



Notre Dame High School Athletics  
910 North Eastern Avenue  
Crowley, LA 70526  
337.783.8776  
337.783.8781 (fax)  
athletics@ndpios.com

*Pioneer Parents,*

*The attached forms are all required for students competing in the Notre Dame athletic program. All forms must be signed by parents and students. Please check them carefully before sending them in to the athletic office. Note that the physical form has a blank for a parent/guardian to sign.*

*Notre Dame also requires that we have proof of insurance coverage for your child. A copy of your insurance card will suffice.*

**All forms must be received before a student is allowed to compete.**

*Athletic fees are also assessed for each student athlete, manager and trainer. **The yearly fee is \$200.00 for each child** and payment is requested at the beginning of the sport. If you have questions, please contact me.*

*Sincerely,*

*Mary Baronet*

Mary Baronet  
Athletic Secretary

**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 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,

- 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
- 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
- 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
- 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 _____ |
|--------------|--------------|----------------------|-------------|

**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"/> |

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                     |
|-----------------------------|--------------------------|--------------------------|
| <b>I. Spine / Neck</b>      |                          |                          |
| Cervical                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoracic                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Lumbar                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>II. Upper Extremity</b>  |                          |                          |
| Shoulder                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Elbow                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrist                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand / Fingers              |                          |                          |
| <b>III. Lower Extremity</b> |                          |                          |
| 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 \_\_\_\_\_

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

# Louisiana High School Athletic Association

## Athletic Participation/Parental Permission Form

This form must be completed and signed by the student-athlete's parent prior to a student's participation in an athletic contest and shall be kept on file with the school. It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school. This form is subject to review/inspection by the LHSAA or its representative.

### **PART I: STUDENT INFORMATION** (Please Print)

Student's Name: (Last, First, Middle) \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

My child entered ninth grade in \_\_\_\_\_ (month and year). Last semester/year he/she attended \_\_\_\_\_ High School.

### **ARE YOU ELIGIBLE?**

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

| <b><u>RULE</u></b>                    | <b><u>COMMENTS</u></b>   |
|---------------------------------------|--|
| <b>BONA FIDE STUDENT</b>              | A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 <sup>th</sup> grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.  |
| <b>ENROLLMENT</b>                     | A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.  |
| <b>AGE</b>                            | A student shall not become 19 years of age prior to August 1 of this year.   |
| <b>PROOF OF AGE</b>                   | A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.  |
| <b>CONSECUTIVE SEMESTERS</b>          | Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.26.6 of the LHSAA handbook)   |
| <b>SCHOLASTIC</b>                     | For regular education high school students at the end of the first semester a student shall <b>pass at least six subjects</b> in all subjects taken.<br><br>At the end of the year and prior to the next school year, a student shall must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.<br><br>Special education students must consult the school principal, athletic director, or coach for scholastic information. |
| <b>RESIDENCE AND SCHOOL TRANSFERS</b> | Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone 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 attendance zone shall render the student ineligible for one calendar year.  |
| <b>UNDUE INFLUENCE</b>                | If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.  |
| <b>AMATEUR</b>                        | A student cannot play high school athletics if he/she loses their amateur status.  |
| <b>INDEPENDENT TEAM</b>               | In certain sports a student cannot play on a school team and an independent team during the same sport season.   |

**MEDICAL EXAMINATION** A student shall **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 **only** be required to have this form completed and signed prior to **the first time** a student participates in LHSAA athletics at the school **unless the student transfers to another member 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** Shall not 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 a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

**ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBILITY RULES**

**PART II – PARENTAL PERMISSION**

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed **on this form** is my sole bona fide residence and **that I** will notify the school principal immediately of any change in **my** residence, since such a move may alter the eligibility status of my child. All other information given 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 its representative(s) permission to review my child's scholastic records and all required eligibility forms **however submitted by the school or myself.**

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 **my child** 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       |

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

**By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.**

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

Relationship to Student \_\_\_\_\_ (Print Name) \_\_\_\_\_

(Principal Signature) \_\_\_\_\_



## 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: June 1, 2024

Wendell Prudhomme

\_\_\_\_\_  
Principal

Dated: June 1, 2024

Lewis Cook, Jr.

\_\_\_\_\_  
Head Coach or AD

**1.10 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES** - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

**1.10.1** The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:

1. A school shall be fined \$50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed \$500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

**Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.**

**Notre Dame High School  
Athletic Department  
337-783-8776  
2024-2025 Athletic Packet**

The attached packet of information is **mandatory** forms required by Notre Dame High School of Acadia Parish and/or the Louisiana High School Athletic Association. Each form must be filled out completely along with all required LHSAA forms.

As mandated by the LHSAA, Notre Dame High School of Acadia Parish is required to keep a copy of all forms in the Athletic Director's office and must present this copy upon request.

Please be attentive to returning all forms to Ms. Mary in the athletic office.  
Feel free to call should you have any questions.

**All forms are to be completed and returned along with proof of insurance before the athlete is allowed to participate in his or her respective sport. Information will be sent home at the beginning of the school year if you are interested in purchasing school insurance.**

Thank you for your prompt cooperation!

*Lewin Cook*

\_\_\_\_\_  
Athletic Director

*Wendell Prudhomme*

\_\_\_\_\_  
Principal

ATHLETE'S NAME: \_\_\_\_\_  
(as appears on birth certificate)      First                      Middle                      Last

GRADE FOR SCHOOL YEAR 2024-2025: \_\_\_\_\_

Check Sports Participating in this school year:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Baseball            | <input type="checkbox"/> Golf-boys      | <input type="checkbox"/> Tennis-boys        |
| <input type="checkbox"/> Basketball-boys     | <input type="checkbox"/> Golf-girls     | <input type="checkbox"/> Tennis-girls       |
| <input type="checkbox"/> Cross Country-boys  | <input type="checkbox"/> Soccer-boys    | <input type="checkbox"/> Track-boys         |
| <input type="checkbox"/> Cross Country-girls | <input type="checkbox"/> Softball       | <input type="checkbox"/> Track-girls        |
| <input type="checkbox"/> Football            | <input type="checkbox"/> Swimming-boys  | <input type="checkbox"/> Volleyball         |
|  | <input type="checkbox"/> Swimming-girls | <input type="checkbox"/> Girls Powerlifting |
|  |   | <input type="checkbox"/> Boys Powerlifting  |

**NOTRE DAME of Acadia Parish ATHLETICS**  
**Letterman Policies**

Athlete receives one jacket after completing **two** years (in good standing) in a varsity sport.

If an athlete transfers to Notre Dame after the ninth grade, any letter earned at the previous school will be honored by the Notre Dame Athletic Department.

All letterman jackets will be ordered once a year (in April) by JUNIOR athletes only. The jackets will be presented the next school year.

If the athlete quits the sport WITHOUT an agreement of the head coach, the letterman jacket will be picked-up and kept until graduation. ATHLETIC POLICY

**NOTRE DAME of Acadia Parish ATHLETICS**  
**PATCH Policies**

Department policy is that Notre Dame will purchase **one** jacket. Athletes are responsible for purchasing their own patches. (We will provide forms for patches if desired.)

**NOTRE DAME ATHLETIC DUES POLICY**

All students, participating in sports at Notre Dame, are required to pay an athletic fee of **\$200.00 per student, per year**. It is requested that payment of this fee be made during the time of participation in the student's first sport.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**NOTRE DAME HIGH SCHOOL of Acadia Parish  
MEDICAL CONSENT FORM**

ATHLETE: \_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student/athlete. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student/athlete may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer or coach to provide the needed emergency treatment to the student/athlete prior to his/her admission to a medical facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PHONE NUMBERS WHERE PARENT/GUARDIAN CAN BE REACHED**

Office: \_\_\_\_\_

Home: \_\_\_\_\_

Cell / Mobile: \_\_\_\_\_

Beeper: \_\_\_\_\_

**FAMILY PHYSICIAN INFORMATION**

Name of Family Physician \_\_\_\_\_

Office Phone \_\_\_\_\_



# SPORTSMANSHIP POLICIES

Sportsmanship is that quality of honor that desires always to be courteous, fair and respectful. Sportsmanship is evidence by the conduct of players, spectators, coaches, parents, and school authorities.

Notre Dame High School of Acadia Parish aspires to develop and maintain the very highest standards of sportsmanship. Administrators, coaches, teachers, participants, parents, and all fans must contribute to this endeavor. The community's high expectations of Notre Dame magnify our errors. When we fall short of our high standards, we must do all we can to correct the situation and prevent any further such occurrences. The following guidelines may prove helpful in our quest to become a school known for its outstanding sportsmanship.

## **Sportsmanship Includes:**

1. Being loyal to superiors in making athletics fit into the general school program.
2. Being loyal to coaches and fellow participants.
3. Insistence upon high scholarship and enforcement of all rules of eligibility.
4. Fair, unprejudiced relationship with participants.
5. Teaching athletes to win by use of legitimate means only.
6. Counteracting unfounded rumors of questionable practices by opponents.
7. Discouragement of gambling, profanity and obscene language at all times.

## **An Athletic Code of Athletes**

### A. The Contest Demands:

1. Fair play at all times
2. A square deal to opponents by players and spectators
3. Playing for the joy of playing and for the success of the team
4. Playing hard to the end
5. Keeping one's head and playing the game, not talking it
6. Respect for officials and the expectations that they will enforce the rules
7. That an athlete should not quit, cheat, bet, "grandstand", or abuse his/her body

### B. The School Demands:

1. Out-of-school and out-of-town conduct of the highest type
2. Faithful completion of school work as practical evidence of loyalty to school and team
3. Complete observance of training rules as a duty to school, team and self.

### C. Sportsmanship Demands:

1. Treatment of visiting team and officials as guests and the extension of every courtesy to them
2. Giving opponents full credit when they win and learning to correct one's own faults through his/her failures
3. Modesty and consideration when one's team wins
4. An athlete will not "crow" when his/her team wins or blame others when it loses
5. Be a modest winner and a gracious loser
6. It is a privilege to play on a high school team
7. Play always for the love of the game

### An Athletic Code for Parents

1. Parents should always express love, support and appreciation for their child's efforts—win or lose. Be a person in your child's life who offers constant positive enforcement.
2. Parents should be completely honest about their child's athletic capability, competitive attitude, sportsmanship, and actual skill level.
3. Be helpful but do not "coach" your children on the way to the track, diamond, field, or court. .on the way back. .at breakfast. .and so on. Support his/her coach by not undermining him or her.
4. Teach your child to enjoy the thrill of competition, to be "out there trying" to be working to improve his or her skills and attitudes.
5. Try not to relive your athletic life through you child in a way that creates pressure; you fumbled too, you lost as well as won. You were frightened, you backed off at times, and you were not always heroic. Do not pressure you child because of your pride.
6. Alcohol and/or drug consumption is strictly prohibited on or at any Notre Dame sporting function.
7. Do not compete with the coach. When a certain degree of disenchantment about the coach sets in, some parent's side with the student/athlete and are happy to see the coach criticized. This is a mistake. It should provide a chance to discuss (not lecture) with the student the importance of learning how to handle problems, react to criticism and understand the necessity for discipline, rules, regulations and so on.
8. Do not compare skill, courage, or attitudes of your child with that of other members of the squad or team. If your child shows a tendency to resent the treatment received from the coach, or the approval other team members received, be careful to talk over the facts quietly and try to provide fair and honest counsel.
9. You should also get to know the coach in order to feel comfortable exposing your child to his/her philosophy, attitudes, ethics and knowledge. The coach has a tremendous potential influence.
10. Always remember that children tend to exaggerate, both when praised and when criticized. Temper you reactions to the tales of woe or heroics they bring home. Above all, do not over-react and rush off to the coach if you feel an injustice has been done. If there are questions or concerns, you are encouraged to discuss those concerns with the head coach of that sport. Coaches should never be challenged or confronted during or immediately following the completion of a game or practice. Appointments should be made for private meetings which will lead to more positive resolutions of any problems.
11. Make a point of understanding courage. Explain to your student/athlete that courage does not mean an absence of fear but rather means doing something in spite of fear or discomfort.
- 12. Coaches, Faculty and Parents are prohibited from talking to students from other schools in the hopes of 'recruiting' them to attend Notre Dame High School of Acadia Parish.**
- 13. If an athlete is ejected from a game on a second offense, the athlete and parents are responsible for the LHSAA fine.**

I have read and agree with these rules of sportsmanship. I promise to adhere to these rules with regards to Notre Dame Athletics.

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Athlete's Signature

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Date

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Parent's Signature

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Date

# Athletic P.E. / Weight Training -- Overview

## Strength and Conditioning for Athletes

### **Purpose**

The two primary goals of our strength and conditioning program are to maximize and improve athletic performance and help with injury prevention.

### **Requirements**

A coach of the varsity sport must be on campus and/or in class during the class period.

The athlete must be a current member (in good standing with the coach) of a varsity sport.

*Being a member of this class is not a requirement for participation in a varsity sport.*

The athlete is expected to complete the required workouts set by the varsity coach for that sport.

### **Pre-Season Expectations**

The athlete is expected to perform all strength and conditioning exercises set forth by the varsity coach.

If the athlete fails to meet the minimum required workouts, the athlete's varsity coach will determine the "make-up" work for the missed workouts.

### **Injury**

Due to the school's Blanket Insurance Policy, any injuries incurred inside or outside of the class, disabling the athlete from performing, must be reported to the coach and/or trainer.

Any injured athlete is expected to dress and perform other exercises or substitute exercises. The school's trainer will design an appropriate workout/therapy with regard to the athlete's injury.

### **Sickness**

In case of physical illness, the athlete is expected to dress and be with the class for the entire period.

### **In-Season Injury**

While the athlete's varsity sport is in-season, the athlete's workout will be modified. The athlete's varsity coach will determine the proper modifications.

### **Post-Season**

The varsity sport's coach will decide if and when any time-off will be implemented. The athletes are nevertheless required to dress and report for roll. Seniors, not playing any other sports, may be excused from workouts at the discretion of the varsity sport's coach.

**Athlete's signature** \_\_\_\_\_

**Parent's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Handout: Concussion Preseason Student & Parent Education

Your school / sport team partners with Concussion Solutions, LLC to provide concussion management services for its student-athletes and parents. Concussion Solutions is the provider of a health management system that establishes the highest standard of care for safe return to activity by coordination communication between the coach, parent, student-athlete, school administration, and local medical experts that utilize industry leading tools in the diagnosis and treatment of -related concussion. Below is information mandated by the Louisiana Youth Concussion Act (RS 40-1299.181) regarding sport-related concussion:

## What is a concussion?

A concussion is a brain injury that results in your brain not working as it should. Any blow to the head, face, neck, or body that causes a sudden shaking or jarring of the brain inside the skull may cause a concussion. You do not have to get hit in the head to have a concussion. For example, receiving a hard hit in football or a collision with a wall or the ground that jars the head and neck can cause a concussion. Also, you do not need to lose consciousness to have a concussion. Only a small percentage of concussions result in loss of consciousness.

Concussions are not a structural injury (i.e. a skull fracture), but can better be described as a metabolic dysfunction that leaves the brain in a very vulnerable state and can change the way your brain normally works. This metabolic dysfunction can cause a myriad of symptoms that may not present themselves until hours or even days after the injury and typically presents differently for each student-athlete. Thus, each injury should be managed individually.

## Common symptoms:

You can't "see" a concussion per say, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury and can sometimes last for weeks or even longer in some cases. Concussion may cause one or multiple symptoms that can interfere with the student-athlete's academic, athletic, and personal or social life. Concussions occur most frequently in football, but women's soccer, men's and women's basketball, volleyball, and wrestling follow closely behind. All student-athletes are at risk. Concussion signs and symptoms include but are not limited to the following:

- **Physical Symptoms:** headache, nausea, vomiting, balance problems, dizziness, light-headedness, "pressure in head" sensation, neck pain, fatigue or low energy, sensitivity to light and/or noise, blurred or abnormal vision, numbness or tingling.
- **Sleep Symptoms:** sleeping less, sleeping more than usual, trouble falling asleep, drowsiness
- **Emotional Symptoms:** irritability, sadness, nervous or anxious, feeling more emotional than normal
- **Cognitive symptoms:** feeling slowed down, feeling like in a fog, difficulty concentrating, difficulty remembering

## How long will symptoms last?

The length of symptoms varies greatly between individuals. For some, symptoms may last less than 24 hours, while for others symptoms may last several weeks to months. Some concussion symptoms may not appear right away, over the first 48-72 hours these symptoms should evolve and peak. It is important to know that even after the physical symptoms are gone, the brain is still healing. It usually takes at least 1-2 weeks once symptom-free before you are safe to return to full participation. That is why it is important to follow an appropriate Return to Play Protocol supervised by a licensed healthcare professional.

## Can I prevent a concussion?

Preventing concussion injuries is challenging. The yolk of the egg floats inside and hits the eggshell when its shaken or jolted. Much like the egg yolk, your brain floats in cerebral spinal fluid within your skull. Today's helmet technology is advanced from its origins, but they still fail to prevent the brain from hitting the inside of the skull. Small steps like following your sport's rules, wearing equipment properly, avoiding to use the head as the primary point of contact or as a weapon, strengthening neck muscles to reduce whiplash probability and absorb forces may not prevent a concussion but could greatly decrease the chance of a concussion.

## Louisiana Youth Concussion Law (RS 40-1299.181) & Concussion Protocol(s):

Louisiana requires specific steps for student-athletes participating in organized (ages 7-19 y/o) as it relates to concussion injuries

- Any student-athlete suspected of a concussion is removed from practice / game and evaluated by a licensed healthcare provider
- Student-athletes are required to have written medical clearance from a medical professional (MD, DO, NP, PA or Psych), preferably trained in the management of concussion to return to practice / games and complete a graduated return to full athletic participation
- Annual education and course completion requirement for public/private schools and rec leagues/clubs' athletes, parents, coaches, & officials

## When in doubt sit it out:

The short-term and long-term effects of continuing to participate with concussion can be devastating. If a concussion is suspected, the student-athlete SHOULD NOT return to play or practice on that same day, as per LA Youth Concussion Law. The student-athlete should seek consultation from their licensed athletic trainer or healthcare provider. If your school's licensed athletic trainer isn't available, make sure to report to your team's coach or school nurse immediately. The long-term consequence of continuing to play through a concussion or returning too soon is Post-Concussive Syndrome. This results in long-term (often life-long) concussion symptoms.

The most serious risk of returning to play too soon is Second Impact Syndrome. Second Impact Syndrome is a severe condition that occurs when a student-athlete sustains a second blow to the head prior to the brain being fully recovered from the first concussion. Second Impact Syndrome is rare, but when it occurs, it is almost always fatal, resulting in death.

## Parent and Athlete Notification of the Risk of Serious Injury in Athletics

Pursuant to Act 352 of the 2011 Louisiana Legislative Session, before a student is allowed to participate in any school-sponsored or school sanctioned athletic activity, the student and parents or guardian of the student shall document they have viewed information provided in written or verifiable electronic form by the school regarding the risks of serious sports injuries.

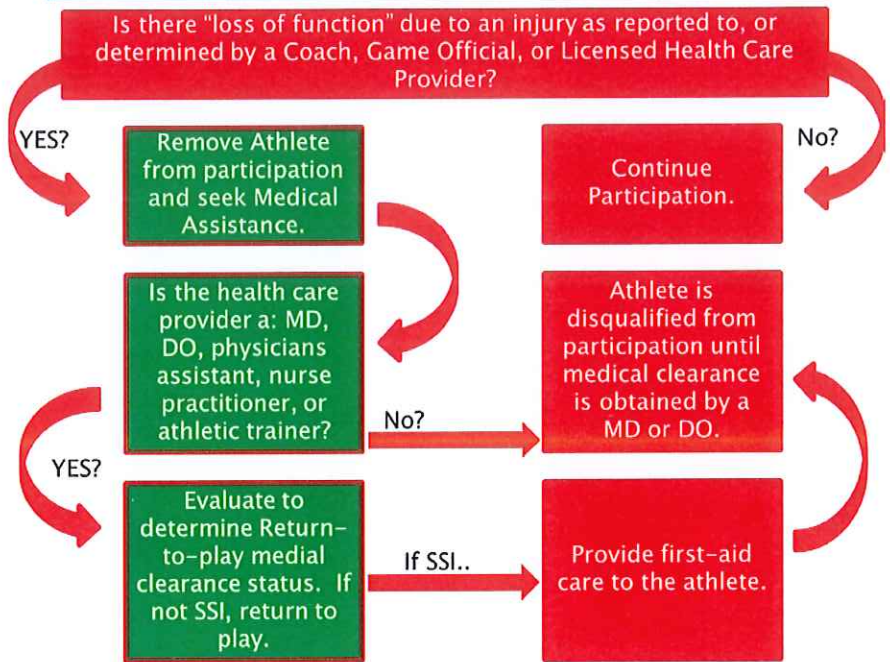
By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. NO amount of instruction, precaution or supervision will totally eliminate all risk of injury. Participation in athletics is inherently dangerous. The obligation of parents/guardians and students in making this choice to participate cannot be overstated.

By granting permission to your son/daughter to participate in athletic competition through the LHSAA physical form and LAC Emergency Contact Form, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instruction.

If any of the foregoing is not completely understood and you have questions, please contact your school's athletic trainer or athletic director for further information.

*What happens when my child sustains a Serious Sport Injury?*



### Important Definitions

**Direct Injury** refers to an injury which results from participation in the fundamental skills of the sport. This may include, but not limited to, fractures, dislocations, injuries to the eyes, dental, or any other acute episode of musculoskeletal injury.

**Indirect Injury** refers to an injury caused by a systemic failure (usually cardiac or respiratory in nature) resulting from exertion while participating in an activity, or by a complication which may be secondary to a non-fatal injury. This may include, but not limited to, abnormal/difficulty in breathing, the appearance of dizziness or confusion or any other unusual behavior exhibited by a student-athlete.

**Loss of function** – Any sign of inability to perform any sport specific activity or movement. This may include, but not limited to, walking/running with a limp or holding/protecting a body part, or any other impaired movement.

**Responsible School Personnel** – The individual(s) (i.e., head coach, assistant coach, etc.) designated by the respective school with the responsibility for student-athlete safety.

**Return-to-Play (RTP)** – A term used to describe when a student-athlete, who has followed a step-wise protocol, is released to return to practice or competition.

**Appropriate Mid-Level Provider** – A health care provider duly authorized by a supervising MD/DO to provide care for sports injuries in accordance with their respective scopes of practice. For the purpose of this injury management program, the following health care providers may function as an appropriate mid-level provider onsite at any school-sponsored or sanctioned athletic activity: an athletic trainer (AT) certified by LSBME to practice in Louisiana; physician assistant (PA) licensed to practice in Louisiana; a registered nurse practitioner licensed to practice in Louisiana.



Last Revised April 2022

ATHLETE NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

School: \_\_\_\_\_ Sport(s): \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
(Required for LHSA eligibility)

Address: \_\_\_\_\_

Primary Parent/Guard Name: \_\_\_\_\_  Mom,  Dad,  Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Secondary Parent/Guard Name: \_\_\_\_\_  Mom,  Dad,  Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact if above contacts can't be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

Select One  PRIVATE INSURANCE (NAME/ID#): \_\_\_\_\_

MEDICAID (ID#): \_\_\_\_\_

NO INSURANCE: I understand and agree that the Notre Dame HS of Acadia Parish and Louisiana Athletic Care will assume no responsibility whatsoever, if the student-athlete is uninsured, for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in extracurricular athletics. \_\_\_\_\_ (initial)

FAMILY PHYSICIAN/PCP: \_\_\_\_\_

Medical History Please check all that apply: Circulatory / Pulmonary Conditions \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Concussion \_\_\_\_\_ Contacts/Glasses \_\_\_\_\_ Other \_\_\_\_\_ Current Meds(List) \_\_\_\_\_

If checked above please explain: \_\_\_\_\_

**Parent or Legal Guardian please read the following:**

- I hereby give my permission to undergo medical treatment for any injury or illness that may be sustained or acquired during high school athletics by a licensed athletic trainer with Louisiana Athletic Care.
- I authorize the health care and educational providers of the above-named athlete to disclose medical and academic information to and receive information regarding the injury and treatment of named individual from the following representatives of Notre Dame HS of Acadia Parish: Athletic Director, Athletic Trainer, Team Physician, Treating/Consulting Physician, Team Coach, and Administrative Assistant to the Athletic Director for the purposes of treatment, prognosis, emergency care, injury record-keeping, gradual return to learn, and gradual return to play protocol(s).
- I understand that the licensed athletic trainer will perform only those procedures that are within their training, credentials, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries.
- I understand that if my son/daughter suffers a potentially life threatening injury or illness, and in the event that we [parent(s)/ guardian(s)] cannot be reached within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.
- I verify that I understand that my child may be injured while participating in any high school athletic practice or competition.
- I understand that it is possible that my child may sustain an injury which may result in permanent disability, paralysis, or possibly death.
- I understand that paralysis may include loss of movement, feeling, and use of his/her arms, legs, and trunk that may last a lifetime.
- I understand that it is my child's responsibility to adhere to all the rules and regulations of his/her chosen sport and that any infraction of these rules and regulations may result in injury to his/her opponent or his/herself. I also understand that no modification of protective equipment or uniform should be made.
- I understand that it is my child's responsibility to report faulty or poor fitting equipment immediately to the coach, equipment manager, or athletic trainer.
- I understand that all injuries and illnesses sustained by my child are to be reported to the athletic trainer.
- I have read, reviewed, and understand the Serious Sports Injury handout (printed and or digital format) regarding ACT 352 (LA R.S. 40:1299.181, et sequa) provided by Louisiana Athletic Care, LLC.
- I have read, reviewed, and understand the Concussion Solutions, LLC handout (printed and or digital format) regarding concussion management (LA R.S. 40:1299.181, et sequa) and education provided by Concussion Solutions, LLC.
- I hereby authorize the release of copies of all current and past medical records pertaining to my medical history, including all physical and athletic training records, diagnosis, treatment history, and prognosis of injuries from your personal knowledge and/or records to Louisiana Athletic Care's athletic trainers and medical staff(s). By my signature below I release Louisiana Athletic Care, LLC and above-mentioned school system from all liability which could relate to the release of such medical records and information.
- A photo copy of this authorization shall be deemed as effective and valid as the original.

**I do hereby certify that all the above information is true to the best of my knowledge and consent to the above:**

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

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

Print student name (Last, First) \_\_\_\_\_