

# 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: \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Telephone No: \_\_\_\_\_

### ARE YOU ELIGIBLE?

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

<u>RULE</u>	<u>COMMENTS</u>
<b>BONA FIDE STUDENT</b>	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.
<b>ENROLLMENT</b>	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.
<b>AGE</b>	You cannot become 19 years of age prior to September 1 of this year.
<b>PROOF OF AGE</b>	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.
<b>CONSECUTIVE SEMESTERS</b>	Once you enter the ninth grade, you have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.8.1.1.1 of the LHSAA handbook)
<b>SCHOLASTIC</b>	For regular education high school students at the end of the first semester you must pass at least five subjects and earn at least a 1.5 grade point average in all subjects taken.  At the end of the year and prior to the next school year you must have earned at least five units with an overall 1.5 GPA in all units taken.  Special education students must consult the school principal, athletic director, or coach for scholastic information.
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	If you attend a school outside your "home attendance zone", you are automatically ineligible for one year unless you meet the provisions of the Residence and School Transfers Rule.

(OVER)

<b>UNDUE INFLUENCE</b>	If you have been recruited to the school for athletic purposes, you will remain ineligible as long as you attend that school.
<b>AMATEUR</b>	You cannot play high school athletics if you lose your amateur status.
<b>INDEPENDENT TEAM</b>	In certain sports you cannot play on a school team and an independent team during the same sport season.
<b>MEDICAL EXAMINATION</b>	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.
<b>ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM</b>	A school shall be required to have this form completed and signed <b>every year</b> prior to a student's participation in LHSAA athletics at the school.
<b>SUBSTANCE ABUSE/MISUSE CONTRACT &amp; CONSENT FORM</b>	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.
<b>SUSPENDED AND INELIGIBLE STUDENTS</b>	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.

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: **(circle all sports that apply)**

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

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_