

LHSAA MEDICAL HISTORY EVALUATION

New 8th Grade

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

Height _____	Weight _____	Blood Pressure _____	Pulse _____
--------------	--------------	----------------------	-------------

GENERAL MEDICAL EXAM :	OPTIONAL EXAMS :	ORTHOPTATHIC EXAM :																																																																		
<table border="0"> <tr> <td></td> <td>Norm</td> <td>Abnl</td> </tr> <tr> <td>ENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hernia</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(if Needed)</td> <td></td> <td></td> </tr> </table>		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)			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	<table border="0"> <tr> <td></td> <td>Norm</td> <td>Abnl</td> </tr> <tr> <td>I. Spine / Neck</td> <td></td> <td></td> </tr> <tr> <td>Cervical</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Thoracic</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lumbar</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II. Upper Extremity</td> <td></td> <td></td> </tr> <tr> <td>Shoulder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Elbow</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Wrist</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hand / Fingers</td> <td></td> <td></td> </tr> <tr> <td>III. Lower Extremity</td> <td></td> <td></td> </tr> <tr> <td>Hip</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Knee</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ankle</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		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"/>
	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)																																																																				
	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"/>																																																																		

COMMENTS: _____

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

- Student is cleared
 Cleared after further evaluation and treatment for: _____
 Not cleared for: contact non-contact

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

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed by the student-athlete's parent prior to a student's participation in an athletic contest and shall be kept on file with the school. It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school. This form is subject to review/inspection by the LHSAA or its representative.

PART I: STUDENT INFORMATION (Please Print)

Student's Name: (Last, First, Middle) _____ School Year: _____

Date of Birth: _____ Last Four Digits of SSN: _____

Home Address: _____

City: _____ Zip: _____

My child entered ninth grade in _____ (month and year). Last semester/year he/she attended _____ High School.

ARE YOU ELIGIBLE?

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

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

MEDICAL EXAMINATION

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

**ATHLETIC PARTICIPATION/
PARENTAL PERMISSION FORM**

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

**SUBSTANCE ABUSE/MISUSE
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.

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

Date: _____ Parent's Signature: _____

Relationship to Student _____ (Print Name) _____

(Principal Signature) _____



LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.

As an LHSAA athlete, I, _____, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, _____, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: _____

Student Athlete

Dated: _____

Parent/Guardian

Dated: _____

Principal

Dated: _____

Head Coach or AD

1.10 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

1.10.1 The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:

1. A school shall be fined \$50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed \$500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.



E.D. White Athletic Participation/Parental Permission Contract

Athlete's Name: _____
(PRINT) (Last) (First) (Initial)

School Year : 2022-23 .

The E.D. White Athletic Department would like to welcome you into our program. By the use of this contract, we would like you to know some of the basic rules and policies of the Louisiana High School Athletic Association and the E.D. White Athletic Department. Before a student's participation in a sport will be allowed, the athlete and his (her) parents must sign the contract and return the contract to the school.

LHSAA Eligibility Requirements

Age: You cannot become 19 years of age prior to September 1, of this school year.

Scholastic: 1. To be eligible for the first semester of the 2022 - 2023 school year, a student shall have earned at least six (6) units from the 2021-2022 school year which shall be listed on the student's transcript and shall have at least a "C" average as determined by the Local Education Authority when considering all "graded" subjects.

2. To be eligible for the second semester of the 2022-2023 school year, a student shall pass at least six (6) subjects from the first semester of the 2021-2022 school year..

Transfer: If at any time a student transfers from one member school to another member school in the same parish, the student shall become immediately INELIGIBLE for a period of one calendar year from the date of enrollment/attendance in the second school.

Medical

Examination: You must pass a physical examination given by a physician licensed to practice medicine and complete an LHSAA medical history evaluation form prior to participating.

E.D. White Policies

Commitment: All athletes are encouraged to be committed to their teammates and coaches for the duration of their sport season. If an athlete is considering quitting, he/she must meet with the coach and athletic director before being dropped from the team. Depending upon the circumstances, the athlete may or may not be granted permission to participate in other sports.

Injuries: Unless the injury is an emergency, the athlete should see their family doctor.

Insurance: Since our insurance company is a secondary carrier, you must file with your personal insurance company for the claim to be valid with our company. This should be done as soon as possible after the injury. Claim forms are available through the Dean of Students' office.

Travel: Athletes are required to travel with his (her) team to and from an athletic contest, except arrangements have been made otherwise.

Athletic Code of Conduct:

We believe that being an E.D. White Catholic High School athlete is a student choice, thereby a privilege, one that along with being a great honor, carries with it responsibilities. As an EDW Catholic athlete, our young people have a standard to uphold: one of positive leadership, character, responsibility, competitive spirit and integrity. It is imperative that all students taking part in athletics understand the following responsibilities and rules. The athletic director and the respective head coach have the right to remove the privilege of participation.

The following are expected of an EDW Catholic athlete:

1. That proper behavior and respect towards others will reflect positively on the team, and in the E.D. White Catholic Community. A positive reflection is the only desirable one for your team.
2. That you understand that individual recognition and accomplishments are the result of teamwork.
3. That you will accept and respect the decisions of your coaches to be in the best interest of the team. Any concerns should be discussed privately and in an appropriate manner with your coach.
4. **Athletes are expected to uphold a strict policy of no tobacco/nicotine use in any form, no alcohol consumption in any form, no drug/chemical use in any form, and no use of mind altering substances.**
5. **An athlete should not be in the company of any individual who engages in any of the above mentioned activities (as stated in rule #4).**
6. **An athlete is expected to uphold these standards and abide by the Code of Conduct 365 days per year, 7 days per week, and 24 hours per day.**

Disciplinary Action: If there are no prior disciplinary incidents involving a student athlete, the following disciplinary action must be taken by all coaches.

A **first offense** would result in suspension for 10% of the regular scheduled games for the sport that the athlete is playing when the infraction occurred or for the upcoming season, if the infraction occurred outside of an athlete's sport season. The suspension would take effect for the game(s) scheduled immediately after the infraction was detected. The only other consequence may be in the form of additional conditioning. The type and amount of additional conditioning should be explained to the parents and athletes prior to the beginning of the sports season.

A **second offense** would result in suspension from contests in that particular sport for the remainder of that school year. An underclassman would be required to attend all practices if he expected to participate the following year.

A **third offense** would result in suspension from athletics for the remainder of the athlete's high school years.

If there has been a criminal offense involved in a disciplinary incident by a student athlete, a coach always reserves the right to suspend an athlete from his squad after the first offense with the approval of the Athletic Director and the School Administrator.

This contract outlines the major regulations of the athletic department and the type of conduct expected of E.D. White athletes. However, it is impossible in any contract to include all of the details of what is appropriate and inappropriate conduct. Any conduct, which violates published or announced regulations of the school, deviates from what is generally considered good behavior, or is contrary to Christian principles may be subject to appropriate disciplinary action by the athletic department.

Violations also include but are not limited to the following:

1. The athlete hosting a gathering or party where alcohol, tobacco, or drugs are possessed/consumed.
2. The athlete being in a bar room or club that serves alcohol.
3. The athlete openly discussing or admitting to possessing or consuming alcohol, tobacco, or drugs.
4. Photographs or videos on social media where the athlete is consuming or in possession of alcohol, tobacco, or drugs.
5. References on social media by the athlete regarding the possession or use of alcohol, tobacco, or drugs.

2022-23 E.D. White Catholic High School Athletic Code of Conduct

I have read the E.D. White Catholic High School Athletic Code of Conduct and agree to abide by its terms and conditions.

Athlete's Name _____
PRINT (Last) (First)

Athlete's Signature _____ Date _____

I have read the E.D. White Catholic High School Athletic Code of Conduct and agree to support my child in upholding the requirements of being an athlete and abiding by the Code.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

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

Form only for schools with grade configurations under one principal and contain 7th and 8th graders

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

1. Is the above-named student, meet the following LHSAA Rules:		
a. Bona fide student at your school? (Rule 1.3)	Yes	No
b. Residence rule? (Rule 1.5)	Yes	No
c. Scholastic rule? (Rule 1.10)	Yes	No
d. All other LHSAA eligibility rules and regulations? (Age, Semesters, Hold Back, Eligibility Forms)	Yes	No
2. Has this student's parents been informed (read and explained) that once the student is registered and submitted on the LHSAA Members' Only website that your school shall become the student's school of eligibility in the 9 th grade and any subsequent transfers to any other LHSAA member school without a corresponding bona-fide change of residence to another attendance zone shall cause this student to become ineligible for one calendar year from the date the student begins attending that school?	Yes	No
3. Has this student's parents been informed that registration and submission on the LHSAA Members' Only website and participation shall constitutes a commitment to the school in the 9 th grade?	Yes	No
4. Has this student's parents been informed that once the student is registered and submitted on the LHSAA Members' Only website and the student participate in practice or an athletic contest, the student's allowed consecutive semesters of eligibility to participate in high school athletics ensues, i.e., a 7 th grade student shall be eligible for 12 consecutive semesters and an 8 th grade student shall be eligible for 10 consecutive semesters?	Yes	No
5. Has this student been registered and submitted on the LHSAA Members' Only website and has the student participated in practice or an athletic contest at your school?	Yes	No
6. Do you have a complete student folder on the above-named student that includes a birth certificate, transcript/report card and a properly completed and signed medical history and medical examination form, athletic participation and parental permission form, substance abuse/misuse contract and a signed copy of this contract?	Yes	No

CONTRACT REGARDING STUDENT-ATHLETE'S ELIGIBILITY

I, principal of the above-named school, have informed the parent(s) of the student named above that once the student has been registered and submitted on the LHSAA Members' Only website **and** participates in practice or any athletic contest, my school shall become his/her school of eligibility in the 9th grade and any subsequent transfer to any other LHSAA member school without a corresponding bona-fide change of residence into another school attendance zone shall render him/her ineligible at that school for one calendar year from the date the student begins attending that school.

SIGNED: _____ **DATE:** _____
PRINCIPAL

I, _____, parent(s) or guardian of the above-named student, understand that by allowing him/her to be registered and submitted on the LHSAA Members' Only website **and** to participate in practice or any athletic contest as a student-athlete for the above-named school establishes his/her school of choice and athletic eligibility at this school in the 9th grade and that any subsequent transfer to another LHSAA member school without a corresponding bona-fide change of residence to another civil parish shall render him/her ineligible at that school under he/she has attended the school for one calendar year.

SIGNED: _____ **DATE:** _____
PARENT/GUARDIAN

- NOTES:**
1. Schools shall keep an executed copy of this form in the student-athlete's eligibility folder.
 2. Schools shall provide the parent(s)/guardian(s) with a signed copy of the form
 3. Failure by the parent(s)/guardian(s) to sign this form will render the student-athlete ineligible until the form is signed.
 4. Schools shall be prohibited from allowing any student-athlete to participate at any level of play in all LHSAA sports if the form is not signed by the student-athlete's parent(s)/guardian(s).