

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	<p>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.</p> <p>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.</p> <p>Special education students must consult the school principal, athletic director, or coach for scholastic information.</p>
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 A school shall only be required to have this form completed and signed prior to the first time a **CONTRACT & CONSENT FORM** student participates in LHSAA athletics at the school.

SUSPENDED AND**INELIGIBLE STUDENTS**

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

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

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

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

PART II – PARENTAL PERMISSION

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

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

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

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

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

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

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

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

Date: _____ Parent's Signature: _____

Relationship to Student _____ (Print Name) _____

(Principal Signature) _____



E.D. White Athletic Participation/Parental Permission Contract

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

School Year : 2025 - 2026 .

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 2024 - 2025 school year, a student shall have earned at least six (6) units from the 2023-2024 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 2024-2025 school year, a student shall pass at least six (6) subjects from the first semester of the 2024-2025 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.

2025 – 2026 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 _____

IMPORTANT: This form must be completed *annually*, kept on file with the school, and 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
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

ATHLETE ORTHOPAEDIC HISTORY:

Has the athlete had any of the following injuries?							
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"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh 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"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____

ATHLETE MEDICAL HISTORY:

Has the athlete had any of these conditions?							
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"/>	Seizures	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	_____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	_____
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	_____	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	_____	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (Kidney, spleen, etc)	_____	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	_____	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	_____
<input type="checkbox"/>	<input type="checkbox"/>	Medications	_____	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual Irregularities: Last Cycle: _____	
				<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosis	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital	_____
				<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs)	_____

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,

1. 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
2. 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
3. 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
4. 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 LHSA or its representative(s) or the associated medical personnel. Yes No

Date Signed by Parent _____

Signature of Parent _____

Typed or Printed Name of Parent _____

Health Care Provider section on page 2

IMPORTANT: This form must be completed *annually*, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Name: _____ Date of Birth: _____ Age: _____ Date: _____
 School: _____ Grade: _____ Sport(s): _____

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"/>

ORTHOPAEDIC EXAM :

I. Spine / Neck

	Norm	Abnl
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>

II. Upper Extremity

	Norm	Abnl
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>

III. Lower Extremity

	Norm	Abnl
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Provider notes (if needed): _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for certain sports _____

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

This recommendation is from a limited screening.

Printed Name of MD, DO, APRN or PA _____

Signature of MD, DO, APRN or PA _____

Date of Medical Examination _____

Revised 5/23

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