

**ASCENSION CHRISTIAN SCHOOL
2017-2018 ATHLETIC PACKET**

STUDENT ATHLETE INFORMATION:

Last Name _____ First Name _____

Grade Entering 2017-2018 _____

Address _____

Cell Phone _____

CIRCLE TO SPORT(S) BELOW YOU PLAN TO PARTICIPATE IN:

- | | | | |
|-----------------|--------------|----------|---------------|
| Football | Cheerleading | Soccer | Track |
| Sports Medicine | Gymnastics | Tennis | Bowling |
| Color Guard | Volleyball | Softball | Weightlifting |
| Drumline | Basketball | Baseball | |

CHECKLIST (items needed to complete this packet):

All Grades (K4-12)

- ACS Athletic Packet (3 pages)
- Copy of Birth Certificate
- LHSAA Medical History Evaluation

Grades 7-12 (additional forms)

- LHSAA Athletic Participation/Parental Permission Form
- LHSAA Substance Abuse/Misuse Form

All students grades K4-12 who participate in athletics at Ascension Christian School are required to have a current LHSAA Medical History Evaluation form--completed by a physician--on record in the school office.

EMERGENCY CONTACT INFORMATION

Father's (or Guardian) Information

Last Name _____ First Name _____

Address _____

(Street, City, State, Zip - if different from student)

Cell Phone _____ Work Phone _____

Email _____

Mother's (or Guardian) Information

Last Name _____ First Name _____

Address _____

(Street, City, State, Zip - if different from student)

Cell Phone _____ Work Phone _____

Email _____

Secondary Emergency Contact

Last Name _____ First Name _____

Address _____

(Street, City, State, Zip - if different from student)

Cell Phone _____ Work Phone _____

STUDENT-ATHLETE MEDICAL INFORMATION

General Physician _____ Phone _____
Insurance Company _____ Phone _____
Policy Number _____

The following is important medical conditions and current medications that an ER Physician needs to be aware of when treating my child:

Medical Conditions: _____
Current Medications: _____

MEDICAL TREATMENT PERMISSION

In case of emergency, when parent/guardians cannot be reached, I _____ (parent or guardian’s name), grant permission to the school athletic department/representative to provide and/or obtain medical attention for _____ (student name). I request that my child be taken to _____ (hospital preference) or the nearest available hospital, if it is an extreme emergency. I further authorize the medical personnel of the hospital to care for and/or treat my child.

Print Parent Name _____ Signature _____

ACKNOWLEDGEMENT OF RISK

I realize that my child will be traveling with the team to various events using school, coaches, or volunteer transportation. In case of athlete is injured, the school person in charge of the team is authorized to have him/her treated. There is a risk of injury that comes with participation in athletics. The degree and seriousness of the risk and type of possible injury varies with the sport and activity. Injuries could possibly range from concussions, broken bones, sprains, strains, to even more serious conditions, such as death. These injuries may occur despite the best possible rules, measures of protection, and coaching.

Having read this form and explained this to my son/daughter, I _____ (parent or guardian) hereby give my consent for my child to participate in athletics at Ascension Christian Schools.

Print Parent Name _____ Signature _____

PUBLIC INFORMATION/COMMUNICATIONS RELEASE

I agree that Ascension Christian School, its employees or licensees or members of the media may use the name, voice and/or likeness of _____ (student name), through news publications, audiovisuals and other electronic transmissions issued by or with the permission of any school or Ascension Christian School. These may include, but not be limited to, photographs, videotapes, live broadcasts, sound recordings and/or electronic transmissions pertinent to school activities for official purposes as determined by the school. I understand that this release is a release of my rights or those of the minor child to compensation. As such, I waive any right to receive an award for fees and/or reimbursement of any kind related to the use of the above materials

Print Parent Name _____ Signature _____

STUDENT ATHLETE CONTRACT**PROJECT P.A.S.S. (Program for Athletes Staying Straight)**

As a student athlete at Ascension Christian School, I fully realize the importance of being physically, mentally and morally fit. I understand that to pursue excellence on the playing field I must not experiment with alcohol or other illegal substances. I am fully aware of the policy on drug and alcohol use and also the additional rules set forth by my school's athletic department. I understand that should I violate these rules I am subject to severe penalties including loss of athletic participation privileges.

I also understand that should I have the need to discuss or seek assistance in reference to a drug or alcohol related matter, it is my responsibility to do this immediately. This can be done with a member of the coaching staff, a guidance counselor or administrator and all discussion will be in absolute confidentiality. I know that if I ask for help I will receive help and I will face no disciplinary consequences because of my voluntarily seeking help for a problem. I also understand that this does not relieve my obligation through the mandatory drug-testing program.

Print Student Name _____ Signature _____

Print Parent Name _____ Signature _____

ATHLETE CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social, and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an Athlete, I _____ (student name) understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials, and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship, and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids, or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States, or American Medical Association.
10. Know and follow all state, section, and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character; lose with dignity.

Print Student Name _____ Signature _____

Print Parent Name _____ Signature _____

Date Packet and Acknowledgement(s) Completed _____

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: _____

PART II – PARENTAL PERMISSION

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

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

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

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

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

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

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

Date: _____ Parent's Signature: _____

(Print Name) _____

Relationship to Student _____

Telephone No: () _____

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?

Table with 4 columns: Yes, No, Condition, Whom. Rows include Heart Attack/Disease, Stroke, Diabetes, Sudden Death, High Blood Pressure, Sickle Cell Trait/Anemia, Arthritis, Kidney Disease, Epilepsy.

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Table with 4 columns: Yes, No, Condition, Date. Rows include Head Injury / Concussion, Neck Injury / Stinger, Shoulder L / R, Elbow L / R, Arm / Wrist / Hand L / R, Back, Hip L / R, Thigh L / R, Knee L / R, Lower Leg L / R, Chronic Shin Splints, Ankle L / R, Foot L / R, Severe Muscle Strain, Pinched Nerve, Chest, Previous Surgeries.

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Table with 3 columns: Yes, No, Condition. Rows include Heart Murmur / Chest Pain / Tightness, Asthma / Prescribed Inhaler, Menstrual irregularities: Last Cycle, Seizures, Shortness of breath / Coughing, Rapid weight loss / gain, Kidney Disease, Hernia, Take supplements/vitamins, Irregular Heartbeat, Knocked out / Concussion, Heat related problems, Single Testicle, Heart Disease, Recent Mononucleosi, High Blood Pressure, Diabetes, Enlarged Spleen, Dizzy / Fainting, Liver Disease, Sickle Cell Trait/Anemia, Organ Loss (kidney, spleen, etc), Tuberculosis, Overnight in hospital, Surgery, Prescribed EPI PEN, Allergies (Food, Drugs), 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.

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.

- 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 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 :

Table with 3 columns: Norm, Abnl. Rows include ENT, Lungs, Heart, Abdomen, Skin, Hernia.

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

ORTHOPTATHIC EXAM :

Table with 3 columns: Norm, Abnl. Rows include Spine / Neck (Cervical, Thoracic, Lumbar), Upper Extremity (Shoulder, Elbow, Wrist, Hand / Fingers), Lower Extremity (Hip, Knee, Ankle).

COMMENTS: Based on current practice guidelines, physician examination, history and any appropriate testing, no obvious reasons for exclusion from (the activity) have been identified. Reasonable medical standards indicate the child, may participate but the parents must consider the child's individual risks and benefits of participation, and understand that clearance is not a guarantee against adverse outcomes of future medical problems.

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 on the last day of the month that it was signed and dated by the MD, DO, APRN or PA.