



**THS**

J.V./Varsity



## **Cheer/Mascot Tryouts**

**Fee: \$20** (**Exact** cash or checks **made to THS** and must be in an envelope with the **candidate's name** and **next year's grade level.**)

**When?** Saturday, March 16, 2019

**Where?** Thibodaux High School Gym

**Who?** 2019-2020 Freshmen,  
Sophomores, Juniors, and Seniors

For **APPLICATION:**

Go to **[Thibodauxtigers.org](http://Thibodauxtigers.org)**

Fall Sports, Cheerleading, Tryout Forms

Forms/Fees need to be sealed in an envelope and are due Tuesday,  
March 12, 2019 at 2:30p.m. in THS' Main Office "**Cheer Box.**"

KEEP

**PLEASE READ THIS PACKET THOROUGHLY!**

KEEP

- EMAIL ALL questions to [ltrahan@mylpsd.com](mailto:ltrahan@mylpsd.com) for a timely response.  
**DO NOT** CALL THS.
- ALL REQUIRED **COMPLETED** DOCUMENTS AND TRYOUT FEE (**Exact** cash or checks **made to THS** must be in an envelope with the candidate's name and next year's grade.) **MUST** be received in the THS Office Cheer Box on the front counter no later than Tuesday, March 12, 2019 at 2:30p.m. **NO EXCEPTIONS!**  
**Faxes/emails will not be accepted.**
- The \$20 tryout fee is non-refundable for any reason. Failure to turn in this fee will result in tryout ineligibility.
- Candidates must be **dropped off** at the New Gym entrance (on the tennis court side) of the school. If you drive, you may park at the New Gym entrance. Absolutely **NO** parents, friends, etc. will be allowed during the morning clinic and afternoon tryout.
- **Don't be late!** Candidates should arrive at 7:50am (no earlier). The clinic will begin promptly at 8am. If candidates do not attend the clinic, they are ineligible to tryout.
- All candidates must provide a bagged lunch on the tryout day. No food drop offs or deliveries will be accepted for candidates. Also, candidates should bring water for hydration throughout the clinic.
- Tryout attire will be enforced. Points will be deducted from candidates for failure to follow directions.
- **No cellphone use** during the tryout clinic/tryouts. Phones need to be turned off, not silenced. After all call backs are complete, candidates will be allowed to call for rides.
- There is no "set" time to end tryouts. Ending time depends on candidates and the judging process. Based on previous years, it could end as early as 3:30p.m. or as late as 5:30p.m. **So parents please do not call or "pop in" until the candidate calls you.**

\*\*Results for both THS Mascots, Varsity and Junior Varsity teams will be posted to the **THS Facebook School Page** before Sunday, March 17, 2019 using the candidate's tryout number.

**DO NOT CALL THIBODAUX HIGH SCHOOL OR COACH FOR RESULTS BEFORE IT IS POSTED!**

PLEASE BE PATIENT. I KNOW IT IS A VERY STRESSFUL DAY FOR CANDIDATES AND PARENTS; HOWEVER, PLEASE ALLOW THE PRECESS TO HAPPEN. AS SOON AS THE RESULTS ARE TABULATED THS WILL POST IT. THANK YOU IN ADVANCE FOR YOUR SUPPORT.

## **Required Qualifications to Tryout**

### **1) Grade Level**

- Varsity and JV cheerleader tryouts are limited to students enrolled in the eighth (8<sup>th</sup>), ninth (9<sup>th</sup>), tenth, (10<sup>th</sup>), and eleventh (11<sup>th</sup>) grades during the current year of tryouts.
- All students trying out must indicate their preference as to varsity, junior varsity, or both on the tryout form.
- Mascot tryouts are limited to students enrolled in the 9<sup>th</sup>, 10<sup>th</sup>, or 11<sup>th</sup> during the current year of tryout.

### **2) Academic Standing**

#### **Cheerleader candidates must:**

- Be passing all classes at the time of tryouts most **current** grades from JPAMS must be attached to the tryout form. Sign up in the guidance office if you need them printed.
- MUST have a 2.0 GPA and maintain it throughout the year if selected.

### **3) School Behavior**

#### **Candidates must have exhibited appropriate conduct in the classroom and other school and community settings. Therefore a student may not have:**

- Committed disciplinary infractions (or a combination thereof) as listed in the Lafourche Parish Extra-Curricular Code of Conduct and Student Handbook and Code of Conduct. A student who was assigned placement in a disciplinary alternative education program for any disciplinary infraction will not be allowed to tryout.
- Any student with office referrals, in-school suspensions, and out-of-school suspensions will not be eligible to participate in tryouts *without principal approval*.
- Students must be clear of all fines and fees.
- Applicants earning a cheerleader position for the next school year must continue to meet the above stated "Student Behavior" criteria for the remainder of their present school year. Failure to do so will result in immediate forfeiture of their position on the team.
- Students must have a current School Behavior print out for the 2018-2019 school year indicating that they have no office referrals, ISS, OSS or Pass assignments as of the present school year.

#### **4) Physical Examination**

Candidates must submit an **UP TO DATE** physical form (URGENT CARE DOES IT FOR \$10) from a physician prior to tryouts, which indicates that the candidate is capable of performing all the essential functions of a cheerleader. The physician is to document the physical examination on the Participation Physical Evaluation-Medical History and Participation Physical Evaluation-Physical Examination Forms.

The candidate must be able to perform without limitations the **Essential physical functions of a cheerleader such as:**

- Perform jumps and other physical moves that are part of cheerleader routines.
- Perform stunts that may involve climbing, balance, agility, and upper body strength.
- Exhibit rhythm and coordination in performing cheerleader routines.
- Demonstrate stamina in performing regular physical activities that involve physical endurance and fitness.
- Perform routines in both indoor and outdoor settings, in heat and cold weather.
- Demonstrate clear diction and strong vocal qualities.
- Be able to lift, bend, crouch and run.

#### **5) Documents**

**Students must submit by the due date in order to be a cheerleader candidate.**

- Personal Student Information with DOB, email address, contact/emergency contact information and 5 questions answered (written on the back or typed on a separate sheet).
- Insurance Election Form
- LHSAA Medical History Evaluation (up to date) filled in entirety signed by doctor
- Student Behavior documentation signed by Administrator
- Most current Report Card and a JPAMS Grade Report for this current semester
- Statement of Signatures
- \$20 tryout fee must be in an envelope with candidate's name in exact change or check payable to THS. This pays for the tryout instructor/judges.

## Tryout & Selection Process

### **6) Tryout Clinic/Cheer Tryout Procedures**

- BE at THS by 7:50 a.m. on March 16, 2019 on the day of tryouts.
- Candidate(s) will pull numbers after sign in for tryout order. Numbers cannot and will not be switched.
- The tryout clinic will be held from 8am till after tryouts (all day).
- It is held to acquaint candidates with the cheer & dance as well as the skills/techniques on which they will be judged at tryouts.
- Attendance at the clinic is required in order to tryout.
- The clinic is planned and led by a certified cheer instructor.
- Tryouts will begin following lunch (approximately 12:00p.m.) and has an indefinite end time based on number of candidates and potential call backs.
- ABSOLUTELY NO CELLPHONES will be allowed during the clinic/tryout.
- Spectators (including parents, friends, non-involved school personnel, etc.) are **not** permitted to be in attendance, watch, or videotape clinic practice or tryouts.

### **7) Tryout Attire**

- Attire for tryouts is limited to solid black shorts (may have white stripe or piping) and plain white **cotton** t-shirt/tank **without** design or lettering. (No dry-fit shirts because tryout stickers do not stick to it).
- Plain black or white **no-show** socks are required.
- Candidates should wear comfortable shoes for practice and tryout (no hard sole); they must be white or mostly white.
- No jewelry (no earrings, necklaces, watches, facial piercings), tattoos must be covered with makeup and no fake nails (nails should be short in length).
- Hair must be up in a ponytail and out of face; hair color must be a natural occurring color.
- ONLY white hair ribbons are acceptable.
- Failure to dress properly will result in dismissal from tryouts.

### **8) Tryout Format (Judging)**

- Varsity and junior varsity tryouts will be scheduled on the same date, time, and location.
- The tryout process is organized and facilitated by the cheerleader sponsor-coach/administrator.
- Only the judges, authorized personnel, and administrator will be present in the tryout room.
- Candidates are in the tryout room for the length of their performance only.
- The tryout room is closed to all spectators, including parents, friends, and non-involved school personnel.

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- A panel consisting of a minimum of three (3) professional judges will be secured by the campus for cheerleader tryouts.
  - Judges shall be knowledgeable cheerleading coaches, former college cheerleaders, and/or members of UCA/SCA staff.
  - Judges shall not be employees of Lafourche Parish Schools.
  - Judges shall not be a relative of any candidate or a private coach of any candidate.
- Candidates draw for a participant number prior to tryouts. During the judging and tabulation of scores, students are referred to by number only.
- All candidates and/or any person acting as a representative on their behalf are prohibited from having any form of communication or personal contact with any judge prior to, during, or after the tryout process. Violation of this guideline will result in the immediate removal of the candidate from the process and/or squad if candidate had been selected.
- Judges are instructed to report any incident of this activity to the campus administrator.
- If a candidate is unable to or decides not to tryout, the \$20.00 fee **will not** be refunded for any reason.
- Should a candidate become injured participating in a **school related activity ONLY** at the time of tryouts (proper medical documentation must be turned in), the candidate will be allowed to tryout once the attending physician has signed a written letter stating that the candidate has been released/discharged. A maximum of 8 weeks from the original tryout date will be allotted for makeup tryouts.

## 9) **Tryout Materials**

The candidates will be judged on the following criteria:

Entrance, Appearance, Cheer/Chant, Jumps, Technique, Stunting (boys only), Attitude, Spirit/Facial Expressions, Voice Projection and Overall Performance.

## 10) **Tabulation of Results**

- Each judge will score each candidate's performance using a numeric scale (1-10, for example). The judge must initial any change to a rating or sum of ratings.
- All scores will be added to determine the final score for each candidate.
- Candidate's total scores are ranked in numerical order.
- The top candidates with the highest rankings will be named as the new varsity cheerleaders. The natural break in scores will determine the number of cheerleaders chosen. There is no set number of cheerleaders on either team. KEEP

- The next candidates who fall under the natural break/cut-off number in scores will be named as the new junior varsity cheerleaders.
- Announcements of both new cheerleading squads will be made through posting of candidate's tryout number on the THS Facebook Page.

## **\*\*SPECIAL CIRCUMSTANCES**

- In the event that a 2018-2019 ***current THS Varsity Cheerleader (only)*** is not able to tryout on the scheduled tryout day, due to a confirmed medical injury, a separate tryout will be scheduled at a later time (not to exceed 3 weeks after the original tryout date).
- Should a candidate require a separate tryout, and in the event said candidate makes a squad, the candidate will not attend summer cheer camp; however, the candidate will still be required to purchase the camp clothes/practice uniforms.

### **11) Cost:**

- The cost of being a THS Cheerleader is as follows:
  - Camp (approximately \$400)
  - Uniforms, shoes, poms, gear, etc. (approximately \$600)

### **12) Summer Camp and Practices:**

All THS Cheerleaders/Mascots (Varsity/Junior Varsity) are required to attend a **Mandatory Summer Camp** on June 25, 26, and 27 in New Orleans, La. at the Hilton Riverside Hotel. If you cannot commit to these dates and practices (during the months of March, April, May and June, you will not be eligible to tryout. At camp and previous practices, Mascot(s)/Varsity/J.V. Cheerleaders learn all/new material such as dances, cheers, chants, stunts, etc. with that said, it is very pertinent that each cheerleader attends all practices and camp to obtain all routines, stunts, etc. If you cannot dedicate your time and energy because of other commitments, jobs or family responsibilities, then you need to reconsider trying out.

### **Special Positions**

**Mascot:** The qualifications, responsibilities, and consequences described in this document will be used to govern the mascot. Mascot tryout skits must be 3 minutes long. ***ALL music and props must be provided by the candidate trying out. Mascot candidates routines will be videoed the day of tryouts. The video will be viewed and scored by three professional judges.*** Candidates will be required to use the Tiger suit for tryouts.

- If candidate receives the mascot position, he/she will be required to collaborate with mascots and cheerleaders for pep rallies and games.
- It is the mascot(s) responsibility to plan skits/dances and sideline routines at pep rallies and games.

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**Alternates:** Alternates will not be named. In the event that a cheerleader is dismissed or removed from the squad within two weeks following tryouts, an alternate taken from the next highest score at tryouts, will be placed on the squad.

**Cheerleader Captain(s)—Seniors ONLY:** The cheer captain(s) for each squad shall be chosen by the coach. The cheer captain(s) of the Varsity squad shall be a member in good standing with previous varsity cheer experience.

**All applicants earning a position on the Cheerleading Squad/Mascot for the next school year must continue to meet all of the above stated "Required Qualifications to Tryout" for the remainder of their present school year. Failure to meet these requirements will result in immediate forfeiture of their position on the Cheerleading Squad/Mascot. Actual activities for the "new" Cheerleading Squad/Mascot will be determined and defined by the cheer sponsor-coach and principal. These activities may begin immediately upon announcement of the new cheerleading squad.**



**THIBODAUX HIGH SCHOOL CHEERLEADER TRYOUTS 2019-2020**

**Saturday, March 16, 2019 @ THS Gym (Tennis Court Entrance)**

**Arrive by 7:50am Until Finished (ALL Day)**

<b>Name</b> _____				
(FIRST)	(MIDDLE)	(LAST)		
CHECK: _____	<b>VARSAITY</b> (9-12)	_____ <b>JUNIOR VARSITY</b> (9-11)	_____ <b>MASCOT</b> (9-11)	
GRADE IN 2019-2020: (CIRCLE)	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
DATE OF BIRTH	_____			

**NEATLY PRINT EMAIL ADDRESS:**

\_\_\_\_\_  
(LIST AN EMAIL ADDRESS THAT YOU CAN BE CONTACTED; YOU WILL BE SENT INFORMATION BY THIS EMAIL.)

Home Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Contact # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Contact # \_\_\_\_\_

**PLEASE MAKE SURE THAT YOUR EMAIL ADDRESS IS NEATLY WRITTEN AND ACCURATE.**

**Return**

**ANSWER ALL QUESTIONS ENTIRELY:**

**1. Do you have or plan on having a job from March 16, 2019 to the 2019-2020 school year or being part of any other sports teams at THS? Yes NO**

**Do you understand that your job will not be an excused absence from practices or cheer events? Do you understand that this is a 15+ hour a week commitment of physically intense work and dedication (for both Varsity and JV) throughout the entire school year and that you may have to limit your other activities in order to be part of the squad? Please explain your other activities and how it may affect your involvement.**

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**2. List Clubs or Activities you will be involved in at THS in 2019-2020.**

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**3. List any previous cheerleading (only) experience you have had in the past. Please explain what stunting positions you performed in or CHEERLEADING skills that will be an asset to this organization:**

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**4. What stunt position do you have experience in? (Circle ALL that apply):**

**base, flyer, back spot, or none**

**5. Why do you want to be a THS Cheerleader? What could you offer our squad? (Type and attach an answer or use the back of this paper to complete.)**

**STATEMENT OF SIGNATURES 2019-2020**

**RETURN**

- I HAVE READ AND UNDERSTAND ALL PARTS OF THE THIBODAUX HIGH SCHOOL CHEERLEADING CONSTITUTION AND GUIDELINES/INFORMATION. AS A POTENTIAL INCOMING THIBODAUX HIGH SCHOOL STUDENT AND CHEERLEADING SQUAD MEMBER, I WILL ABIDE BY ALL STATED POLICIES, GUIDELINES, AND RULES OF THIS ORGANIZATION.
  
- I WILL ACCEPT ALL RESULTS FROM THE TRYOUT PROCESS. IF I ACCEPT A POSITION ON THE TEAM, I AM AGREEING TO COMPLY WITH THE RESPONSIBILITY/DUTIES THAT ARE REQUIRED OF BEING IN THE POSITION OF A THS CHEERLEADER AND A REPRESENTATIVE OF THIBODAUX HIGH SCHOOL. I UNDERSTAND THAT IF I DO NOT FULLFILL THESE RESPONSIBILITIES/DUTIES, I AM FOREFEITING MY POSITION ON THE TEAM.
  
- I UNDERSTAND THAT THE COST OF BECOMING A THS CHEERLEADER WILL BE APPROXIMATELY \$750 AND I ACCEPT FULL RESPOSIBILITY FOR THIS AMOUNT. IF I BECOME A THS CHEERLEADER, I UNDERSTAND THAT MY FIRST PAYMENT OF \$400 WILL BE DUE April 20 2019.
  
- IF I BECOME A THS CHEERLEADER, I UNDERSTAND THAT (MY GUARDIAN AND I) WILL HAVE TO PARTICIPATE AND SUPPORT ALL CHEER FUNDRAISERS
- I AM AVAILABLE TO ATTEND SUMMER CAMP ON JUNE 25, 26, AND 27 AND PRACTICES BEGINNING IN MARCH, APRIL, MAY, JUNE, AND JULY AS WELL AS PRACTICES AND EVENTS DURING THE 2019-2020 SCHOOL YEAR.
  
- I UNDERSTAND THAT BECOMING A THS CHEERLEADER IS A FULL TIME, YEAR ROUND COMMITMENT AND REQUIRES 15+ HOURS OF MY TIME WEEKLY.
  
- ANY CHEERLEADER WHO QUILTS OR IS DISMISSED BECAUSE OF NON-PARTICIPATION WILL FORFEIT THE RIGHT TO TRY-OUT THE FOLLOWING YEAR.

GUARDIAN NAME (PRINT)\_\_\_\_\_

GUARDIAN SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

STUDENT NAME (PRINT)\_\_\_\_\_

STUDENT SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

-SENIORS ONLY-

Thibodaux High School Cheerleading Captain Application

**\*\*If you are interested in being captain for Varsity, please complete the form below with your completed tryout application.**

Name:

Squad: Varsity

Grade:

**Please rate the following:** 3 - Above Average 2 - Average 1 - Satisfactory 0- Unsatisfactory

Why do you want to be a captain? 0 1 2 3

List 3 qualities that you have that would make you a strong captain?

0 1 2 3

- 1).
- 2).
- 3).

What are your goals for THS cheer for the 2019-2020 season?

0 1 2 3

Any additional information you would like us to know?

Total Score:  
/9

# Cheer

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Judge's Signature: \_\_\_\_\_

Candidate: \_\_\_\_\_ Squad: \_\_\_\_\_

Categories	Possible Points	Points
Spirit and Enthusiasm	10	
Jumps/Technique	10	
Motion Technique	10	
Voice Projection	10	
Dance/Memorization of Dance	10	
Cheer/Memorization of Words and Correct Motions	10	
Rhythm/Timing	10	
Facial Expressions	10	
Overall Impression	10	
	Total	/90 points

# Mascot's Individual Score Sheet

Candidate: \_\_\_\_\_



## Mascot Division - 100 points possible

Mascot Performance / Routine	Points	Score
<b>Crowd Interaction:</b> Engages the crowd.	10	
<b>Crowd Appeal:</b> Entertaining.	10	
<b>Creativity/Originality:</b> Innovative, imaginative.	10	
<b>Incorporation of Props:</b> Use of a props or signs to help engage the crowd and convey theme.	10	
<b>Animation:</b> High Energy, effective pantomime.	10	
<b>Enthusiasm:</b> Spirit and energy throughout the routine.	10	
<b>Rhythm:</b> Movement that fits music.	10	
<b>Character Development/Definition:</b> Costume and props support mascot character.	10	
<b>Choreography:</b> Creative routine and theme.	10	
<b>Overall Impression:</b> Energy, routine creativity, use of space, crowd response.	10	

Total Score: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

Parent or Guardian Consent, Indemnity and Insurance Election Form

Date

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_

Athletic Activities: \_\_\_\_\_  
\_\_\_\_\_

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 interscholastic athletic activities conducted by the public schools of Lafourche Parish, and recognize and acknowledge that injuries may occur to the student as a result of participation in those activities. By 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 insurers from and against all liability for any accidents involving the student while participating in such athletic 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 authorize team physicians to treat the student in the event of an injury requiring emergency treatment. It is 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(s) or legal guardian(s) of the student named above, we acknowledge that insurance against loss caused by injury to our child while participating in the athletic activities described above is available for purchase from \_\_\_\_\_. We agree to purchase such insurance prior to the student's participation in such activities, and we agree to submit all claims for injuries incurred by the student during such participation to that insurance company. We 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.

\_\_\_\_\_ As parent(s) or legal guardian(s) of the student named above, we acknowledge that insurance against loss caused by injury to that student while participating in the activities described above is available for purchase from \_\_\_\_\_. We do not wish to purchase that insurance. We understand and agree that we will be fully and personally responsible for payment of any and/or all bills incurred by us as a result of any injury suffered by the student while participating in such activities. We 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 INTERSCHOLASTIC ATHLETIC ACTIVITIES UNTIL THIS FORM HAS BEEN COMPLETED AND SIGNED BY THE APPROPRIATE PARENT(S) OR LEGAL GUARDIAN(S). IF THE PARENTS ARE NOT DIVORCED, ONLY THE FATHER MUST SIGN. IF THE FATHER IS UNABLE TO SIGN, THEN THE MOTHER MAY SIGN AS THE TACIT AGENT OF THE FATHER. IF THE PARENTS ARE DIVORCED, ALL PARENTS HAVING CUSTODY OF THE STUDENT MUST SIGN. IF THERE IS ONLY ONE LIVING PARENT OR GUARDIAN, THAT PARENT OR GUARDIAN MUST SIGN.

WITNESSES:

\_\_\_\_\_ (Parent or Legal Guardian)

\_\_\_\_\_ (Parent or Legal Guardian)

Return

# RETURN

## 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), OSTEOPTAHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :	OPTIONAL EXAMS:	ORTHOPTAHIC EXAM :																																																																		
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<p>COMMENTS: _____                      _____                      _____</p>																																																																				

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 one year from the date it was signed and dated by the MD, DO, APRN or PA.**