

# LHSAA MEDICAL HISTORY EVALUATION

Page 1 of 2

**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: \_\_\_\_\_

| <b>FAMILY MEDICAL HISTORY:</b> |                          | Has any member of your family under age 50 had these conditions? |       |                          |                          |                          |       |
|--------------------------------|--------------------------|--|-------|--------------------------|--------------------------|--------------------------|-------|
| 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"/> | Stroke   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure      | _____ |
| <input type="checkbox"/>       | <input type="checkbox"/> | Diabetes   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Sickle Cell Trait/Anemia | _____ |

| <b>ATHLETE ORTHOPAEDIC HISTORY:</b> |                          | Has the athlete had any of the following injuries? |       |                           |                          |                          |       |
|-------------------------------------|--------------------------|--|-------|---------------------------|--------------------------|--------------------------|-------|
| 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"/> | Elbow L / R  | _____ | <input type="checkbox"/>  | <input type="checkbox"/> | Arm / Wrist / Hand L / R | _____ |
| <input type="checkbox"/>            | <input type="checkbox"/> | Hip L / R  | _____ | <input type="checkbox"/>  | <input type="checkbox"/> | Thigh 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"/> | Foot L / R   | _____ | <input type="checkbox"/>  | <input type="checkbox"/> | Severe Muscle Strain     | _____ |
| <input type="checkbox"/>            | <input type="checkbox"/> | Chest  | _____ | Previous Surgeries: _____ |                          |                          |       |

| <b>ATHLETE MEDICAL HISTORY:</b> |                          | Has the athlete had any of these conditions? |   |                          |                                |                          |                          |
|---------------------------------|--------------------------|--|---|--------------------------|--------------------------------|--------------------------|--------------------------|
| Yes                             | No                       | Condition                                    | Yes   | No                       | Condition                      | Yes                      | No                       |
| <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"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | Seizures                                     | <input type="checkbox"/>                    | <input type="checkbox"/> | Shortness of breath / Coughing | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | Kidney Disease                               | <input type="checkbox"/>                    | <input type="checkbox"/> | Hernia                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | Irregular Heartbeat                          | <input type="checkbox"/>                    | <input type="checkbox"/> | Knocked out / Concussion       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | Single Testicle                              | <input type="checkbox"/>                    | <input type="checkbox"/> | Heart Disease                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | High Blood Pressure                          | <input type="checkbox"/>                    | <input type="checkbox"/> | Diabetes                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | Dizzy / Fainting                             | <input type="checkbox"/>                    | <input type="checkbox"/> | Liver Disease                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | Organ Loss (kidney, spleen, etc)             | <input type="checkbox"/>                    | <input type="checkbox"/> | Tuberculosis                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | Surgery                                      | <input type="checkbox"/>                    | <input type="checkbox"/> | Prescribed EPI PEN             | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>        | <input type="checkbox"/> | Medications                                  | Menstrual irregularities: Last Cycle: _____ |                          |                                |                          |                          |

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) or the associated medical personnel. .... **Yes** **No**

Date Signed by Parent

Signature of Parent

Typed or Printed Name of Parent

Health Care Provider section on page 2

**LHSAA MEDICAL HISTORY EVALUATION**  
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**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

Revised 5/23

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 1.20.6 of the LHSAA handbook)  |
| <b>SCHOLASTIC</b>                     | <p>For regular education high school students at the end of the first semester a student shall pass at least six subjects in all subjects taken.</p> <p>At the end of the year and prior to the next school year, a student shall must have earned at least six units with an overall "C" average for the entire previous school year as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.</p> <p>Special education students must consult the school principal, athletic director, or coach for scholastic information.</p> |
| <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

**Notes:** Rule 1.9 of the LHSAA By-Laws, states that this contract shall remain in effect for the remainder of the student's eligibility. This means the contract only has to be signed once by both the student and his/her parent or guardian but the terms remain in effect for the student's entire high school career.

According to Rule 1.9.1 of the LHSAA By-Laws, without the signature of the student athlete and his/her parent/guardian, the student is ineligible to participate in interscholastic athletic contests at all levels of play in all LHSAA sports at all LHSAA schools until compliance with Rule 1.9.1 is obtained from both parties.

Any student participating in an interscholastic athletic contest(s) without a properly signed contract shall be classified as an ineligible student and both the student and school shall be penalized according to Rule 1.9.1:

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested. Federal courts have consistently ruled participation in high school athletics is a privilege, not an educational right.

**Delta Charter School, MST**  
**ATHLETICS PERMISSION SLIP**

Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Parent Email \_\_\_\_\_

**CONTACT INFORMATION**

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

Parent Work # \_\_\_\_\_

Parent Cell # \_\_\_\_\_

Name and number of an individual who may be contacted in case of an EMERGENCY if parent cannot be reached.

Name \_\_\_\_\_ Number \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I verify that the above information is correct and hereby give my consent for \_\_\_\_\_ to participate in the Delta Charter School sports programs. If my child is injured, or becomes ill during sports activities, I give my permission for the coach to determine if emergency care is necessary. If so, I also give permission for any physician to examine and give emergency care to my child, and will be responsible for any fees involved. I understand every effort will be made to contact me as soon as possible in the event of an injury to my child. I will not hold Delta Charter School, any administrator, officials, parents, or coaches responsible for any medical/dental problems my child may incur while participating in, as a result of, or traveling to an activity for a Delta Charter School sport.

I authorize my child to be transported by a parent or coach in any trips required by participation in sport activities. I will be responsible for picking up my child on time during practicing days and game days.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy number \_\_\_\_\_

Medical conditions that we should be aware of:

\_\_\_\_\_



## Emergency Medical Authorization

This form must be filled out completely in order to ensure proper medical treatment by certified athletic trainers, physicians, or hospital in the event of an injury and/or illness. Please type or print information clearly.

Full Name of athlete: \_\_\_\_\_ Athlete's cell # \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F

Allergies: \_\_\_\_\_

Current Medications (including dosage): \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Cell# \_\_\_\_\_

Father's Work #: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Company phone # \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Family Physician Name and Phone # \_\_\_\_\_

Emergency Contact Person in the event that parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby give consent for medical treatment deemed necessary by the certified athletic trainer, coaches/ administrators, emergency medical personnel, or licensed physicians and, if necessary, for the transportation to a hospital emergency room for treatment of any illness or injury from his/her participation in athletics. I also give the health care provider and/or hospital permission to release information to (Name of School) \_\_\_\_\_ school officials/administrators, coach(s), the certified athletic trainer(s), physicians, nurses, physical therapist(s), and any other necessary medical staff regarding the treatment of said injury or illness.

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

Sport(S): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

# DELTA CHARTER SCHOOL



*STUDENT ATHLETE/PARENT  
CONTRACT*

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## PHILOSOPHY

Interscholastic athletics supplement and support the academic mission of Delta Charter School and assist students in their growth and development. Athletics assist in promoting the importance of teamwork, effort, goals, and commitment. Interscholastic athletics is highly competitive, but winning is not the primary measure of success. Sportsmanship, respect to participants, and dignity in the face of adversity are more important than the outcome of the contest. All athletes do not perform at the same level, but all can demonstrate effort, dedication, and fair play.

## SPORTSMANSHIP

An important mission of the sports program is to teach and reinforce values relating to sportsmanship, competition, and fair play. It is expected that team personnel, parents, and spectators respect this mission by exhibiting appropriate behavior at athletic events.

## STUDENT ELIGIBILITY REQUIREMENTS

Students must meet the following requirements to be eligible to participate.

- 1.) All participants are required to have the following documentation on file:
  - a.) copy of their birth certificate
  - b.) LHSAA medical history form
  - c.) LHSAA participation form
  - d.) LHSAA substance abuse contract
  - e.) DCS permission form
  - f.) DCS transportation form
- 2.) A student becomes ineligible for interscholastic athletic participation if he/she has reached her 19th birthday before September 1 of that school year. If he/she becomes 19 on or after September 1, he/she is eligible for the remainder of the school year, if he/she meets all other eligibility rules.
- 3.) To be eligible for the first semester of the school year, a student shall have earned at least 6 units from the previous school year, which shall be listed on the student's transcript and shall earn at least a 1.5 GPA.
- 4.) To be eligible for the second semester of the school year, a student shall pass at least 6 subjects from the first semester.
- 5.) A senior who has accumulated 20 or more units shall be required to take at least 4 subjects per semester, none of which shall be subjects the student has previously taken and passed. A senior attempting 4 subjects in the first semester must pass all 4 subjects to be eligible in the second semester. Likewise, a senior attempting 5 subjects in the first semester must pass all 5 units, and a senior taking 6 or more subjects in the first semester must pass 6 units for second semester eligibility.
- 6.) Students must attend school for half of their classes in order to participate in a scrimmage, jamboree game, or match on that day. NOTE: if the principal grants an excused absence in advance for a prescheduled activity, or an unforeseen emergency, the student may participate on that day.
- 7.) A student may NOT participate in any sport activity when he/she is serving an in-school or out-of-school suspension. This includes no traveling with the team to or from the game, no dressing out in their uniform, and the suspended student CANNOT sit on the bench or in the dugout with the team.

#### CRITERIA FOR EARNING A LETTERMAN JACKET AND BARS

Students at Delta Charter School may letter and receive jackets through the participation of extracurricular activities. The school will purchase one jacket for a student during the student's high school enrollment. The guidelines for earning a jacket are as follows: A player who letters in any sport will be able to order a jacket at the end of their freshman year of school. Lettering would be defined as playing in 50% of the scheduled varsity games for football, basketball, soccer, baseball, tennis and softball. For golf, a student must participate in 3 sanctioned LHSAA golf tournaments in the same season. For track, students must compete in 75% of scheduled track meets. Cheerleaders must be present at 90% of all practices, games, and events. Any student failing to complete a season due to his/her choice, due to disciplinary actions, or due to academic ineligibility will not letter in that sport for that year.

Parents are responsible for purchasing patches.

Decisions on players injured during the season will be up to the discretion of the coach. If dismissed from the team/squad, they will forfeit any claim to a bar.

If an athlete is a senior with long service to the team, the coach may waive the percent of games required to play.

Managers/statisticians will receive varsity letters according to the judgement and guidelines set out by the head coach.

#### PARTICIPATION ON OUTSIDE TEAMS

While participating on a school team, the athletes' priorities shall be with the school team. Participation in a sport outside of school is secondary, and will be at the discretion of the coach of the school team.

#### DISMISSAL FROM OR QUITTING A TEAM

If an athlete plays in an official game in a sport and he/she decides to quit, he/she is ineligible to participate in any other sport during the initial season unless he/she is given approval by the coach of the initial sport and administrator. However, if a student athlete is dismissed from the team by a coach or administrator, he/she is ineligible to participate in any other sport during the initial sport's season.

#### GENERAL DISCIPLINE POLICIES AND PROCEDURES

The rules, policies, and procedures addressed here and in the student handbook does not cover every possible infraction. Any infractions not listed will have consequences based on the discretion of the coach and administrator.

#### PARTICIPATION EXPECTATIONS - STUDENTS

Participation in sports is a privilege. Accordingly, students must meet certain standards in order to earn the privilege of participation. At a minimum, the following standards are required of all student athletes.

- 1.) Exhibit public behavior that will reflect positively on the team, school, and community.
- 2.) Exhibit responsible, respectful, and trustworthy behavior to teammates and the coach.
- 3.) Exert efforts to maintain a high level of academic achievement.



- 4.) Comply with all team and school rules, regulations, and policies.
- 5.) Exhibit appropriate behavior at all team and school-related activities.
- 6.) Attend all team functions unless ill or given prior permission to be absent by the coach.
- 7.) Respect and comply with decisions made by the coach and athletic department.
- 8.) Respect calls and decisions made by game officials.
- 9.) Display good sportsmanship at all times.
- 10.) Report to the coach any issues or developments that may affect eligibility status.

#### PARTICIPATION EXPECTATIONS – PARENTS

Supporting your students in their athletic activities is an exciting part of being a high school parent. As models of adult behavior, we ask the following of our parents:

- 1.) Exhibit responsible, respectful and thoughtful behavior to all players, coaches, and other fans, including all members of the other school and team.
- 2.) Respect decisions made by the coach and athletic department, choosing to raise concerns privately rather than in a public venue. Never approach a coach or player before, during, or after a game or practice to discuss a concern.
- 3.) Respect calls and decisions made by game officials.
- 4.) Display good sportsmanship at all times.
- 5.) Keep all negative comments about school, coaches, administrators and/or teachers off of social media.
- 6.) Coaches are hired by the school and have the support of the school in their ability to teach the game to your child. Always support the coach when talking in front of your child or their players so as not to undermine the coaches' decisions. Remember, the coach is doing their best to provide a service to your child.
- 7.) Volunteer at least 3 times for a home game support role.
- 8.) Parental misbehavior at any DC function may result in suspension from DC home games.

The purpose of the student athlete/parent contract is to ensure the student athletes have a positive, self-learning/playing environment. Please sign below indicating that you have read and understand the responsibilities of a student athlete and parent of a student athlete. This must be signed as a condition of your child's participation in interscholastic sports at Delta Charter School. Failure to abide by the rules set forth in the student athlete/parent contract could result in a suspension or ban from games and possible removal of your child from the team.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emily Dawkins

\_\_\_\_\_  
Date