



Athletic Packet

To: Parents & Athletes
From: Athletic Department
Date: May 14, 2010
Re: Athletic packet (forms)

Attached is the Athletic Packet for the 2010–11 school year. Forms included are listed as follows:

- 1) Liability/Travel/Medical Release Form
- 2) Letter to parents regarding Student Insurance Policy/Release
- 3) LHSAA forms
 - Substance Abuse/Misuse Contract & Consent
 - Athletic Participation/Parental Permission Form
 - Medical History and Physical Form

It is **MANDATORY** that all athletic forms be filled out and returned to the Athletic Department by **July 10** or your first team practice if this occurs before **July 10**.

The **Medical History/Physical Form** requires a physical to be performed by a doctor or Nurse Practitioner. We have received these forms in the past with just the **Medical History (Front Page)** filled out. The **Physical (Back Page)** must be completed and signed by a doctor or Nurse Practitioner. Please make sure both sides of this form are completed.

No one will be allowed to practice or compete until the Athletic Packet is completed and returned to school.

Prep Athletes (5th - 8th Grade) MUST fill out the LHSAA forms as well in case you would be asked to join and compete on a Junior Varsity or Varsity team. A number of prep students have competed on Junior Varsity and Varsity teams in the past.

SCHOOLS OF THE SACRED HEART LIABILITY/TRAVEL/MEDICAL RELEASE

INTENSE ACTIVITY:

The Schools of the Sacred Heart

Circle all that apply:

baseball basketball cheerleading cross country golf soccer
softball swimming tennis track & field volleyball

program in which your daughter/son will participate involves strenuous physical activity. Due to the nature of these activities, we wish to inform you that the possibility of injury does exist as with any athletic activity.

I/We know of no reason(s) why my/our daughter/son, _____, should not participate in the Schools of the Sacred Heart

Circle all that apply:

baseball basketball cheerleading cross country golf soccer
softball swimming tennis track & field volleyball

program. I/We release and agree to hold harmless the Schools of the Sacred Heart, the SSH coaching staff, SSH faculty moderator, and/or designated SSH representatives from any liability whatsoever.

PARENTAL/GUARDIAN CONSENT:

I/We give permission for my/our daughter/son, _____, to travel to and/or from all SSH

Circle all that apply:

baseball basketball cheerleading cross country golf soccer
softball swimming tennis track & field volleyball

team activities in which he/she participates during the 2010-2011 school year. I/We release any SSH coach, faculty moderator, school representative, and/or designated chaperone for these events from any liability for any injury that may arise due to accident or circumstance during this period.

Furthermore, I/we authorize the Schools of the Sacred Heart coaching staff, SSH faculty moderator, and/or designated SSH representatives to seek medical treatment for any injury or illness to my/our daughter/son while participating in these functions. I/We also authorize the physician and/or hospital to perform treatment for any illness or injury to my/our child. I/We authorize payment for treatment, either personally or through our family health insurance.

I/We have read the above information about the risk of physical activity. The participant, _____, is in good health and is physically capable of participating in the Schools of the Sacred Heart athletic program and all subsequent team functions.

Student-Athlete Signature _____
Date

Parent/ Legal Guardian Signature _____
Date

Insurance Company: _____

Insurance Policy Number: _____

Alternate Contact (s) In Case Of Emergency:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

**ST. JOHN BERCHMANS
ATHLETIC DEPARTMENT**

Dear Parent /Guardian:

St. John Berchmans School is proud of its athletic program. We attempt to provide your child with the best possible coaches and equipment that our program can offer. We try to insure that your child receives the proper training necessary to become proficient and to participate safely in his respective sport(s). The school is aware, however, that accidents do occur.

Our school employs a "waiver" system in reference to medical insurance coverage. This means that your son must have medical insurance coverage in order for his to participate. You, as parents / guardians, have a choice of your personal medical insurance policy or of enrollment in a student insurance policy that can be purchased through the school or a combination of the two plans. This correspondence serves to inform you, however, that your son must have one policy or both plans in order to participate. No student will be allowed to participate without medical insurance coverage.

The student insurance policy, if purchased, will provide limited secondary coverage for son. Your personal medical insurance policy, if any, provides primary coverage. If you do not have a personal medical insurance policy, the student insurance policy becomes the primary coverage within the prescribed limits. This insurance may not cover all costs associated with an injury or illness. Those costs not covered by the medical insurance policies shall become your responsibility as parent(s) or guardian(s).

In the event your son's medical insurance policy or policies are cancelled after this form is signed, and he is without medical insurance coverage, it is the PARENTS'/GUARDIANS' RESPONSIBILITY to advise the school immediately. At that point, decisions will be made on a case by case basis as to the student's continued to participate in athletics.

Please sign and have your child return these forms to his coach.

Parent / Guardian Signature: _____

Date: _____

Please attach photocopy of Medical Insurance Card

- over -

**ST. JOHN BERCHMANS
ATHLETIC DEPARTMENT**

Release Form

My son _____ has my permission to participate
in _____ (indicate sport{s}) at St. John
Berchmans School.

PLEASE CHECK ONE OF THE FOLLWING AND SIGN:

____ A. My son is covered under a Student Insurance Policy, of which I
have a copy attached, and I agree not to hold Schools of the Sacred Heart
responsible for any medical expenses due to injuries received from participation
beyond those paid by the insurance company.

____ B. My son is covered under my Personal Medical Insurance Policy, of
which I have a copy attached, and I will not hold the Schools of the Sacred Heart
responsible for any medical expenses due to injuries received from participation
beyond those paid by my insurance company.

Name of Insurance Company:

Policy Number: _____ Date: _____

Parent / Guardian Signature: _____

Date: _____

Headmistress: _____

Please attach photocopy of Medical Insurance Card

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

Dated: _____

Principal

Dated: _____

Head Coach

Notes:

Rule 1.18.2 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 1.18.2.1 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 1.18.2 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 the LHSAA Penalty Code.

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.

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, and is subject to inspection by the LHSAA Rules Compliance Team.

PART I: INFORMATION *(To be filled out by parent or guardian only)*

Name: _____ Grade: _____ School: _____

Sex: M / F Age: _____ Date of Birth: _____ Home Telephone #: _____ Sports: _____

Social Security Number: _____ Address: _____ City: _____ Zip: _____

Parent's Name: _____ Parent's Employer: _____ Work Telephone #: _____

Insurance Company: _____ Policy #: _____ Family Doctor: _____

PART II: MEDICAL HISTORY *(To be filled out by parent or guardian)*

Has or Does this athlete **Circle & please explain all "yes" answers below**

- | | | |
|----------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|
| 1. Have a medical problem or injury since his/her last evaluation? | YES | NO |
| Ever not been allowed to participate in sports for a medical reason? | YES | NO |
| 2. Ever been hospitalized? | YES | NO |
| Ever had surgery? | YES | NO |
| Have any missing organs? (<i>eye, kidney, testicle, etc.</i>) | YES | NO |
| 3. Presently take any medication? | YES | NO |
| 4. Have any allergies to medicine or insect bites? | YES | NO |
| 5. Passed out during or after exercise? | YES | NO |
| Been dizzy or passed out during or after exercise? | YES | NO |
| Have chest pain during or after exercise? | YES | NO |
| Tire more quickly than his/her friends during exercise? | YES | NO |
| Have high blood pressure? | YES | NO |
| Been told he/she has a heart murmur? | YES | NO |
| Have racing of the heart or skipped heartbeats? | YES | NO |
| Have a family member that died of heart problems or sudden death before age 50? | YES | NO |
| 6. Have any skin problems? | YES | NO |
| 7. Ever had a head or neck injury? | YES | NO |
| Ever been knocked out or unconscious? | YES | NO |
| Ever had a seizure? | YES | NO |
| Ever had a stinger, burner or pinched nerve? | YES | NO |
| 8. Ever had heat cramps? | YES | NO |
| Ever been dizzy or passed out in the heat? | YES | NO |
| 9. Have trouble with breathing or coughing during or after activity? | YES | NO |
| 10. Use any special equipment? (<i>pads, braces, neck rolls, eye guards, kidney belt, etc.</i>) | YES | NO |
| 11. Have any problems with vision? | YES | NO |
| Wear glasses or contacts? | YES | NO |
| 12. Ever sprained/strained, dislocated, fractured or had repeated swelling of any bones or joints? | YES | NO |
| 13. Have any medical problems listed below? (<i>Please check off</i>) | | |
| _____ High Blood Pressure | _____ Rheumatic Fever | _____ Diabetes |
| _____ Mononucleosis | _____ Abnormal Bleeding | _____ Tuberculosis |
| _____ Sickle Cell Disease/Trait | _____ Other(<i>list</i>) _____ | _____ Hepatitis |
| _____ Asthma | | |

14. List dates for last: Tetanus Shot: _____ Measles Immunization: _____

15. Female athletes, list dates for: First menstrual period: _____ Last menstrual period: _____

Longest time between periods last year: _____

Please explain all "yes" answers from above: _____

PART III: SIGNATURES

(You must answer these questions and sign for your child to be examined)

1. The information on the reverse is current and correct to the best of my knowledge YES NO
2. I give my permission for my child to be examined for school-related activities YES NO
3. 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
4. I recognize the evaluation to be done on my child is a standard pre-participation screening examination, and that no in-depth testing, x-rays, lab work, or cardiac testing will be performed..... YES NO
5. 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
6. 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

Signature of Parent/Guardian: _____ Date: _____

Signature of Student Athlete: _____ Date: _____

PART IV: PHYSICAL (To be filled out annually by a licensed physician /licensed nurse practitioner in collaboration with doctor or a licensed physician's assistant under the supervision of a licensed physician.)

LIMITED	Height	Weight		Blood Pressure	/	Pulse
	SYSTEM	NORMAL	ABNORMAL	INITIALS		COMMENTS
COMPLETE	Heart					
	Lung					
	Other					
	Abdominal					
	Genitalia					
	Neck					
	Shoulder					
	Elbow					
	Wrist					
	Hand					
	Back					
	Knee					
	Ankle					
	Foot					
Eye	Right 20/	Left 20/		Corrected?	YES / NO	

CLEARANCE: _____ A. Cleared
 _____ B. Cleared after further evaluation/treatment
 _____ C. Not cleared for: _____ Collision _____ Contact _____ Non-contact

RECOMMENDATIONS: _____

NAME OF MD/NURSE PRACTITIONER: _____ **DATE:** _____

ADDRESS: _____ **TELEPHONE:** _____

SIGNATURE OF MD/NURSE PRACTITIONER: _____

Athletic Season Passes Now Available

Athletic season passes will be made available for purchase at the beginning of each sport season. The athletic pass will allow admission into any SSH prep or high school home event except playoff games and meets. (The LHSAA does not allow such passes to be used for playoff events.) It is valid for all home events during the current school year.

For admission using a season pass, it must be presented at the gate. Otherwise, full admission will be charged. Adult admission is usually 4.00 for prep events and 5.00 for high school events. Student admission is usually 1.00 for prep events and 2.00 for high school events.

The cost of an athletic pass for the 2010-2011 school year is as follows:
Adult---30.00 High School Student---20.00 Prep Student---15.00

*All students/children in grade 4 and younger are admitted free of charge.

**Please complete the form below and return to Carol Boudreaux, Athletic Director, with full payment.*

Name as it will appear on each pass

Fee Submitted

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total # of Cards _____

Total Fees: _____