



St. Michael School

**Athletic Program
Policy Manual
2018-2019**



SAINT MICHAEL SCHOOL
805 East Northern Avenue
Crowley, LA 70526



Requirements for Participating in Athletics at St. Michael School

All these requirements must be met before an athlete can be listed on the team roster and begin practicing for the sport.

- Participant must meet the criteria by the league St. Michael School is participating in for each sport.
- *St. Michael Athletic Program Policy Manual* must be completed fully (no missing information) including all signatures and dates.
- All applicable fees must be paid for the sport(s) the participant wishes to engage.
- The Athletic Director must be able to confirm the students grades meet the requirements to participate in sports at St. Michael School.

I understand that I must fulfill the requirements listed above before my child can participate in Athletics at St. Michael School for 2018 – 2019.

I have read the *St. Michael School Athletic Program Policy Manual* for 2018 – 2019 and I agree to be bound by the rules and policies.

Parent Signature: _____ **Date:** _____

Parent Name: _____

Student Signature: _____ **Date:** _____

Student Name: _____

Dear Parents and Students:

It is time to prepare for the upcoming school year. Enclosed you will find all of the information needed for your child to participate in one or more sport activities during the 2018-2019 school year at St. Michael School.

Please remember each student must have a **completed booklet**, a physical completed by a qualified physician and their tuition and sport fee/fees paid in full by the dates listed on the Sports Participation Fee sheet prior to beginning any practice or being allowed on any team. Additionally, a copy of the student's current health insurance card and a current copy of your vehicle insurance card must be attached to the booklet.

Communication for athletic events and information will be made via email and/or text messages. Please make sure your email address is current and checked regularly. If you have any questions, please feel free to let me know.

Erik Lee
Cell # (337) 443-8746
School # (337) 783-1410

ATHLETIC PERMISSION/AUTHORIZATION FORM

NAME OF STUDENT _____ SCHOOL YEAR 2018-2019
(Use a separate form for each child)

CURRENT GRADE OF STUDENT _____ STUDENT DATE OF BIRTH: _____

St. Michael School Athletics are designed to provide each student with an opportunity to develop values in leadership, teamwork, self-discipline, self-confidence, perseverance, sacrifice, and dedication.

I request permission for my child to participate in all practice sessions and practice games as decided by the coaches. I further request my child be permitted to participate in all games, including but not limited to home, away, make-up and tournament games as decided by the coaches.

I understand the rules and regulations of athletics at St. Michael School and I request permission for my child to participate in the programs circled above. I understand that athletics involves some degree of risk and that injury is possible. I release St. Michael Church, the Diocese of Lafayette and St. Michael School administrators, coaches and staff from responsibility for accidental injury that may occur as a normal part of the athletic program.

In giving permission for my child to participate in athletics at St. Michael School or as part of a team off sight, I agree that emergency personnel may be called in the case of an emergency (ambulance or paramedic) and I agree to be responsible for the cost of that service.

Parent's Signature _____ Date: _____

Parent/Guardian Name: _____

HEALTH INSURANCE: (Students **must have health insurance** to be eligible to participate in sports at St. Michael School.)

2018-2019 SCHOOL YEAR

SPORTS PARTICIPATION FEE SHEET

1. Students may not practice or play in any sport until all forms and fees including tuition have been collected. (Month and due dates for sport fee is listed below.) Forms and fees are to be returned to the Athletic Director.
2. Sports participation fee for football will be \$125.00 per student for the 2018-2019 school year. The football fee includes the cost of all uniforms and equipment. A \$25 late fee will be accessed if fees and/or athletic booklets are turned in after the deadline.
3. Participation fee for other sports will be \$50.00 per sport per student. A \$25 late fee will be accessed if fees and/or athletic booklets are turned in after the deadline.
4. Students are to turn in their complete uniform at the end of every sport. All uniforms should not be put in the dryer. Hang dry only. Parents will be billed for any uniforms not turned in or ruined by drying.
5. Golf requires a \$50 payment to **Bayou Bend** for use of the course and range balls. This is in addition to the \$50 fee to the Athletic Department.

DO NOT PUT UNIFORMS IN THE DRYER. HANG DRY THEM

Below is a list of sports and deadlines for turning in athletic booklets for your child in order to be able to participate in for the 2018-2019 school year.

FOOTBALL	7 TH & 8 TH grade BOYS ONLY (August –November) Deadline for Athletic Booklet: <u>July 13, 2018</u>
VOLLEYBALL	6 th , 7 th & 8 th grade GIRLS ONLY (August – November) Deadline for Athletic Booklet: <u>July 30, 2018</u>
BASKETBALL	5 th , 6 th , 7 th , & 8 th grade GIRLS & BOYS (November- January) Deadline for Athletic Booklet: <u>September 14, 2018</u>
BASEBALL	6 th , 7 th , & 8 th grade BOYS ONLY (February – March) Deadline for Athletic Booklet: <u>January 7, 2019</u>
SOFTBALL	6 th , 7 th & 8 th grade GIRLS ONLY (February- March) Deadline for Athletic Booklet: <u>January 7, 2019</u>
TRACK	6th, 7th, & 8th grade GIRLS & BOYS (February – April) Deadline for Athletic Booklet: <u>January 7, 2019</u>
GOLF	6 th , 7 th , and 8 th grade GIRLS & BOYS (February-April) Deadline for Athletic Booklet: <u>January 7, 2019</u>
CHEERLEADER	8 th grade GIRLS ONLY (August – February) Deadline for Athletic Booklet: <u>May 11, 2018</u>

*** Only if cheerleader has not submitted an Athletic booklet in the 2018-2019 school year.**

ST. MICHAEL ELEMENTARY SCHOOL ATHLETIC POLICY

1. Parents will be sent an email detailing expectations and other pertinent information about the sport being played, prior to the start of each sport.
2. A parent shall be responsible for dropping off and picking up his/her child at their designated time at every athletic practice or an athletic event. **Parents are not to drop a child off without checking to see if a coach is present.**
3. Coaches shall make parents aware of the time that practice or the athletic event will end.
4. On the first occasion that a parent is late in picking up his/her child, the Coach shall give a written warning to the parent. The second time that a parent is late in picking up a child; the parent will be personally contacted by the Athletic Director. On the third occasion that the parent is late, the child will either be suspended or removed completely from the team at the coaches' discretion. For purposes of first, second, or third episode, each sport will be considered separately. Therefore, tardiness in picking up a child during football season will not be carried over to a different sport such as basketball.
5. Participation in St Michaels Athletics is 1st priority over other extracurricular activities such as "Select Ball Teams" or recreational teams. Students missing practices or games due to these activities can be removed from the team or "benched" at the coaches' discretion. Any
6. dissatisfaction by a parent with the enforcement of the above rules will be handled by the grievance committee of the Advisory Council of St. Michael School.

ATHLETIC ELIGIBILITY

To be eligible for athletics (being on a team or practicing with the team) under the scholastic rule, a student must have a grade point average of at least **1.66** based on the following subjects (English-Spelling, Reading, Math, Social Studies, Science, Religion) and have no F's in these subjects, and no **D, F or "U"** in conduct, Physical Education, Enrichment, or Computer. (1) The grades at the end of each 9-week period determine eligibility for the following 9-week period. The last 9-week average of the previous school year is used to determine eligibility for the first 9-weeks of the following school year. (2) A student under suspension will have a mandatory 1 game suspension including any upcoming tournament, track meet or golf match. The student will not be allowed to participate in practice. A student has only one year of 8th grade eligibility. If a student is sent home during the day for disciplinary reasons he/she will not be allowed to participate in athletic events (including practice or games or events) or events at other schools for the remainder of the day. The scholastic rule applies to all student athletes, managers, and cheerleaders. The Athletic Director is responsible for submitting to the principal and to the coach/moderator a list of students ineligible to play at the end of each quarter using the designated form. The Athletic Director is also responsible for issuing forms to students and parents. All tuition and fees must be current and up to date before a student can participate in a sport.

ALL SPORTS PLAYING RULES

Being a student in St. Michael School is not a ticket to participation in Athletics. Every student has a right to “try out” and to have his/her abilities fairly evaluated by competent personnel, but not an absolute right to participation. If a team minimum is not reached, that grade may not be able to participate.

The number of teams is decided by the number of athletic booklets turned in by the deadline date. Additional teams will not be created due to an influx of “late deciding’ players.

A “Decision to play” sheet will be required from every student for each sport by the deadline.

FOOTBALL - No limit for the team. The coaches will try to play a 5th quarter for the players that did not get a chance to play during the game. This will only be possible if the other team's coach agrees to play the fifth quarter. Keep in mind that larger teams require more equipment, in the event a team is larger than equipment available, some players may have to share equipment.

VOLLEYBALL

6th GRADE - The coaches will make an effort to play each player during a match.

7th GRADE - The coaches will make an effort to play each player during a match.

8th GRADE - The coaches will make an effort to play each player during a match.

BASKETBALL

ALL TEAMS - The coaches will make an effort to play every one the equivalent of one quarter, depending on team size this may not always occur.

BASEBALL / SOFTBALL

The coaches are requested to play everyone at least one inning. This is subject to the players participation and effort in practices.

TRACK

6th, 7th, & 8th GRADE BOYS AND GIRLS.

A 5th grade student may run track in long distance only and only if there is a position available.

GOLF

6th, 7th, and 8th graders. Golf may be cut to 12 players.

CHEERLEADERS

8th GRADE GIRLS - No tryouts will be held for cheerleaders.

Team Minimum: Volleyball – 8, Basketball – 8, Baseball/Softball – 11

Every effort will be made not to cut teams, taking into consideration league rules, class size, and availability of coaches. Larger teams, however, by design affect individual playing time.

Athletes will be allowed to play and practice for only one sport at a time. Once the sport is completed the athlete may participate in the next sport. Every effort will be made to run only one sport at a time. The above rule does not apply to cheerleading, golf, track, baseball and softball, as long as coaches can work it out.

Teams that require or need lower grades students to be placed on their roster for “fill in” positions, will play every correct graded level athlete before the lower grade athlete can be put into a game.

Diocesan Policy Concerning the Transporting of Students

As a parent, if you intend to transport students other than your own, you must have the following forms on file with the school, which are mandated by our insurance carrier, Catholic Mutual, before you transport students.

Drivers must comply with the Safe Environment policy in place in the Diocese of Lafayette. Each car driving students must have two parents present who have met all requirements of the diocesan policy at all times.

- (1) Car Insurance Form
- (2) Attached to the form verification of current car insurance. Insurance Carrier for the diocese requires a minimum coverage \$100,000/\$300,000
- (3) Two "Safe Environment" trained adults are required in each vehicle when transporting team members.
- (4) No vans in the 11-15 passenger range are to be used to transport our students at any time. (Diocesan Policy)

St. Michael School Athletic Transportation Policy

Effective September 1, 2016... St. Michael School **will not** provide transportation or make arrangements for transportation for students to athletic team events. Students will be given a game roster and are expected to make arrangements for their own transportation to athletic events. This policy may change from year to year dependant on the accessibility of transportation vehicles.

I have read the St. Michael School policy regarding Athletic Transportation, and I understand that it is my responsibility to transport my child to and from Athletic events, including practice, games and tournaments. I understand the coach will provide a roster with dates and times of these events. If I cannot provide transportation it will be my responsibility to make arrangements for my child's transportation.

I also waive, release and forever discharge any and all claims against the Diocese of Lafayette, St. Michael School, their commissioners, board, administration, teachers, employees, volunteers and other agents for damages and/or injuries to or of my child listed below which may arise from participation in this activity.

I have read and understand the Diocesan policy for transporting students and I will comply with this policy.

Everyone must fill out this form in case of an emergency on the highway. Drivers, in addition to having proof of insurance on file, must be 21 years old. Please fill out this form and return it as soon as possible. Thank you for your interest and support of our athletic programs.

*Attach insurance card or proof of current coverage or write "Refused" and initial in box

_____ Initials
MUST Attach Vehicle Insurance Card Here
If you do not wish to supply this information write "refuse to provide" and initial in this box

I acknowledge that by providing transportation to and from sporting events I and/or my insurance carrier will be primarily liable for injury or damages to students who are being transported by me.

Parent Signature: _____ Date: _____

Parent/Guardian Name: _____

ST. MICHAEL SCHOOL ATHLETIC SPORTS POLICY FOR ALL SPORTS AND GRADE LEVELS

Players who miss practice or a game without valid excuse (all school events are considered a valid excuse) will not play in the next game. Two unexcused missed practices may result in removal from the team. (Coaches will decide if the excuse is valid or not.)

Parents are responsible for picking up and dropping off of their child on time at the end of practice and game.

Drop off only athletes (no one else) for a scheduled practice no earlier than 5 minutes before the scheduled practice time.

Please check the gym, field or track and make sure the coach is present before dropping off your child for a practice or game.

Parents will be required to work the gate/concession stand on a rotational basis. St. Michael School depends on admission fees and concessions to pay Referee fees and incidentals. Not reporting to work at scheduled times (parents) will lead to your child not playing in that day's game or the next. A parent may switch work times with another parent or get a high school student to work their shift.

Students must be present at school for 3.5 hours on a game day to be eligible to participate in sports, unless the student has a scheduled doctor appointment for which they must present a doctor's excuse verifying the appointment date.

School rules apply not only to the school day, but also to field trips, sporting events, and extracurricular activities. St. Michael School students should remember that they represent the school at all times and they must never bring discredit to their school. St. Michael students should strive to live by the school philosophy at all times. (See Parent/ Student Handbook) Receiving a banner will be an 8th grade privilege and will be awarded to any 8th grade team who wins first place in their division and wins first place in the League Tournament.

Parents will be sent an email prior to the start of any sport, from the Athletic Director or designee and/or the coaches. A student coming to practice is acknowledgment of the parent guardian that you agree to abide by the terms and conditions set forth in the email.

Parents, coaches, moderators, and administrators have a responsibility to model good sportsmanship and good Christian values. It is their responsibility to help students win gracefully, accept defeat gracefully, and how to demonstrate good sportsmanship.

Alcohol and smoking are not permitted on school campuses. Some events are held off of school campuses. We ask that all parents and spectators refrain from alcohol consumption regardless if the venue being used allows alcohol sales.

Your child is playing sports for fun. Everyone wants you to enjoy the game also. This information is being provided in an effort to assist you and your child in gaining

the maximum benefit possible from each sport St. Michael School offers. Following are some simple rules you should observe. Please consider them carefully.

- **Do not shout instructions to your child.** This only causes confusion, since the coach has already instructed your child on how to play. If you do shout instructions, your child will probably try to please you and the coach at the same time. In trying to do two things at one time, the child may be unable to do both.
- **Cheer for your child when he/she plays well.** However, remember that your child is a member of a team. Let the other players know you support them, too.
- **Suffer in silence (or moan softly) whenever something occurs that goes against your child's team or when coaches make what you consider a bad decision.** A display of anger may inflame a delicate situation resulting in embarrassment for you or your child. Coaches give their time to St. Michael School, so be patient during any sporting event. If you feel the need to discuss a particular situation about your child, please follow this order to express your concern:
 - Coach
 - Athletic Director
 - Principal

THEY WILL HANDLE THE SITUATION AND TAKE APPROPRIATE ACTION.

No Sunday events – (this includes practice, games, tournaments and meets.)
Diocesan Policy: DP 4001

Do not run up and down the court. Find a comfortable place to sit down or stand, relax and enjoy the game.

Do not shout insults or verbally abuse the referees. It's hard for a child to learn respect for the referee or other officials when their parents set a poor example. The referee has the power to stop the game if the crowd becomes discourteous.

Set the tone for good sportsmanship by adopting a positive attitude if your team loses. Compliment your child for his/her good plays and ignore the mistakes. The coach will point those out to him/her soon enough. Your child will be happy you noticed their qualities.

Unsportsmanlike conduct by any player will not be tolerated and may result in removal from the game. Severity could lead to removal from team.

If a child is ejected from a game, he/she will have a mandatory one game suspension. The infraction will be reviewed by the Principal and the Athletic Director and depending on the severity of the infraction, the child may be given more than a one game suspension or removed from the team.

If you are asked to leave an athletic event either at St. Michael School or at another school, please comply with request of the official.

Athletic eligibility under scholastic rule: Read St. Michael Athletic Board By-Laws and Parent/Student Handbook.

Medication/Illness

Over the counter or prescription medication is not allowed to be given to students by coaches or moderators. If your child requires medication, please take care of this yourself before or after a game or practice, or students remain at home.

If a child has an allergy or requires an Epi Pen or breathing apparatus, the parent must in-service the Athletic Director and the Coach as to how to provide medication and submit all medical forms signed by the physician to the Athletic Director as well as provide an Epi Pen for the coach to have at practices and games.

If a student is injured the Athletic Director has the right to receive a doctor’s statement attesting to the fitness and ability to play before allowing the student to participate in athletics.

Behavior Expectations

1. Harassment: See Parent/Student Handbook.
2. Expected Behavior: Consequence Policy (i.e. Harassment) St. Michael School Parent/Student Handbook rules and regulations will be followed.
3. If any harassment or inappropriate behavior occurs, it should be reported immediately to the Athletic Director and/or Principal.
4. If any child bullies or harasses another child, whether it is an opponent or teammate, they will be put on a contract. If the behavior continues, they will be given a one (1) game suspension and will face the possibility of removal from the team.
5. Cell phone policy: See Parent/Student Handbook.

I/We have read the St. Michael School Athletic Program Policy Manual 2018-2019 on the preceding pages and we agree to support all of these rules.

Parent(s)/Guardian(s)

Date

Parent/Guardian Name: _____

I have read the St. Michael School Athletic Program Policy Manual 2018-2019 on the preceding pages and I agree to follow all of these regulations.

Player/Student Signature

Date

Player/Student Name: _____

MEDICAL ALERT INFORMATION

Student's Name _____ Grade _____

Mother/Guardian Name: _____ Mother Work # _____

Father/Guardian Name: _____ Dad Work # _____

Dad Cell # _____ Mom Cell # _____ Home # _____

Doctor's Name: _____ Dr. Phone # _____

Allergies/Medical Conditions: _____

In the event of an emergency requiring medical attention, I, _____, hereby authorize trained/certified medical personnel to perform any required medical procedures, on my child, which would be required to sustain life; until such time that I can arrive and can make more informed decision(s).

Parent's Signature: _____ Date: _____

***MUST attach photocopy of Health insurance card below.**

In giving permission for my child to participate in athletics at St. Michael School or as part of a team off site, I agree that emergency personnel may be called in the case of an emergency (ambulance or paramedic) and I agree to be responsible for the cost of that service.

<p>Attach <u>Front</u> of Health Insurance Card Here</p>	<p>Attach <u>Back</u> of Health Insurance Card Here</p>
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DECISION TO PLAY

This serves as official notice that _____, has decided to
Student's Name

participate in the following sport for St. Michael's School: _____
Name of Sport

Student's Signature

Parent's Signature

This form is due **by the deadline** of the sport being considered prior to playing each sport at St. Michael's School. The amount of teams is decided by the amount of forms received by this deadline. Turning in this form after the deadline has passed will not alter the amount of teams.

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.

Name: _____ School: St. Michael School Grade: _____ Date: _____
 Sport(s): _____ Sex: M F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: LA 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="radio"/>	<input type="radio"/>	Heart Attack/Disease	_____	<input type="radio"/>	<input type="radio"/>	Sudden Death	_____	<input type="radio"/>	<input type="radio"/>	Arthritis	_____
<input type="radio"/>	<input type="radio"/>	Stroke	_____	<input type="radio"/>	<input type="radio"/>	High Blood Pressure	_____	<input type="radio"/>	<input type="radio"/>	Kidney Disease	_____
<input type="radio"/>	<input type="radio"/>	Diabetes	_____	<input type="radio"/>	<input type="radio"/>	Sickle Cell Trait/Anemia	_____	<input type="radio"/>	<input type="radio"/>	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="radio"/>	<input type="radio"/>	Head Injury / Concussion	_____	<input type="radio"/>	<input type="radio"/>	Neck Injury / Stinger	_____	<input type="radio"/>	<input type="radio"/>	Shoulder L / R	_____
<input type="radio"/>	<input type="radio"/>	Elbow L / R	_____	<input type="radio"/>	<input type="radio"/>	Arm / Wrist / Hand L / R	_____	<input type="radio"/>	<input type="radio"/>	Back	_____
<input type="radio"/>	<input type="radio"/>	Hip L / R	_____	<input type="radio"/>	<input type="radio"/>	Thigh L / R	_____	<input type="radio"/>	<input type="radio"/>	Knee L / R	_____
<input type="radio"/>	<input type="radio"/>	Lower Leg L / R	_____	<input type="radio"/>	<input type="radio"/>	Chronic Shin Splints	_____	<input type="radio"/>	<input type="radio"/>	Ankle L / R	_____
<input type="radio"/>	<input type="radio"/>	Foot L / R	_____	<input type="radio"/>	<input type="radio"/>	Severe Muscle Strain	_____	<input type="radio"/>	<input type="radio"/>	Pinched Nerve	_____
<input type="radio"/>	<input type="radio"/>	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="radio"/>	<input type="radio"/>	Heart Murmur / Chest Pain / Tightness	<input type="radio"/>	<input type="radio"/>	Asthma / Prescribed Inhaler	<input type="radio"/>	<input type="radio"/>	Menstrual irregularities: Last Cycle: _____
<input type="radio"/>	<input type="radio"/>	Seizures	<input type="radio"/>	<input type="radio"/>	Shortness of breath / Coughing	<input type="radio"/>	<input type="radio"/>	Rapid weight loss / gain
<input type="radio"/>	<input type="radio"/>	Kidney Disease	<input type="radio"/>	<input type="radio"/>	Hernia	<input type="radio"/>	<input type="radio"/>	Take supplements/vitamins
<input type="radio"/>	<input type="radio"/>	Irregular Heartbeat	<input type="radio"/>	<input type="radio"/>	Knocked out / Concussion	<input type="radio"/>	<input type="radio"/>	Heat related problems
<input type="radio"/>	<input type="radio"/>	Single Testicle	<input type="radio"/>	<input type="radio"/>	Heart Disease	<input type="radio"/>	<input type="radio"/>	Recent Mononucleosi
<input type="radio"/>	<input type="radio"/>	High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	Enlarged Spleen
<input type="radio"/>	<input type="radio"/>	Dizzy / Fainting	<input type="radio"/>	<input type="radio"/>	Liver Disease	<input type="radio"/>	<input type="radio"/>	Sickle Cell Trait/Anemia
<input type="radio"/>	<input type="radio"/>	Organ Loss (kidney, spleen, etc)	<input type="radio"/>	<input type="radio"/>	Tuberculosis	<input type="radio"/>	<input type="radio"/>	Overnight in hospital
<input type="radio"/>	<input type="radio"/>	Surgery	<input type="radio"/>	<input type="radio"/>	Prescribed EPI PEN	<input type="radio"/>	<input type="radio"/>	Allergies (Food, Drugs)
<input type="radio"/>	<input type="radio"/>	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
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
III. Lower Extremity		
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 _____