

## Section VI - Rules Governing Athletic Contests

### A. General Rules

#### 1. Sports Sanctioned By MAIS

The MAIS will sanction twenty-one (21) different sports during the school year. The sports sanctioned for boys are archery, football, basketball, baseball, track, golf, soccer, cross-country, tennis and swimming. The sports sanctioned for girls are archery, fast-pitch softball, basketball, cross-country, track, soccer, tennis, golf, cheer/dance, and swimming.

#### 2. National Federation Rules

National Federation Rules will be used where applicable. There are a few exceptions. These exceptions and/or clarifications are so noted in the sections below describing the rules that govern each individual sport. The Director of Activities may also notify members of additional modifications through postings on the Post Office page.

#### 3. Required Number Of Officials To Play A Contest

To start the game there should be at least four (4) uniformed certified officials to officiate a varsity football game, two (2) officiating a basketball game, two (2) officiating a soccer match, and two (2) umpires to call a baseball or softball game. All officials must be registered with the Midsouth Association of Independent Schools Athletic Officials Association unless otherwise permitted by the AAC or the Director of Activities. After a game has started, should the number of officials fall below the aforementioned numbers, both schools must agree to finish the contest with the reduced number of officials or the game will be postponed.

#### 4. Playing Non-MAIS Schools

No athletic contest shall be held with any school not belonging to the MAIS unless permission has been granted from the Director of Activities. School must request permission to participate against a non-member school by sending an email to the Director at [ltriplett@msais.org](mailto:ltriplett@msais.org), or the Associate Director at [ddrake@msais.org](mailto:ddrake@msais.org).

#### 5. Penalty For Removing A Team From Play

Any school that removes a team from the playing floor, or field, in protest of an official's decision, or for any other reason, shall be subject to automatic probation, and any other penalty deemed necessary by the AAC. The removal of a team in protest is considered to be a gross act of unsportsmanlike conduct. If an emergency arises which makes it advisable to discontinue a contest, it should be done by mutual consent of the teams involved through the referee.

#### 6. Ejection Procedure

Removal of individuals from the premises (game site) as a result of behavior:

- a. Coach: The referee shall suspend the contest until the coach has left the premises and coaching duties are assumed by another school representative. Failure of the coach to leave the premises and be replaced by another school representative in a reasonable period of time shall cause that team to forfeit the game.
- b. Player: The referee shall suspend the contest until the player has left the playing field/court. An ejected player should remain on the bench after ejection unless further unsportsmanlike conduct warrants removal. Should the referee feel that the player is interfering with proper game administration, the referee shall suspend the game and instruct the coach that the player must leave the premises under the supervision of a coach or other school representative. Failure of a player to leave the premises under supervision in a reasonable period of time shall cause that team to forfeit the game. It is noted that this section does not refer to the player ejections that result from receiving two technical fouls in basketball, receiving a red card in soccer, etc. It refers to those times when bench personnel act in a way that disrupts the game.
- c. Spectator: The referee shall suspend the contest until the home game administrator removes the spectator from the premises. The failure of a spectator to leave in a reasonable period of time shall cause that team to forfeit the game. Game administrators and officials should be cognizant of the problem in games that are held at neutral sites and situations where the offending spectator may not be associated with the crowd in which he/she is sitting.

The National Federation recommends these procedures by combining a little law with a little common sense, as well as experience in rules writing, for use by State Associations in dealing with the removal of individuals from the game site. Should fans become abusive at an athletic contest, the following procedure should be followed:

- a. The official should notify the host school administrator to warn the fan, that if the abusive behavior continues, he/she will be ejected from the contest. It is strongly recommended that if the fan is from the visiting team, the host administrator communicate this through the visiting headmaster (or his/her representative). It is noted that a warning to any fan by an official serves as a warning in general to all fans.
- b. Following the warning, if the abuse continues, the official should notify the host school administrator to eject the fan. The host school administrator is responsible for removing the fan, not the official.

If an unsportsmanlike incident occurs at a sporting event, and the game administrator is directed by an official to inform a fan(s) that their behavior must cease, verbal abuse from the offending party may occur. In such a case, should the incident be reported to the Affairs Committee, the fan(s) will be subject to a minimum \$250 fine, and the school will be placed on probation for a period of one year. This will be the case regardless of whether or not the fan is ejected.

Also, it is noted that there are some types of behavior (using profanity, throwing objects, making threats or extreme cases of disrespect towards the officials and/or game administration) that will not be tolerated, and will result in immediate removal.

MAIS officials should NEVER become engaged in any type of confrontation with fans.

## 7. Coaching Ejections

The ejection of a coach from a game for unsportsmanlike conduct will automatically result in the following minimum disciplinary action:

- a. Coach will be placed on probation for at least one (1) year.
- b. Coach will be fined a minimum of \$250.00; maximum of \$1000.00.
- c. Coach will be suspended for the next game; he/she will not be allowed to attend. For further clarification, the Affairs Committee has interpreted this to mean the next regularly scheduled game at the time of the ejection. For example, if an additional game is scheduled, said game cannot be used to satisfy the 'sit out' portion of this sanction. In addition, a suspended coach is not to have ANY kind of input (cell phone, text message, etc.) in the game.
- d. Case will be reviewed by the AAC, with possibility of coach being excluded from coaching all-star game.
- e. School will be placed on probation for at least one (1) year.
- f. School will be fined a minimum fine of \$300.00.

## 8. Fan Ejections

Any fan ejection from a game for unsportsmanlike conduct will automatically result in the following minimum disciplinary action:

- a. Fan will be fined a minimum of \$250.00 and will not be allowed to attend any further MAIS athletic events for the next seven days beginning with the day after the ejection occurred. It is noted that after the sit-out period is over, and upon payment of the fine and receipt of a letter of apology to the appropriate party, the attendance ban could be lifted. This would be dependent on the severity of the fan's actions. Example: A fan is ejected on Monday, October 1. The sit-out period would be Tuesday, October 2 through Monday, October 8. The first possible contest that the fan could attend would be on Tuesday, October 9.

- b. School will be placed on probation for at least one (1) year.
- c. School will be fined a minimum fine of \$300.00.
- d. It is noted that once the Affairs Committee has made a judgement that a fan ejection is valid, and sanctions have been levied, the only appeal that a school can make to the full body of the AAC concerning it's fine is about the validity of the ejection. Schools cannot appeal to have their portion of the sanctions for a valid ejection removed or reduced. An appeal can, however, be made to reduce the sanctions on a fan.

## 9. Player Ejections

### Rule As It Pertains To Players

- a. First Ejection - Schools will be responsible for disciplining an athlete after his/her first ejection.
- b. Second Ejection - Any player that is ejected from an athletic contest for the second time in a school year will not be allowed to participate in athletics for two (2) weeks. It is noted, for example, that this is interpreted to mean that an athlete receiving his/her second ejection on a Monday, would be eligible to play on the Tuesday two weeks later.
- c. Third Ejection - Any player ejected from an athletic contest for the third time in a school year will be banned from participating in athletics for the remainder of the school year.

Should the Affairs Committee determine that a player has committed an act of gross misconduct, suspension for an indefinite period of time could result.

### Rule As It Pertains To Schools

- a. Fines - The fine for schools receiving their first, second, third, fourth and fifth ejections during a school year will be as follows: \$0, \$100, \$300, \$500 and \$1000 respectively. It is noted that fines of \$100 and \$300 carry a sanction of 'warning' and 'probation' respectively.

No school shall be fined more than \$1000 for any one incident involving multiple player ejections.

- b. Third Player Ejection - Schools that have a third player ejected could be required to appear before the Affairs Committee. The right to participate in post-season play and/or the right to host home games could be taken away should three or more player ejections occur.
- c. Fourth Player Ejection (or more) - Schools that have four or more player ejections in a school year could be required to appear before the Affairs Committee.

## 10. Local Officials' Association

It is mandatory that each member school be serviced by the football, basketball, soccer, softball and baseball officials' associations formed in their area.

- a. An assessment fee shall be paid to the Secretary of the local Officials' Association for assigning varsity games.
- b. Attendance at MAIS rules clinics is mandatory for the varsity and jr. high head coach during years in which they are held. In years when the information is disseminated online, participation is also required for the varsity and jr. high head coach. This participation could include but is not limited to watching appropriate videos, taking rules test, etc. Failure to appropriately comply in either case shall result in a \$100.00 penalty assessment against the school.

## 11. Proper And Improper Cheers

No cheers or yells shall include profanity. Any member school guilty of this violation shall automatically be placed on probation for one (1) year. In addition, administrators shall remind their cheerleaders and pep squads that they should cheer for their teams, and not against the other teams. Derogatory remarks and unsportsmanlike language should be discouraged, and in no way condoned.

## 12. Participation Rule For Girls & Boys

Girls shall be permitted to participate in any sport unless a comparable sport is offered to girls during that particular school year. When a school has a boys' and girls' team in a particular sport, or a COMPARABLE sport (ex. - baseball and softball), participation by girls is limited to the girls' team only.

At no time will boys (see definition) be allowed to participate in the following sports: girls' cross country, girls' swimming, girls' fast-pitch softball, girls' slow-pitch softball, girls' soccer, girls' volleyball, girls' basketball, girls' tennis, girls' golf, girls' track & field.

## 13. Employment Status Of A Coach

During a regular season game or any playoff series, coaches in all sports must be on the faculty or be an employee of the member school that they serve. Exception: It is permissible for a coach to have a letter of understanding regarding employment with said member school.

## 14. Protests

The MAIS does not recognize protests in any sport. Once an athletic contest has officially ended, the results are final.

## 15. Improper Filming Of A Contest

No individual and/or member school shall be allowed to film or tape games in which they are not directly participating. The Affairs Committee will investigate any violation of this rule.

## 16. Sub-Standard Facilities

Any school reported to have sub-standard facilities will be investigated by at least two (2) AAC members who will recommend whatever actions necessary. Schools found to have sub-standard facilities may not be allowed to host playoffs.

## 17. Participation Status

A student-athlete is considered to have participated in a sport any time he/she has played in a jamboree, a pre-season game or tournament, or a regular season game or tournament for the school. This status will be used when determining if an athlete has played the same sport in the same school year at two different schools.

## 18. Early Dismissal Policy

Students are allowed only one (1) early dismissal from an academic class per week per sport.

## 19. No Play Dates

The AAC has removed all no-play dates from the calendar. Schools are, however, asked to be sensitive to the academic events that are posted on the MAIS calendar.

## 20. Pre-Game Meeting With Officials

The game administrator for any sport requiring officials is required to meet with the officials and coaches at a pregame meeting. This will give the officials an opportunity to meet the game administrator, and find out where he/she will be located for the upcoming game(s). In any instance where there are multiple sets of officials used, multiple meetings would be required (Ex: 2 officials calling 7th-8th grade basketball games; 2 different officials calling jr. high basketball games; 2 different officials calling varsity basketball games).

I understand the Northeast Baptist School Standards and agree to keep them. I understand that I am not allowed to participate in any athletic activities until this sheet is signed and returned to the office.

I also understand and agree to keep all the rules and standards in the Athletic Handbook. In addition to the NBS athletic handbook, I have been informed of the standards and guidelines required by the league. I understand that if my parent or I am ejected from a league game, I will be responsible to pay the fines issued to the school as well as myself.

I commit to keep my GPA eligible per NBS guidelines. I will do my best to be a person of character and a positive role model for others to follow. My parent or guardian also agrees to hold me accountable to these standards and will support NBS with their time as much as possible.

Athlete's Signature: \_\_\_\_\_

I, \_\_\_\_\_, as a student-athlete of NBS have read and agree to all the rules in the NBS athletic handbook and league rules.

I, \_\_\_\_\_, as the parent of \_\_\_\_\_ have read the NBS athletic handbook and agree to all the rules along with the expectations of the league.

I \_\_\_\_\_ agree to support NBS with my time, talents, and abilities to help my child and his/her school, team, and community.

I, \_\_\_\_\_, understand that every sport I play will have rules that will be enforced by each coach and their staff.

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Player Name: \_\_\_\_\_



MIDSOUTH ASSOCIATION OF INDEPENDENT SCHOOLS

# Concussion Form

To be Sent Home With Each Student-Athlete – Signed & Returned

(Required by MAIS Annually)



A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

- **Symptoms (Listed on back of this page)**
- **Signs Observed by Teammates, Parents & Coaches (Listed on back of this page)**

## **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key to a student-athlete's safety.

(Continued on next page)



# ***Concussions - Signs & Symptoms to Observe***



## **Concussion Symptoms**

- |                                   |  |
|-----------------------------------|--|
| 1 Headaches                       | 12 Amnesia                             |
| 2 "Pressure" in Head              | 13 "Don't feel right"                  |
| 3 Nausea or vomiting              | 14 Fatigue or low energy               |
| 4 Neck pain                       | 15 Sadness                             |
| 5 Balance problems or dizziness   | 16 Nervousness or anxiety              |
| 6 Blurred, double or fuzzy vision | 17 Irritability                        |
| 7 Sensitivity to light or noise   | 18 More emotional                      |
| 8 Feeling sluggish/slowed down    | 19 Confusion                           |
| 9 Feeling foggy or groggy         | 20 Concentration or memory problems    |
| 10 Drowsiness                     | 21 Forgetting game plays               |
| 11 Change in sleep patterns       | 22 Repeating the same question/comment |

## **Signs Observed by Teammates, Parents & Coaches**

- |                                |   |
|--------------------------------|---|
| 1. Appears dazed               | 8 Slurred speech                          |
| 2 Vacant facial expression     | 9 Shows behavior or personality changes   |
| 3 Confused about assignment    | 10 Can't recall events prior to hit       |
| 4 Forgets plays                | 11 Can't recall events after hit          |
| 5 Unsure of game situations    | 12 Seizures or convulsions                |
| 6 Moves clumsily uncoordinated | 13 Change in typical behavior/personality |
| 7 Answers questions slowly     | 14 Loses consciousness                    |

*The student-athlete and one parent must sign the "Verification Form" that accompanies this memo. The form should then be turned in to the Athletic Director. Thanks.*



# MAIS Concussion Policy & Verification:

- An athlete who reports or displays any symptoms or signs of a concussion in a practice or game setting should be removed immediately from the practice or game. The athlete should not be allowed to return to the practice or game for the remainder of the day regardless of whether the athlete appears or states that he/she is normal.
- The athlete should be evaluated by a licensed, qualified medical professional working within their scope of practice as soon as can be practically arranged.
- If an athlete has sustained a concussion, the athlete should be referred to a licensed physician preferably one with experience in managing sports concussion injuries.
- The athlete who has been diagnosed with a concussion should be returned to play only after full recovery and clearance by a physician. Recovery from a concussion, regardless of loss on consciousness, usually takes 7-14 days after resolution of all symptoms.
- Return to play after a concussion should be gradual and follow a progressive return to competition. An athlete should not return to a competitive game before demonstrating that he/she has no symptoms in a fully supervised practice.
- Athletes should not continue to practice or return to play while still having symptoms of a concussion. Sustaining an impact to the head while recovering from a concussion may cause Second Impact Syndrome, a catastrophic neurological brain injury.

Remember, it is better to miss one game than to miss the whole season!!!

**I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.**

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Month      Day      Year



## Car Rider Permission Form

I, \_\_\_\_\_, am the parent/legal guardian  
of \_\_\_\_\_.

I hereby give my child permission to ride in the car of either the head coach, assistant coach, or someone delegated by the coach.

I have discussed these arrangements with my child and the driver in question beforehand.

I agree to not hold the coaches responsible for anything that happens while my child is away.

I understand that my child leaving campus could keep them from completing homework before practice which could lead to finishing homework late at night or not doing it at all.

Parent Signature:

\_\_\_\_\_

Date: \_\_\_\_\_



# Northeast Baptist School Permission Form

## Medical Information and Waiver/Release

To be completed by parent or guardian for all sporting events  
when parent/guardian is not present.

My child, \_\_\_\_\_ has my permission to participate in

(Student's Name)

\_\_\_\_\_ during the 20\_\_\_\_ - 20\_\_\_\_ school year.

In the event of a medical emergency, the head coach, assistant coach, or someone delegated by the coach has my permission to seek medical care for my child.

Below is any medical information that you should know about my child.

Allergies: (list if any)

Medications he/she is taking:

Any other Medical information:

### Insurance Policy Information:

Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy # \_\_\_\_\_

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Printed Name)

Emergency Contact Name & Phone # \_\_\_\_\_

2nd Emergency Contact Name & Phone # \_\_\_\_\_



IMPORTANT: This form must be completed *annually*, kept on file with the school, and 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 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 Mononucleosi
<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..... | <b>Yes</b> | <b>No</b> |
| 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.....   | <b>Yes</b> | <b>No</b> |
| 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.....   | <b>Yes</b> | <b>No</b> |
| 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) or the associated medical personnel. ....                      | <b>Yes</b> | <b>No</b> |

\_\_\_\_\_  
Date Signed by Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Typed or Printed Name of Parent

**Health Care Provider section on page 2**



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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_

**II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC 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"/>

**ORTHOPAEDIC EXAM :**

**I. Spine / Neck**

	Norm	Abnl
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>

**II. Upper Extremity**

	Norm	Abnl
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>

**III. Lower Extremity**

	Norm	Abn
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Provider notes (if needed): \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for certain sports \_\_\_\_\_

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

This recommendation is from a limited screening.

\_\_\_\_\_  
 Printed Name of MD, DO, APRN or PA

\_\_\_\_\_  
 Signature of MD, DO, APRN or PA

\_\_\_\_\_  
 Date of Medical Examination