

# Thibodaux High School Athletics

## Eligibility Paperwork Checklist for New Athletes

(2018-19)



**Please read through each page. Every form must be completely fill out, signed and dated for the student-athlete to be considered eligible for participation at THS.**

1. **Insurance Election Form** - \*\*You must initial your selection and sign for it to be valid. (a check is not valid)  
If you wish to purchase Student Insurance, it is serviced through K&K Insurance group at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) . Please send a copy of the purchase verification receipt for our records.  
If you decline, initial second blank and understand that you will be responsible for any medical cost for injuries during athletic participation.
2. **LHSAA Athletic Participation Form (LHSAA required)** - Complete page, sign and date.
3. **LHSAA Substance Abuse /Misuse Form (LHSAA required)** - Complete page, sign and date.
4. **Emergency Information/Parental Consent Form** - Complete page, sign and date.
5. **Drug Screening Policy (Parish Drug Testing Policy)** - Complete page, sign and date.
6. **Concussion Statement (LA Athletic Trainers Association)** - Please read information, sign and date. (3 pages)
7. **Risk Acknowledgement** - Please read information, sign and date.
8. **Quitting a Sport** - Please read information, sign and date.
9. **Sports Participation Agreement Summary**

If you have any questions, please contact Tony Clark, THS Athletic Director, at [aclark@mylpsd.com](mailto:aclark@mylpsd.com) or at THS (985) 447-4071.

Lafourche Parish School Board  
Parent or Guardian Consent, Indemnity and Insurance Form

From July 1, 2018 – August 1, 2019

Students Name \_\_\_\_\_

School \_\_\_\_\_

Activity \_\_\_\_\_

Consent and Indemnity

The undersigned parent(s) or legal guardian(s), as the case may be, of the student named above hereby consent to his or her participation in the activity conducted by the public schools of Lafourche Parish, and recognize and acknowledge that the injuries may occur to the student as a result of participation in those activities. To the extent permitted by law, consenting to the student's participation in such activities, the undersigned parent(s) or legal guardian(s) hereby agree to hold harmless the Lafourche Parish School Board, its members, employees, agents, assigns and insures from and against all liability for any accidents involving the student while participating in such activities and any injuries suffered by the student during, or as a result of, such participation. The undersigned parent(s) or legal guardian(s) hereby also understood that this authorization is not intended to, and does not; modify the foregoing indemnity provision in any manner whatsoever.

**INSURANCE ELECTION**

(Please initial the appropriate provision)

\_\_\_\_\_ As parent or legal representative of the student named above, I acknowledge that insurance against loss caused by injury to my child while participating in the activities described above is available for purchase from School Board Parish Student Insurance.

I agree to purchase or have purchased such insurance prior to the student's participation in such activities, and I agree to submit all claims for injuries incurred by the student during such participation to that insurance company. I understand and agree that the Lafourche Parish School Board, its members, employees, agents, assigns, or insurers shall not be responsible for payment of any bills not covered by such insurance.

\*Please provide a copy of purchase confirmation.

\_\_\_\_\_ As parent or legal representative of the student named above, I acknowledge that insurance against loss caused by injury to that student while participating in the activities described above is available for purchase from Lafourche Parish Student Insurance.

I do not wish to purchase that insurance. I understand and agree that I will be fully and personally responsible for payments of any and all bills incurred by us as a result of any injury suffered by the student while participating in such activities. I further understand and agree that the Lafourche Parish School Board, its members, employees, agents and/or assigns shall not be responsible for payment of any such bills.

\*\* No Student will be permitted to begin participation in organized school activities until this form has been completed and signed by the parent(s) or legal representatives of the student.

Parent or Legal Representative \_\_\_\_\_

# 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 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 1.20.6 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 it 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.

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

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

(Principal Signature) Glenn A. Haydel



## 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: \_\_\_\_\_

*[Signature]*  
Principal

Dated: \_\_\_\_\_

*[Signature]*  
Head Coach

**1.9 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.

**1.9.1** 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.**

**Emergency Information**

**Athletic Department  
Emergency Information and Parent Consent**

**General Information:**

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_  
Parent's Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

In an emergency, if the parents cannot be reached, notify:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Health Information:**

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

Answer YES or NO to the following: (If yes, please explain on back of sheet)

Asthma: \_\_\_\_\_ Inhaler: \_\_\_\_\_ Concussion: \_\_\_\_\_  
Diabetic: \_\_\_\_\_ Skin Problems: \_\_\_\_\_ Seizure: \_\_\_\_\_

**Consent Forms:**

In an emergency, I give permission for the coach, athletic trainer and/or team physician to use their judgment in securing medical care and/or an ambulance.

Also, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student; in the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury. I understand that an attempt will be made by attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

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

I give permission for the school athletic trainer (coach) to speak with physician(s) regarding my child's health status as it pertains to athletic participation.

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

I give permission for coaches, athletic director, principal, and guidance counselors to give copies of my child's transcript to college coaches and/or college recruiters.

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

### Drug Screening Policy and Consent

Effective August 2013, Policy IDFAA – Drug Screening of Student Athletes, will be implemented. This complete policy can be found on the Lafourche Parish School Board website in the Policy Manual under the “about us” tab. The following is an excerpt from Policy IDFAA:

*Based on the process outlined below and based upon the availability of funding, all student-athletes of each sport may be required to submit to a drug screening on a date set by the Athletic Director, Principal, Head coach, and Drug Screening Company prior to the first contest of that season. In addition to the initial screening of all student-athletes, additional random testing shall be administered throughout the season. The frequency of the additional random tests will be determined by the School Principal, Athletic Director and Head Coach of that sport based on the following guidelines and procedures: As frequent as once each week of the season, but no less than once each month of the season, the names of the athletes shall be placed in a "pool" from which a representative of the contracted laboratory, with the supervision of two representatives of the Lafourche Parish School Board, draws the names of up to 15% but not less than 5% of the athletes for random testing.*

I, \_\_\_\_\_, knowingly and  
*Student's Name*

willingly authorize the Lafourche Parish School District to conduct a specific test on a urine specimen which I provide to ascertain whether or not there is evidence of my use of drugs and/or alcohol. I also agree to release information concerning the results of such a test to the Lafourche Parish School District, through its agents (the Superintendent and/or Assistant Superintendent) and to my parents and/or guardian (tutor/tutrix).

If I am, or have been, taking prescription medication, I agree that I shall provide verification of the prescription medication (either by a copy of the prescription or a doctor's authorization) upon request. My refusal could be a factor in determining my privilege to participate in school athletics.

I am aware and agree that this requested information concerning prescription medication shall be provided to the system's appointed medical review officer for review.

I am further aware and agree that the consent form shall be binding for as long as I avail myself of the privilege of participating in athletics in the Lafourche Parish School System.

I further understand and agree that the Lafourche Parish School System is not assuming any medical obligations but is merely acting to help achieve a safe athletic environment.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School ID No.*

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

*Loy Clark A.A.*  
\_\_\_\_\_  
*School Representative Signature/Title*

\_\_\_\_\_  
*Date*

*THS*  
\_\_\_\_\_  
*School*

## **Athlete and Parent Notification: The Nature and Risk of Concussion and Head Injury**

ACT 314 of the 2011 Louisiana legislative session requires all athletes and their parents/legal guardians to receive documented education on concussion and head injury prior to participation in athletic activities. The law applies to all private and public organized youth athletic activities where participants are between the ages of 7 – 19, and includes all elementary, middle, junior, and senior high schools.

### **What is a Concussion?**

A concussion is a traumatic brain injury. It can be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. The traumatic brain injuries can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any one of the signs or symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, remove your child from activity and seek medical attention right away.

Symptoms experienced by the athlete may include one or more of the following:

Headaches, “pressure in head,” nausea or vomiting, neck pain, balance problems or dizziness, blurred, double, or fuzzy vision, sensitivity to light or noise, feeling sluggish or slowed down, feeling foggy or groggy, drowsiness, change in sleep patterns, amnesia, “doesn’t feel right,” fatigue or low energy, sadness, nervousness or anxiety, irritability, more emotional, confusion, concentration or memory problems (forgetting game plays), repeating the same question/comment

Signs observed by teammates, parents and coaches include one or more of the following: appears dazed, vacant facial expression, confused about assignment, forgets plays, is unsure of game, score, or opponent, moves clumsily or displays lack of coordination, answers questions slowly, slurred speech, shows behavior or personality changes, can’t recall events prior to hit, can’t recall events after hit, seizures or convulsions, any change in typical behavior or personality, loses consciousness

**RED FLAGS:** Call your doctor or take your child to the emergency department if any of the following signs or symptoms develop after a suspected concussion or head injury: headaches that worsen, seizures, neck pain, looking very drowsy and cannot be awakened, repeated vomiting, slurred speech, cannot recognize people or places, increasing confusion, weakness or numbness in arms or legs, unusual behavior changes, increasing irritability, loss of consciousness

What should happen if an athlete appears to have sustained a concussion?

1. The child should be removed from activity immediately.
2. Seek medical attention for the child right away.
3. Do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed.
- 4.

Physical rest is part of the recovery from a concussion.

Limit your child’s physical activity by not allowing any participation in physical exertion while recovering from a concussion. Adequate rest, including getting plenty of sleep, is important. Daytime rest breaks or naps may be needed. Good nutrition and hydration are also helpful to the healing process.

Cognitive rest is part of the recovery from a concussion. Activities that require a lot of thinking or concentration can make a concussion worse. Cognitive rest means the child should refrain from all activities that involve mental exertion, such as working on a computer, watching television, using a cell phone, reading, playing video games, text messaging, and listening to loud music. Any of these activities may exacerbate symptoms and could delay recovery.



**What about classwork after my child has received a concussion?**

A student athlete who has sustained a concussion may look "normal," but by definition the brain may not be working properly. The child, quite simply, is not "faking it." A concussion may result in impaired attention, difficulties with concentrating for prolonged periods of time and memory problems. If prolonged classroom exposure causes a student's condition to worsen (i.e., increased headache, increased fatigue, decreased ability to concentrate, sensitivity to noise or light), then we will work with you and your child's physician to modify their academic environment and expectations until the concussion is resolved. Often students want to quickly take the hardest tests or get the most difficult work "out of the way," but that approach can actually worsen symptoms and prolong recovery. If the child is allowed to attend school, participation in physical education will not be allowed until written clearance and the graduated return to activity is complete.

**What can happen if my child returns to activity too soon (before a concussion is fully healed)?**

There is a condition known as "second impact syndrome" that occurs when a second concussion is received before the first concussion is fully healed. The result of second impact syndrome can be immediate and irreversible catastrophic brain swelling or death. It is also important to know that repeated mild brain injuries occurring over an extended period of time (months or years), even when the brain is fully healed between events, can result in cumulative neurologic and cognitive deficits. Always keep your health care providers informed of your child's concussion history.

**What is required for my child to be allowed to return to sports following a concussion or head injury?**

By law a youth athlete who has been removed from play for concussion must receive written clearance for return to play. We require that this clearance be received from a physician that has that has received training in neuropsychology or concussion evaluation and management. Additionally, high school athletes participating in LHSAA sports should note that there is a specific form the LHSAA requires for concussion clearance.

**Why should my child participate in a gradual return to play plan?**

Activity levels that progress too quickly might cause concussion symptoms to return. After written clearance is received from the physician, the school may require athletes to complete a graduated progression under the supervision of a certified athletic trainer that includes:

- Day 1. rest until asymptomatic (physical and mental rest)
- Day 2. light aerobic exercise (example: stationary cycle or walking laps for 30 minutes)
- Day 3. sport-specific exercises at moderate effort for less than 1 hour (example: moderate jog, moderate footwork drills, shooting drills)
- Day 4. non-contact training drills at full effort for less than 1 1/2 hours (example: sprinting/running, full speed drills in non-contact situation, light resistance training)
- Day 5. full contact training after medical clearance (this must be a practice situation and not competition)
- Day 6. return to competition (game play) Note: each "Day" is 24 hours (no accelerated days).

Careful attention to symptoms, thinking, and concentration is needed at each stage of activity. If any concussion signs or symptoms do recur, the activity will be stopped and the athlete returned to level one to restart the progression.

If any of the foregoing is not completely understood and you have questions, please contact the school administrator or athletic director for further information.

We have read and understand the information above and I give permission to my son/daughter, \_\_\_\_\_ to participate in athletics at \_\_\_\_\_ School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# Concussion: Statement of Student-Athlete Responsibility and Parent Awareness

## Louisiana Youth Concussion Act 314

### What is a Concussion?

Concussion is a brain injury caused by a blow to the head, face or elsewhere on the body with a force transmitted to the brain. Concussions can result from hitting a hard surface such as the ground floor, from players colliding with each other or from being hit by a ball, bat or other sporting equipment.

### Signs and Symptoms about Concussions

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

### Signs and Symptoms of Concussion can Include:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance or blurry vision
- Double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy or groggy
- Confusion
- Sensation that one does not "feel right"

**For more information:**

***[cdc.gov/concussion](http://cdc.gov/concussion)***

### Why knowing you have a Concussion is Important

Most concussions resolve but some concussions can lead to chronic symptoms such as headache, decreased memory, sleeping problems, or personality changes. Rest, avoiding another blow to the head, and following the advice of your medical staff are critical in helping you recover as fast and as safely as possible. Sustaining another concussion prior to recovery from the first increases your chance of long term symptoms. There have been reports of death with a second concussion in younger athletes. It is very important for you to report any concussion symptoms as described above to your athletic trainer, coach or physician at the time of the injury. This includes alerting the medical staff to symptoms in your teammates if you notice these.

### Statement of Student Athletic Responsibility

I accept responsibility for reporting all injuries and illnesses to the athletic trainer and/or coach. I will report any signs and symptoms of a Concussion. I have read and understand the above information on concussions. I will inform the athletic trainer and/or coach immediately if I experience any of these symptoms or witness a teammate with these symptoms.

\_\_\_\_\_  
Athlete Name (Print)

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

As the 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 Name (Print)

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

\_\_\_\_\_  
Date



Middle & High School

● Risk Acknowledgment

**Lafourche Parish Athletics**

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/ward 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/ward 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/ward to obey all of the coach's instructions and warnings.

In consideration of the Lafourche Parish School Board permitting my child/ward 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/ward assumes all the risks associated with such participation. My child/ward 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 or her property or losses of any kind which may result in or connection with his or her participation in any activity related to the Lafourche Parish sport's program.

I understand that the Cautionary Statements for each sport is found in the athletic participation handbook.

Baseball/Softball-Basketball-Cross Country-Football-Golf-Soccer-Swimming-Tennis-Track & Field-Volleyball-Weight Lifting/Power Lifting

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

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

## **Quitting a Sport**

### **Introduction**

The Lafourche Parish School Board is opposed to quitting, regardless of each persons physical abilities. We are committed to the idea that every player in our athletic programs makes an important contribution to the team's success and that when a player quits, he/she deprives the team of that contribution.

### **Policy**

If a player decides to quit, however, we ask that he/she meets first with the head coach to discuss his/her decision. After the meeting, appropriate action will be taken.

### **Reinstatement**

Players who quit a sport will be allowed to petition for reinstatement; such reinstatement will be determined by the head coach and athletic director. The reinstatement process will include the athlete meeting with both the head coach and athletic director. After this meeting, the head coach and athletic director will make a decision, as to whether or not, to allow a player to return as a member of the team. Parents and athletes must understand that if a player violated the Code of Conduct prior to or during the quitting process, the athlete will be held accountable to the Athletic Handbook Policies provided he/she is reinstated. Also, the decision made by the head coach and athletic director is FINAL.

### **A Final Word**

Every player on a Lafourche Parish team is very important to us. We believe that our job involves more that developing a winning program. Therefore, we encourage every player to remain as a contributing member of the team and to talk to coaches before making a decision to quit.

**I have read and understand the policy and procedures for Quitting A Sport. I also understand that if I have any questions concerning the policy or procedures, I must contact the athletic director before my child tries out or participates in a sport.**

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**Parent's Signature**

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**Athlete's Signature**

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**Date**

## Sports Participation Agreement Summary

\_\_\_\_\_ I have carefully read the athletic participation handbook and will abide by all its rules and regulations and have completed all sections within this agreement to participate in interscholastic sports.

\_\_\_\_\_ I have truthfully and comprehensively supplied all of the information covering student athlete and parent/guardian information. I have truthfully and comprehensively completed the emergency contact information.

\_\_\_\_\_ I have carefully read the risks and dangers of all interscholastic sports participation. I understand the serious nature of those risks. I voluntarily assume all such risks, and I hereby waive all claims of any nature related to athletic participation.

\_\_\_\_\_ I have also carefully read and signed all necessary forms regarding the student-athlete's athletic participation. The necessary forms are:

Form	Middle School	High School
LHSAA Medical History Evaluation	X	X
Parent or Guardian Consent, Indemnity and Insurance Election	X	X
Emergency Information	X	X
Risk Acknowledgement	X	X
Drug Screening Consent	X	X
LHSAA Substance Abuse Agreement		X
LHSAA Athletic Participation/Parental Permission		X
Concussion Statement	X	X
The Risk of Concussion and Head Injury	X	X
Quitting a Sport	X	X
LPSB Student Accident Coverage	X	X

I fully understand and voluntarily agree to the terms therein.

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

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

Date: \_\_\_\_\_