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Scott Stevens, Principal
Elmo Fernandez, Athletic Director

Freshman Athletes & Those Who Have Never Competed For Woodlawn High Need To Complete The Following:

- **LHSAA Medical History Evaluation**
- **LHSAA Athletic Participation / Parental Permission Form – Front & Back**
- **Woodlawn Emergency Contact / Insurance Information Form**
- **LHSAA Substance Abuse / Misuse Contract and Consent Form**
- **Woodlawn High Informed Consent / Emergency Treatment Release**
- **Woodlawn High Athlete Agreement**
- **EBR Parent / Legal Guardian Media Consent Form**
- **Copy of Insurance Card – Front & Back**
- **Copy of Birth Certificate**

Please make sure all forms are completed and all signatures have been provided

All forms must be completed in their entirety before athlete will be able to participate



Athletic Trainer – Randy Gonzales
Baseball – Jeff Vitano
Boys Basketball – Elmo Fernandez
Boys Track – Scott Wallace
Cross Country – Scott Wallace

Football – Daniel Luquet
Girls Basketball – Stephanie Helgeson
Girls Track – Betsy Rogers
Power Lifting – Wendell Evers
Soccer – Andrew Barnes

Softball – Angela Louis
Strength & Conditioning – Steve Baronich
Swimming – Emily Macaluso
Volleyball – Nelson Malpica
Wrestling – Steven Oubre



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,

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), 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"/>
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 _____

Student's Name: _____

Woodlawn High Athletics

Emergency Contact Information / Insurance Information

Mother

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Father

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Alternate Emergency Contact

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Insurance Information

Primary Insurance

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Policy Holder

Name: _____

Date of Birth: _____

ID#: _____

Policy Information

Policy: _____

Plan: _____

Type: HMO _____ Medicaid _____ PPO _____

See First: _____

Phone: _____

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed **each year** 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)

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

Home Address: _____ Parents' Home Address: _____

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

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

I entered ninth grade in _____ (month and year). Last semester/year I attended _____
_____ 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	You must attend class during the first 11 school days of the first semester or you will be 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	You must provide legal proof of age, which meets the provisions of the LHSAA handbook, to your school administrator to be kept on file at school.
CONSECUTIVE SEMESTERS	Once you enter the ninth grade, you have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.31.9 of the LHSAA handbook)
SCHOLASTIC	For regular education high school students at the end of the first semester you must pass at least six subjects in all subjects taken. At the end of the year and prior to the next school year, you must have earned at least six units with an overall "C" average 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 parish 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 parish will render the student ineligible for one calendar year.

(OVER)

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 <u>annually</u> 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 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. 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 | GOLF | SWIMMING |
| BASKETBALL | GYMNASTICS | TENNIS |
| BOWLING | POWERLIFTING | TRACK AND FIELD |
| CROSS COUNTRY | SOCCER | VOLLEYBALL |
| FOOTBALL | SOFTBALL | WRESTLING |

Date: _____ **Parent's Signature:** _____

(Print Name) _____

Telephone No: () _____

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.

Student's Name: _____

Woodlawn High Athletics

Informed Consent / Emergency Treatment Release

I have been informed that my son / daughter wishes to participate in a sport while attending Woodlawn High School. In signing this form, I understand that any sport he / she participates in is a high risk sport and I am aware that there is a possibility of injury, ranging from minor to severe and life threatening. I also understand that he / she must meet certain eligibility requirements prescribed by the Louisiana High School Athletic Association, East Baton Rouge Parish Schools, and Woodlawn High School. I am willing to abide by those rules as administered through the Louisiana High School Athletic Association and Woodlawn High School Administration and Athletic Staff.

In the event that your son / daughter is injured during practice or athletic competition:

- Permission is given to the certified athletic trainer and / or coaching staff to provide basic and emergency care until such time that a parent or guardian is notified
- Permission is given to the certified athletic trainer to provide continued care and treatment of athletic injuries under the supervision of our team physician.
- Should a medical emergency arise and parents can't be notified permission is given for the certified athletic trainer and / or coaching staff to seek emergency treatment and be transferred to the hospital of parent's preference or nearest hospital for emergency treatment.

Neither Woodlawn High School nor the East Baton Rouge Parish School Board will be responsible for any medical or emergency transportation bills that may be incurred while participating in athletics.

Any and all medical instructions such as hospital preference drug allergies, asthma medication should be listed on the bottom of this form.

_____	_____	_____
Parent's Name Printed	Parent's Signature	Date Signed

Mother's Cell Phone: _____ **Father's Cell Phone:** _____

Alternate Contact: _____ **Alternate Contact Phone:** _____

Hospital Preference: _____

Drug Allergies or Special Instructions: _____

**MUST HAVE A COPY OF CURRENT INSURANCE CARD (FRONT & BACK)
OR YOU MUST PURCHASE SCHOOL INSURANCE**

Woodlawn High Athletics

Athlete Agreement

We, the athletes at Woodlawn high School, realize the task ahead is a great challenge and opportunity which will be met only by total dedication, hours of conditioning, and loyalty to our school, our program, our staff, and teammates. We must have complete mental and physical discipline. We will work to the best of our ability to make a contribution, whether large or small, offense or defense, starter or scout team that will make our position a strong and trusted one. We will help bring our team together through discipline, character, and most importantly "Love for one another"

Traits of a Woodlawn Panther Athlete

- *I will respond by saying "Yes sir" or "No Ma'am" when an adult addresses me.*
- *I will not abuse alcohol.*
- *I will not smoke.*
- *I will not use drugs.*
- *I will not steal.*
- *I will be loyal to my coaches.*
- *I will not participate in physical fights against my teammates or classmates.*
- *I will conduct myself in a respectful manner towards my teachers and classmates.*
- *I will attempt to excel in my school work.*
- *I will put my TEAM before SELF at all times.*
- *I will respect game officials.*
- *I will always care for all gear issued to me.*
- *I will not use foul or offensive language at any time.*
- *I will not make obscene or vulgar gestures via social media. i.e. Twitter, Instagram, Snap Chat*
- *I will not display any of the above listed characteristics of a Panther Athlete associated with this agreement via social media. i.e. Twitter, Instagram, Snap Chat*
- *I will ACCEPT victory or DEFEAT with true sportsmanship.*
- *I understand that any school suspension WILL result in a team suspension and may affect my playing time status and my team status.*

I, _____ have read the above Traits of a Woodlawn Panther Athlete
Athlete's Name
and sign this agreement in dedicating myself to becoming a better student-athlete and a better young person.

I, _____ have read the above expectations of my son / daughter will
Parent's Name
follow in order to succeed as a Woodlawn Panther Athlete

Date: _____



Parental/Legal Guardian Media Consent Form

I hereby consent to the use of any photographs/video tape taken of my child by the East Baton Rouge Parish School System or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the East Baton Rouge Parish School System in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, the East Baton Rouge Parish School System protects the privacy of the students and is prohibited from releasing students' personal information.

From time to time representatives of the news media are invited to campus to cover events at our schools. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark one of the choices below and return to school.

Yes, I allow my child/children to be identified in any good news district or school publication.

No, I do not want my child/children identified in any good news district or school publication.

PLEASE PRINT

Student's Name: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____

Parent or Guardian if above person is under 18:

Parent/Guardian's Name: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____