

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**Date**

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**Student-Athlete (Signature)**

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**Date**

**\*To help offset the cost of accidents which may occur while participating in athletics, you may wish to consider electing to purchase voluntary student accident insurance. Parents are responsible for electing coverage for each child and for all premiums associated with the student accident insurance.**



## **TARA HIGH SCHOOL ATHLETIC BUS PERMISSION SLIP**

Student athletes will be required to ride an East Baton Rouge Parish school bus to and from all athletic events.

\_\_\_\_\_, son/daughter of \_\_\_\_\_  
Student Name Parent Name

has my permission to ride the bus provided for athletic events and agrees to abide by policy of TARA HIGH SCHOOL and East Baton Rouge Parish School Board, and accepts responsibility for their behavior.

## **Tara High School Athletic Department Student/Parent/Coach Academic Agreement**

This agreement is designed to provide communication between the student, parent, and coach. We ask that the student, parent, and coach sign this academic agreement, fully realizing the effort and dedication the Tara High School Athletic Department demands. Each student, parent, and coach owes it to themselves and their team, to build up those traits of leadership and protocol that add to the team's achievement; and abolish all traits and behaviors that have a tendency to damage the standards of the sport.

### **Student-Athlete**

Being a student-athlete at Tara High School is an honor and privilege. You are not required to take part in any sport; it is completely voluntary and is not a graduation requirement nor do you need sports to be granted college/university admission. It does require extra effort and time on your part, the student-athlete.

As a student-athlete, you must realize that you are held to a higher standard because you represent the school. This includes academics, attendance, behavior, and sportsmanship. Your responsibility as a student-athlete not only exists while participating in a sporting event or in school, but also in the community. The dignity of the THS Athletic Department reflects through you, which is why you're expected to conduct yourself in an exemplary manner on and away from campus. If your coach or administration feels that you are not upholding to the standards of a student-athlete, they have the right to revoke your duties.

**The discipline response depends on, in part, the offense, previous actions, and the seriousness of the misbehavior. Any student-athlete after being discipline on (3) occasions of any offense that violates the expectation of the school and athletic department, may on committing the fourth such offense be terminated from all participation for the remainder of the sport season and/or the school year. If terminated, the student-athlete can be re-instated by *PRINCIPAL APPROVAL ONLY!***

You are also required to be extremely cautious when using *social networking or internet*. Be mindful about information you post, links or images that may be offensive to the regards of your team, coach, school, or family. If any post, links, or images are found, you will be considered defiant and may be subject to being released from your team.

#### **Eligibility Requirements of a Student-Athlete**

Student-athletes must be aware of that the eligibility requirements that have been put into place here at Tara High School followed along with the standards set forth through the **LHSAA**.

THS student-athletes must be present in at least two-thirds of their classes on the day of any athletic event. An attendance report will be provided to coaches and if an athlete is found to have not been in non-compliance and still competed, they will be ineligible to participate in the next game. In addition, you risk forfeiting your team's game if a player competes and is ineligible due to attendance.

All THS students-athletes involved in any sport team at the beginning of a new school year should have earned at least a 1.5 GPA, 6 credits, and a minimum of 24 quality points from the previous school term. All THS student-athletes must maintain at least a 1.5 GPA and pass at least 6 courses taken in the fall semester to be eligible to participate in the spring.

### **Parent/ Legal Guardian**

Parents/ Legal Guardian All THS students-athletes involved in any sport team at the beginning of a new school year should have earned at least a 1.5 GPA (a minimum of 25 quality points) from the previous school term and maintain at least a 1.5 GPA in the fall semester to be eligible to participate in the spring.

All student-athletes must adhere to all LHSAA and THS athletic regulations. You are responsible to encourage your student athlete to fulfill their responsibilities as a team member and to maintain grades and school attendance at their highest levels. You must support your student-athlete and their team by making your best effort to attend events and by giving much consideration to joining the Athletic Booster Club (which provides support to all sports programs and athletes at Tara High School) and the PTO. Respect the integrity and judgment of the officials, coaches, and athletes. Along with your player, assume responsibility for the care of all items issued to the athlete by the coach or team representative(s) and making sure they are returned in good condition. Understand that you and your athlete will be charged for the replacement value for any lost or damaged items and/or indefinite suspension from athletic competition may result. Any financial obligations that are associated with participating in any extra-curricular activity must be paid in full. Nonpayment may result in the student-athlete not participating in games and/or diploma held for graduation.

### **Coach**

It is the responsibility of the coach to demonstrate the highest moral character as a role model for students. A coach needs to recognize the individual value and reinforce the self-worth of each team member. Encouraging and supporting each member to set personal goals to achieve their highest academic potential. Establish rules for athletes, which reflect the positive principles of refraining from the use of drugs, alcohol and tobacco. Develop the qualities of leadership and good judgment in each team member. Communicate and interpret program goals and objectives to the student-athlete and their parent/legal guardian. Provide a safe environment for practice and competition. Gain an awareness of the importance of prevention, care and treatment of athletic injuries. Respect the integrity and judgment of the game officials. Build and maintain ethical relationships with Coaches and Administrators. Strive for excellence in coaching skills and techniques through professional improvement. Encourage a healthy respect for the overall athletic program and its vital roles in education.

### **Athletic Director**

It is the responsibility of the Athletic Director to facilitate the overall operation of the athletic program and to demonstrate leadership in the area of academics and sports. Build and maintain relationships with Coaches, the liaison between Coaches and the Administration, while overseeing the budget, eligibility requirements, reporting of data, facilities management, and the maintenance of the school's compliance to the LHSAA.

Student-Athlete Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Coaches Signature\_\_\_\_\_ Date\_\_\_\_\_

Athletic Director\_\_\_\_\_ Date\_\_\_\_\_