Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed <u>each year</u> prior to a student's participation in an athletic contest and shall be kept on file with 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	(TO be complet			
Name: (Last, First, Middle)			School Year:	
Home Address:	Parents' Home Address:			
City:	_Zip:	City:	Zip:	
Date of Birth:		Date of Last Phys	ical Exam:	
I entered ninth grade in Schoo	(month	n and year). Last semester	/year I attended	
	on is correct, I ha	ve read the summary of Li	HSAA eligibility rules below and I am in	
Date:	Student	's Signature:		
	Tele	ephone No:		
		E YOU ELIGIBLE?		
	school, you must m	-	ligible for interscholastic athletic competition:	
RULE		COMMEN	<u>TS</u>	
BONA FIDE STUDENT		nted as a student on the daily e class makes you a student a	attendance records at your school. at that school.	
ENROLLMENT		class during the first 11 schoo rst 30 school days.	ol days of the first semester or you will be	
AGE	You cannot becor	ne 19 years of age prior to Se	eptember 1 of this year.	
PROOF OF AGE		legal proof of age, which me ministrator to be kept on file a	ets the provisions of the LHSAA handbook, it school.	
CONSECUTIVE SEMESTERS			t consecutive semesters to play athletics. ee Rule 1.31.9 of the LHSAA handbook)	
SCHOLASTIC		tion high school students at t s in all subjects taken.	he end of the first semester you must pass at	
			ool year, you must have earned at least six ned by the LEA in all units taken.	
	All seniors must ta	ake at least four (4) subjects	each semester.	
	Special education scholastic information		chool principal, athletic director, or coach for	
RESIDENCE AND SCHOOL TRANSFERS			ndance zone," you are automatically ineligible the Residence and School Transfers Rule.	

UNDUE INFLUENCE	If you have been recruited to the school for athletic purposes, you will remain ineligible as long as you attend that school.
AMATEUR	You cannot play high school athletics if you lose your amateur status.
INDEPENDENT TEAM	In certain sports you cannot play on a school team and an independent team during the same sport season.
MEDICAL EXAMINATION	You must 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 be required to have this form completed and signed <u>every year</u> prior to a student's participation in LHSAA athletics at the school.
SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM	A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.
SUSPENDED AND INELIGIBLE STUDENTS	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 AT ALL LEVELS OF PLAY 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 ELIGIBLITY 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. Additionally, I give the LHSAA or it representative(s) permission to review my child's scholastic records and all required eligibility forms.

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 any of the following LHSAA sports:

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

Date:	Parent's Signature:
	(Print Name)
	Telephone No: ()