



Shannon LaFargue, PhD, Superintendent

June 1, 2023

Dear Parent/Guardian:

You are receiving this letter because your child has expressed interest in participating in middle or high school athletic activities.

Parents/guardians must provide proof of private insurance or Medicaid coverage or purchase a voluntary coverage plan, developed specifically for Calcasieu, for their child before he/she can participate in middle and high school athletic activities including the following: football, baseball, softball, basketball, volleyball, soccer, track & field, golf, tennis, swim, cheer, dance, pep squad, band, bowling, and wrestling.

Parents/guardians with existing insurance may also purchase the voluntary plan to provide additional coverage for co-pays, deductibles and out-of-pocket expenses.

Please see the attached enrollment form and instructions if you are interested in purchasing a voluntary policy.

If you have any questions, feel free to contact the Risk Management Department at 337-217-4240.

Respectfully,

Jay Bergeron
Risk Manager
Calcasieu Parish School Board

Building Foundations for the Future

****If your child is uninsured and would like to participate in summer athletic programs, you will need to purchase the 2022-2023 Student Accident Policy. Please note that this policy will expire on 8/1/23. Therefore, you will be required to purchase the 2023-2024 Student Accident Policy by 8/1/23 for your child to continue to participate in CPSB Athletics.**

****At this time, we are NOT including the enrollment forms in this packet. You can contact Risk Management at 217-4240 Ext. 3004 for the 2022-2023 enrollment forms. The 2023-2024 enrollment forms will be available sometime in July.**

****Incoming freshmen: If a 2022-2023 voluntary policy was purchased in middle school, that coverage is valid through 8/1/23. However, for FRESHMAN FOOTBALL – the voluntary policy that was purchased to participate in middle school sports DOES NOT cover FRESHMAN football. Summer conditioning does not require football specific coverage. If they are participating in speed or agility workouts on the football field that is consider conditioning. However, once they begin practice on the football field (i.e. with a football) you will be required to purchase the 2022-2023 High School Spring Only policy which expires 8/1/23 and then purchase the 2023-2024 High School Full Year policy.**

****2023-2024 policies will be valid from 8/1/23 or date of purchase (whichever is later) through 7/31/24.**

Minimum Policy Needed If NOT covered by private insurance or Medicaid

Sport	School Time Low Option	Full Year High School Football Low Option	Spring/Summer High School Football Low Option
All Middle School Sports	X		
High School Non-Football	X		
High School Football		X	
High School Football- Spring Only			X

**** If your child plays football and another sport(s), the School Time Plan must also be purchased**

****Non-football: baseball, softball, basketball, volleyball, soccer, track & field, golf, tennis, swim, bowling, wrestling, cheer, dance, pep squad and band**

****Middle School Bands who do not perform OUTSIDE of class are NOT required to have coverage**

1. If you are purchasing this policy for PRIMARY coverage (only coverage) as required for participation in student athletics:

a. Turn in the completed enrollment form with payment (check or money order) to the Risk

Management Office on 3310 Broad Street, Lake Charles, LA 70615

b. Risk Management will forward your enrollment form and payment to K&K

c. Risk Management will verify coverage with K&K once your enrollment form and payment are processed

d. Risk Management will notify the head coach and parent once the student is eligible to participate in student athletics

2. If you are purchasing this policy for SECONDARY coverage please mail to:

K & K Insurance Group

P. O. Box

Fort Wayne, IN 46801-2338

Questions about the enrollment process can be directed to Risk Management: 217-4240 Ext. 3004



Extra-Curricular
Participant Packet

REQUIRED FORMS	HIGH SCHOOL SPORTS	MIDDLE SCHOOL SPORTS	ALL CHEER & DANCE	ALL BAND
A - Medical History Evaluation (Part I)	X	X	X	X
A - Medical Examination (Part II)	X	N/A	N/A	N/A
B - LHSAA Participation/Parental Permission	X	N/A	N/A	N/A
B1 - CPSB Participation/Parental Permission	X	X	X	X
C - LHSAA Substance Abuse/Misuse Contract	X	N/A	N/A	N/A
D - Assurance Form for SPED Student**	X	N/A	N/A	N/A
E - Auth of Treatment/Waiver/Hold Harmless	X	X	X	X
F - Insurance Statement	X	X	X	X
G - Personal Information	X	X	X	X
H - Concussion Statement (Act 314)	X	X	X	N/A
I - Risk of Serious Injury (Act 352)	X	X	X	X
Items in BOLD must be completed each year				

*A copy of your child's birth certificate and **proof of insurance** will need to be provided along with this completed packet.*

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?

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 Mononucleosis
<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), OSTEOPTIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

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 _____

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:

COMMENTS

RULE

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 8th 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 September 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 1.20.6 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 have 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 student participates in LHSAA athletics at the school.

CONTRACT & CONSENT FORM

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

SUSPENDED AND INELIGIBLE STUDENTS

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.

Date: _____ Parent's Signature: _____

(Print Name)

Relationship to Student _____

Telephone No: (____) _____



ATHLETIC PARTICIPATION/PARENTAL PERMISSION FORM

PART I: To be completed and signed by student-athlete (Please Print)

Athlete Information:

NAME: _____			BIRTHDATE: _____
ADDRESS: _____			
CITY/STATE: _____	ZIP: _____	SEX: _____	AGE: _____
PHONE NUMBER: _____	DATE ENTERED HIGH SCHOOL: _____		

I certify the preceding information is correct,

Student Athlete (Signature)

Date

PART II – PARENTAL PERMISSION - To be completed and signed by parent

I hereby give my consent and approval for the student named on this form to participate in any of the following:

BASEBALL	SWIMMING	BASKETBALL	TRACK AND FIELD	SOCCER	VOLLEYBALL	TENNIS
FOOTBALL	SOFTBALL	WRESTLING	CHEER AND DANCE	GOLF	BOWLING	BAND

Parent/Guardian (Signature)

Date

Parent/Guardian (Printed Name)

Telephone Number

****This contract shall remain in effect for the remainder of the student's eligibility. This means the contract only has to be signed once by both the student and his/her parent or guardian but the terms remain in effect for the student's entire high school career.**

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

Notes: Rule 1.9 of the LHSAA By-Laws, states that this contract shall remain in effect for the remainder of the student's eligibility. This means the contract only has to be signed once by both the student and his/her parent or guardian but the terms remain in effect for the student's entire high school career.

According to Rule 1.9.1 of the LHSAA By-Laws, without the signature of the student athlete and his/her parent/guardian, the student is ineligible to participate in interscholastic athletic contests at all levels of play in all LHSAA sports at all LHSAA schools until compliance with Rule 1.9.1 is obtained from both parties.

Any student participating in an interscholastic athletic contest(s) without a properly signed contract shall be classified as an ineligible student and both the student and school shall be penalized according to Rule 1.9.1.

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested. Federal courts have consistently ruled participation in high school athletics is a privilege, not an educational right.

Louisiana High School Athletic Association

12720 Old Hammond Hwy

Baton Rouge, LA 70816

(225) 296-5882 Fax: (225) 296-5919

Website: www.lhsaa.org

Assurance Form for Special Education Student

The undersigned agree the participation of _____ in interscholastic sports will be monitored at regular reporting periods. *Student's Name*

If it is determined that satisfactory progress is not being met according to the individual education program (IEP), the above student will be withdrawn from athletics until a satisfactory reporting period is obtained.

Is this student working towards a High School Diploma? ☐ Yes or ☐ No

(This form must be kept in the student file folder.)

Signed: _____
Parent

Date: _____

Signed: _____
Teacher

Date: _____

Signed: _____
Principal

Date: _____

Date Referred for Sp. Ed. Evaluation _____ Completion Date of Last Evaluation _____
Mo-Day-Yr Mo-Day-Yr

Note: This form should be attached to the I.E.P records and kept on file at school – Do Not Send to LHSAA – Date of completion should be listed on special education eligibility registration form.

In order for the eligibility process to be complete, this form must be signed by all three (3) parties involved ... Also the student must be listed on a special education eligibility registration, **if they are not working towards a diploma**

These rules may be found under Scholastic Requirements section in the LHSAA handbook.

Special Education students other than those classified as “gifted and talented” shall be eligible if they meet the provision of the present rule.

- 1) This rule's purpose is to make athletic programs accessible to students; however, once a student reports for a sport, he/she, like any other student, is subject to earning a place on the team.
- 2) Special Ed. Students shall be evaluated every three years for eligibility purposes.
- 3) A student shall be placed in a special ed. Program for at least two-thirds of a given semester in order to establish eligibility for the next semester.
- 4) A regular education student who fails to establish scholastic eligibility shall not become eligible as a special ed. student until he/she has established eligibility as stated in 1.10.12 and 1.10.13 or 1.10.14.

Special education students not working toward a high school diploma: Special education students identified and placed according to state regulations, by virtue of the design of their IEP, who may or may not earn the necessary Carnegie units, shall meet the following requirements: *(These are the current students who are alternatively assessed and classified as LAA1 and LAA2.)*

- 1) A statement of assurance form shall be completed on each special education student who is not working toward a high school diploma. The student's participation in interscholastic sports shall be monitored at regular reporting periods to assure satisfactory progress in the student's individual education program. This form shall be signed by the student's parent(s)/guardian, teacher, and principal and attached to the IEP on an annual basis.
- 2) A student shall make satisfactory progress through performance and attendance in the student's IEP goals at the end of a semester to be eligible for the entire next semester.

Special education students working toward a high school diploma: When a special education student takes enough Carnegie unit subjects to meet the basic requirements of the LHSAA's scholastic rule, his/her scholastic eligibility shall be determined as follows:

- 1) To be eligible for the first semester of the school year, a student shall have earned at least **six (6) units** from the previous school year which shall be listed on the student's transcript, including any special education subject(s) and shall have at least a “C” “average as determined by the Local Education Authority when considering all “graded” subjects
- 1) To be eligible for the second semester of the school year, a student shall pass at least **six (6) units** from the first semester, including any special education subject(s).



Shannon LaFargue, PhD, Superintendent

**AUTHORIZATION FOR TREATMENT AND
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating in athletic events sponsored by, or in any way involving, the Calcasieu Parish School Board or any of its schools, I hereby release, waive, discharge and covenant not to sue the Calcasieu Parish School Board, its members, agents, faculty, staff, administrators, officers, servants, and employees (hereinafter referred to as CPSB) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that I may sustain or experience while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, the student-athlete can fully participate in sports activities. I am fully aware of risks and hazards connected with the activity, and I hereby allow the student-athlete to voluntarily participate in said activity and engage in such activity knowing that the activity may be hazardous. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained, or any loss or damage to property owned, as a result of the student-athlete being engaged in such an activity.
3. I authorize all medical treatment that may become necessary as a result of the student athlete's participation in athletic events.

In signing this release, I acknowledge and represent that I (a) have read the foregoing document, understand it and sign it voluntarily; (b) have received no oral representations, statements or inducements apart from the foregoing written agreement; and (c) am fully competent and the proper person to execute this document.

Signed this _____ day of _____, 20____.

Student Athlete (Printed Name)

Parent/Guardian (Printed Name)

Date

Parent/Guardian (Signature)

Date

E



Shannon LaFargue, PhD, Superintendent

Insurance Statement Form

Student's Name: _____

Parent/Guardian's Name: _____

I, the undersigned parent or guardian, give my child permission to participate in all school sponsored athletics. I sign this form with the understanding that neither the school nor the Calcasieu Parish School Board assumes any liability for accident or injury to my child while participating in school sponsored athletics. I also understand that, in the event of injury to my child, I will assume all liability incurred.

I recognize that the Calcasieu Parish School Board requires each student athlete to be protected for medical expenses in the event of injury, and I must provide coverage for my child's medical expenses resulting from injuries that might occur during school sponsored athletics. I certify that my child is protected for medical expenses resulting from injury through the coverage noted, and I agree to maintain coverage for my child for injury throughout participation in school sponsored athletics. If my child changes or loses coverage while participating in school sponsored athletics, I will immediately alert the Calcasieu Parish School Board. I acknowledge that my child will not be allowed to participate until coverage is reinstated. I understand that the Calcasieu Parish School Board is not responsible for any medical costs associated with any injuries my child might sustain while participating in school sponsored athletics.

_____ My child is **covered** for medical expenses that might result from injury during school sponsored athletics by one of the three possible methods listed below:

_____ Private Insurance (Proof of coverage attached)

_____ I acknowledge that I can and will purchase K&K Student Accident Insurance Policy to supplement any unpaid portion of a student accident claim such as deductible or out-of-pocket expenses that are remaining after filing with my private insurance.

_____ Medicaid (Proof of coverage attached)

_____ My child is **not covered** for medical expenses that might result from injury during school sponsored athletics and I wish to enroll my child in K&K Student Accident Insurance Policy. (See enclosed brochure and attach proof of coverage).

Parent or Guardian (signature): _____

Date: _____

Student Athlete (signature): _____

Date: _____



Shannon LaFargue, PhD, Superintendent

PERSONAL INFORMATION SHEET

One copy will stay on file at the school site, and a second copy will be used when traveling

Athlete Information:

NAME: _____ BIRTHDATE: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____ SEX: _____ AGE: _____
PHONE NUMBER: _____ FAMILY DOCTOR: _____
EMERGENCY CONTACT (RELATION AND PHONE #): _____
CPSB ID#: _____ CURRENT MEDICATIONS: _____
ALLERGIES? / ASTHMA? / DIABETES?: _____

Responsible Party (parent/legal guardian) of Athlete:

NAME: _____ RELATION: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____ PHONE NUMBER: _____
PHONE NUMBER: _____ FAMILY DOCTOR: _____
EMPLOYER: _____ WORK PHONE NUMBER: _____
ADDRESS: _____

Medical Insurance Information:

PRIMARY INSURANCE PROVIDER: _____
INSURED'S NAME: _____ EMPLOYER: _____
GROUP #: _____ POLICY #: _____
SECONDARY INSURANCE: _____
INSURED'S NAME: _____ EMPLOYER: _____
GROUP #: _____ POLICY #: _____

Should my son/daughter require emergency service during a supervised extra-curricular event when I am not present, I give permission to the CPSB personnel on-site to file a claim for such services with the above health care insurer.

Parent/Guardian Signature: _____ Date: _____

This form will be filed as permanent record in the athlete's folder.
Please notify the school's athletic department of changes to insurance policies.

****SCHOOLS MUST MAKE A SECOND COPY OF THIS FORM FOR TRAVEL BINDERS.****

G

Louisiana High School Athletic Association

Parent and Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer, and/or team physician.

☐ I have read and understand the Concussion Fact Sheet that's provided in this packet.

After reading the Concussion Fact Sheet, I am aware of the following information:

<u>Parent Initial</u>	<u>Student Initial</u>	
		A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or team physician.
		A concussion can affect by ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
		You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
		If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.
		I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
		Following a concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
		In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of student athlete _____ Date _____

Printed name of student athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____ Date _____





Shannon LaFargue, PhD, Superintendent

Parent and Athlete Notification - Risk of Serious Injury in Athletics

Pursuant to Act 352 of the 2011 Louisiana Legislative Session, before a student is allowed to participate in any school-sponsored or school sanctioned athletic activity, the student and parents or guardian of the student shall document they have viewed information provided in written or verifiable electronic form by the school regarding the risks of serious sports injuries.

By its very nature, competitive athletics can involve students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students' parents/guardians must assess the risks involved in such participation and make their choice to participate despite those risks. NO amount of instruction, precaution or supervision will completely eliminate all risk of injury. Participation in athletics is inherently dangerous.

By granting permission for your son/daughter to participate in athletic competition, a parent or guardian acknowledges that participating in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing a sport include but are not limited to death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well-being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following instructions regarding playing techniques, training, the proper use of all associated sports equipment and other team rules, etc. both in competition and practice and agree to obey such instruction and proper use.

In signing this, I acknowledge and represent that I (a) have read the foregoing document, understand it and sign it voluntarily; (b) have received no oral representations, statements or inducements apart from the foregoing written agreement; and (c) am fully competent and the proper person to execute this document.

I recognize that I have the responsibility to wear the required equipment, obey the rules of any sport, train and condition my body to the best of my ability, and to utilize the proper techniques when playing any sport. I also know that I must avoid athletic activities for which I have not been trained or do not feel qualified to perform. I agree to uphold my responsibility to report any injuries to the athletic training staff immediately, and follow their recommendations for treatment and rehabilitation, as needed to safely return to full participation.

Finally, I understand that the NOCSAE seal on any sports helmet indicates that a manufacturer has complied with the best available engineering standards for head protection. By keeping a proper fit, by not modifying its design, and by reporting to the equipment manager any need for its maintenance, I am also complying with the purpose of the NOCSAE standard.

I have read and understand the significance of these statements. Signed this _____ day of _____, 20_____.

Parent/Guardian (Printed Name)

Student Athlete (Printed Name)

Parent/Guardian (Signature)

Student Athlete (Signature)

ACT 314

Louisiana Youth Concussion Act

During the 2011 Legislative session ACT 314, "Louisiana Youth Concussion Act", was signed into law. ACT 314 has three major requirements.

1. Prior to beginning of each athletic season, provide pertinent information to all coaches, officials, volunteers, youth athletes, and their parents or legal guardian which informs of the nature and risk of concussion and head injury, including the risks associated with continuing to play after a concussion or head injury.
2. Require each coach, whether such coach is employed or a volunteer, and every official of a youth activity that involves interscholastic play to compete an annual concussion recognition education course.
3. Requires as a condition of participation in any athletic activities that the youth athlete and the youth athlete's parent or legal guardian sign a concussion and head injury information sheet which provides adequate notice of the statutory requirements which must be satisfied in order for an athlete who has or is suspected to have suffered a concussion or head injury to return to play.

ACT 314 gives the responsibility of compliance of the act to the governing authority of each public and nonpublic elementary school, middle school, junior high school, and high school. As a result of many requests from our member schools, the LHSAA Sports Medicine Advisory Committee met and came up with some suggestions that may help our member schools to be

in compliance with this law. We have included the following documents to help you in your responsibility. The LHSAA is not named in this law, so **DO NOT SEND THIS DOCUMENTATION TO THE LHSAA**; keep it on file at your school for your own protection of compliance.

General Information

- LHSAA Concussion Policy/Rule (Adopted in 2010)
 - Suggested Return-to-Play Healthcare Provider Release
 - Suggested Step-wise Return-to-Play Progression
 - LHSAA Suggested Home Instruction Sheet
 - LHSAA Return-to-Competition Form
 - Pocket SCAT2 Evaluation Tool
- ### Coaches/Officials Information
- A Fact Sheet for Coaches (Center for Disease Control and Prevention or CDC)
 - A Coaches Concussion Statement (LHSAA Sports Medicine Committee)
 - A Sideline Sheet for Coaches (Center for Disease Control and Prevention or CDC)
 - An Officials Concussion Statement (LHSAA Sports Medicine Committee)
- ### Student-Athletes/Parents Information
- A Fact Sheet for Athletes (Center for Disease Control and Prevention or CDC)
 - A Fact Sheet for Parents (Center for Disease Control and Prevention or CDC)
 - A Parent's Guide to Concussion in Sports (National Federation of State High School Association or NFHS)
 - A Parent and Student-Athlete Concussion Statement (LHSAA Sports Medicine Committee)
 - A Home Instruction Sheet (LHSAA Sports Medicine Committee)

To help meet the education course aspect of ACT 314, the LHSAA recommends that individuals go to the NFHS website, www.nfhslearn.com, and click the link [Concussion in Sports: What you need to know](#), under [Great Free Courses](#).

KEEP AT HOME



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon — while the brain is still healing — risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

www.cdc.gov/concussioninYouthSports

www.cdc.gov/injury

KEEP AT HOME

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



A Fact Sheet for ATHLETES



WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play

It's better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit:

www.cdc.gov/concussioninYouthSports

For more detailed information on concussion and traumatic brain injury, visit:

www.cdc.gov/injury

KEEP AT HOME

Additional Resources:

Brain 101 – The Concussion Playbook.
<http://brain101.orcasinc.com/5000/>

Concussion in Sports- What you need to know.
<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

Heads Up: Concussion in High School Sports
http://www.cdc.gov/concussion/headsup/high_school.html

NFHS Sports Medicine Handbook, 4th Ed. 2011.

REAP Concussion Management Program.
<http://www.rockymountainhospitalforchildren.com/sports-medicine/concussion-management/reap-guidelines.html>

Sport Concussion Library
<http://www.sportconcussionlibrary.com/content/concussions-101-primer-kids-and-parents>

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DISCLAIMER – NFHS Position Statements and Guide Lines

The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals, and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.