

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed prior to a student's participation in an athletic contest and shall be kept on file with the school the entire time the athlete is a bona fide student of the school. This form is subject to inspection by the LHSAA Rules Compliance Team.

PART I

(To be completed and signed by student athlete)

PLEASE PRINT

Name: (Last, First, Middle) _____ School Year: _____

Home Address: _____ Parents' Home Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Date of Birth: _____ Date of Last Physical Exam: _____

This is my _____ consecutive semester in _____ High School. I entered ninth grade

In _____ (month and year). Last semester I attended _____ High School.

I certify the preceding information is correct, I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards.

Date: _____ Student's Signature: _____

Telephone No: _____

ARE YOU ELIGIBLE?

As a student athlete in an LHSAA school, you must meet the following rules to be eligible for interscholastic athletic competition:

<u>RULE</u>	<u>COMMENTS</u>
BONA FIDE STUDENT	You must be counted as a student on the daily attendance records at your school. Attendance in one class makes you a student at that school.
ENROLLMENT will be	You must attend class during the first 11 school days of the first semester or you ineligible for the first 30 school days.
AGE	You cannot become 19 years of age prior to September 1 of this year.
PROOF OF AGE handbook,	You must provide legal proof of age, which meets the provisions of the LHSAA to your school administrator to be kept on file at school.
CONSECUTIVE SEMESTER athletics	Once you enter the ninth grade, you have eight consecutive semesters to play (EXCEPTIONS: Hold-Back Repeat Student - See Rule 1.8.1.1.1 and Exam 2000 Student - See Rule 1.9.8 of the LHSAA handbook)
SCHOLASTIC	For regular education high school students at the end of the first semester you must pass at least five subjects and earn at least a 1.5 grade point average in all subjects taken. At the end of the year and prior to the next school year you must have earned at least five units with an overall 1.5 GPA in all units taken. Special education students must consult the school principal, athletic director, or coach for scholastic information.
TRANSFER	If you attend a school outside your "Home Attendance Zone", you are automatically ineligible for one year unless you meet the provisions of the Transfer Rule.

(OVER)

UNDUE INFLUENCE
ineligible as

If you have been recruited to the school for athletic purposes, you will remain long as you attend that school.

AMATEUR

You cannot play high school athletics if you lose your amateur status.

INDEPENDENT TEAM
during the

In certain sports you cannot play on a school team and an independent team same sport season.

MEDICAL EXAMINATION
practitioner that is
the
Evaluation form

You must pass a physical examination given by a licensed physician/nurse in collaboration with a licensed physician or a licensed physician's assistant under supervision of a licensed physician and complete an LHSAA Medical History prior to participating.

**ATHLETIC PARTICIPATION/
student
PARENTAL PERMISSION FORM**

A school shall only be required to complete and sign this form the first time a participates in LHSAA athletics at the school.

**SUBSTANCE ABUSE/MISUSE
student
CONTRACT & CONSENT FORM**

A school shall only be required to complete and sign this form the first time a participates in LHSAA athletics at the school.

**SUSPENDED AND
INELIGIBLE STUDENTS**
level.

Cannot participate in any interscholastic contest on any team at any school at any level.

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

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

ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM - KNOW YOUR ELIGIBILITY RULES

PART II - PARENTAL PERMISSION

(To be completed and signed by parent)

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

I certify the parents' home address, on the reverse, is my sole bona fide residence and will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information on the reverse 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

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 the student named on this form to participate in the activities marked:

- | | | |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> GOLF | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> GYMNASTICS | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> SOCCER | <input type="checkbox"/> TRACK |
| <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> VOLLEYBALL |
| | | <input type="checkbox"/> WRESTLING |

OTHERS (School may list):

Date: _____ Parent's Signature: _____

(Print Name) _____

Telephone No: (_____) _____