



RETURNING STUDENT-ATHLETES ANNUAL ATHLETIC PACKET

Attention Student-Athlete and Parent/Guardian:

You need to include the following in your Athletic Packet:

- Completed LHSAA Medical History Evaluation (Physical) form
- Completed LHSAA Parent and Student-Athlete Concussion Statement
- Completed WHS Student Proof of Insurance
- Completed WHS Permission to Travel
- Copy of Birth Certificate
- Copy of Student-Athlete's Health Insurance Card
- Copy of Supplemental Insurance Information Sheet *(optional)*
- Copy of Student-Athlete's Auto Insurance Card *(only if student-athlete will be driving to/from games)*
- Completed Social Media Policy
- Completed Player/Parent Contract *(FROM THE HEAD COACH)*
- Completed Student Release of Liability and Hold Harmless Agreement

WALKER HIGH SCHOOL ATHLETIC DEPARTMENT

Coach Joey Sanchez, WHS Athletic Director

LHSAA MEDICAL HISTORY EVALUATION

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 Mononucleosis
<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..... **Yes No**
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..... **Yes No**
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..... **Yes No**
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. **Yes No**

Date Signed by Parent

Signature of Parent

Typed or Printed Name of Parent

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 _____
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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
Parent and Student-Athlete Concussion Statement**

I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

Parent Initial	Student Initial	
_____	_____	A concussion is a brain injury, which I am responsible for reporting to my coach , athletic trainer, or team physician.
_____	_____	A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance
_____	_____	You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
_____	_____	If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.
_____	_____	I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
_____	_____	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
_____	_____	In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete Date

Printed name of Student-Athlete

Signature of Parent/Guardian Date

Printed name of Parent/Guardian



WALKER HIGH SCHOOL
STUDENT PROOF OF INSURANCE

NAME: _____

SPORT: _____

It is mandatory that your son/daughter have adequate insurance coverage in case of injury while participating in athletics at Walker High School. Please fill in the necessary information below:

We presently have adequate insurance coverage

Name of

Company: _____

(Include a copy of the insurance card with this document)

We would like to purchase the at-school insurance offered to WHS.

Note: Varsity football players must take out the football coverage as well as the at-school coverage.

We understand that Walker High School and the Livingston Parish School Board will not be held liable for any injury to the above named student.

(Print Parent/Guardian's Name)

Date: _____

(Parent/Guardian Signature)

Phone #: _____

Cell #: _____

Emergency Phone #: _____

Emergency Cell #: _____



**WHS Student Permission Slip
Livingston Parish Public Schools**

Description of Activity:					
Date(s) of Activity:		Location of Activity:			
Student Participant Name:			Student ID:		
Home Address:					
Date of Birth:		Parent/Guardian Name:			
Emergency Contact Name and Number					
2 nd Emergency Contact Name and Number					
Activity Coordinator:		Title:			

My signature evidences that I understand there are risks associated with this activity/event and understand that my student is not required to participate.

Participation (Initial One)

_____ Yes, I authorize my student to participate in the above activity/event.

_____ No, I do not authorize my student to participate in the above activity/event.

Travel (Initial One)

The above activity does require travel to and from the event. The travel will be provided via LPPS employees in rental vehicles, preapproved volunteer parents in their personal vehicles or you can opt to arrange transportation for your student.

_____ I understand the risks associated with travel and authorize my student to be transported via the employee rental vans or the preapproved volunteer parents' vehicles.

_____ I am declining the provided transportation and elect to coordinate transportation for my student.

Emergencies

In the case of illness or injury to my student we (I) hereby consent to and authorize such medical and or dental treatment as deemed necessary and agree to pay for such medical and dental costs if incurred.

My child has medical coverage: _____ YES _____ NO (select one)

Insurance Name and Policy # _____

Parent or Guardian Signature

Parent or Guardian Name-Please Print

Date



STUDENT RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT
Livingston Parish Public Schools

Description of Activity:			
Date(s) of Activity:		Location of Activity:	
Student Participant Name:			Student ID:
Date of Birth:	Parent/Guardian Name:		
Emergency Contact Name and Number			
Activity Coordinator:	Title:		

The undersigned Student Participant or parent/guardian (if student participant is a minor) requests voluntary participation in the Activity listed above. I/we understands that LPPS does not require the individual to participate in this Activity, but he/she chooses to do so, despite the possible dangers and risks and despite this consent, Assumption of Risk, Release of Liability and Hold Harmless Agreement. I/we believe and represent that my/our child is healthy and physically able to participate safely in these activities. Parent/Guardian Initials _____

I/we the undersigned (if minor, parents or guardian) hereby grant permission and authority to LPPS, its officers and authorized employees, agents, or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain, prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release LPPS, and its agents, employees, servants, insurers, and employees, and hold harmless from liability for any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by LPPS and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.
 Parent/Guardian Initials _____

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is effective as of the date of the activity listed above. **ALL PARTICIPANTS MUST BE COVERED BY HEALTH INSURANCE TO PARTICIPATE IN THE ABOVE LISTED ACTIVITY.** Parent/Guardian Initials _____

IT IS THE INTENTION OF THE STUDENT PARTICIPANT BY SIGNING THIS AGREEMENT, TO HOLD HARMLESS, EXEMPT AND RELIEVE LIVINGSTON PARISH PUBLIC SCHOOLS FROM ANY LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY NEGLIGENCE. THE STUDENT PARTICIPANT OR REPRESENTATIVE ACKNOWLEDGES THAT HE/SHE HAS READ THIS CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT AND MEDICAL TREATMENT AUTHORIZATION, AND WILL ABIDE BY THE STUDENT CODE OF CONDUCT. THE STUDENT PARTICIPANT FULLY UNDERSTANDS THESE TERMS AND THE LEGAL CONSEQUENCES OF SIGNING THE AGREEMENT, AND SIGNS THIS AGREEMENT FREELY AND VOLUNTARILY.

_____ Student Participant's Signature	_____ Student Participant's Name-Please Print	_____ Date
_____ Parent or Guardian Signature (if Participant is under 18)	_____ Parent or Guardian Name-Please Print	_____ Date

WALKER HIGH SCHOOL ATHLETICS

SOCIAL MEDIA POLICY

The purpose of this policy is to establish a clear and concise set of guidelines for student-athletes to follow to help them make the best possible judgements and safeguard their personal privacy, as well as protect the integrity of Walker High School Athletics.

Our student-athletes, coaches and staff represent Walker High School both on and off the field/court and are seen as role models on campus and in the community. Thus, they have the responsibility to represent our teams, our school, and themselves in a responsible and positive manner.

Third parties, including the media, faculty future employees, and college recruiters can easily access social media profiles and view all personal information that is contained in it. This includes: pictures, videos, comments, posts, links, etc. It is important to understand that once something is posted on social media it never disappears. Inappropriate material found by third parties affects the perception of the student-athlete, Walker High School Athletics, and Walker High School. With that in mind, the policy requires that student-athletes and all coaches:

1. **Protect and Enhance** the value of Walker High Athletics; avoid making derogatory comments about athletics, students, faculty or employees and protect confidential information.
2. **Be Aware** that readers and followers on social media sites include media, current and future athletes, students, faculty, administrators, alumni, parents, coaches, community leaders and recruiters.
3. **Think Before You Post** and anticipate how all the third parties will see that post and may react to it.

For Your Protection:

1. Set your security and privacy settings so that only friends can view profiles, posts, and other information.
2. Do not post your email, home address, local address, telephone number or other personal information that could lead to unwanted attention, stalking, identity theft, etc.
3. Be aware of who you add as a friend on social media services.

Rules Regarding Social Networking Sites.

1. Any postings or communications via social networking websites which disrupt either the educational or athletic environments or which advocates the violation of any school or team policy will be unacceptable.
2. Student-athletes may not post online any pictures, information or other content that might cause embarrassment to themselves, fellow student-athletes, teams, coaches, the Athletics Department or the campus (including, but not limited to: obscene images or language, nudity, pictures at parties with alcohol, references to drugs, sex, or illegal activities).
3. Student-athletes may not post any content online that is unsportsmanlike, derogatory, demeaning or threatening toward any other individual, teammate, team, coach, faculty member, or entity (including, but not limited to: derogatory comments regarding another school; taunting comments aimed at a student-athlete, coach or team at another school). No posts should depict or encourage unacceptable or illegal activities (examples: hazing, sexual harassment/assault, gambling, discrimination, fighting, vandalism, academic dishonesty, underage drinking, and illegal drug use).
4. Student-athletes may not post any content online that would constitute a violation of the Walker High School Student Code of Conduct.
5. Student-athletes may not post any information that is sensitive or personal in nature or is proprietary to the Athletic Department or the school which is not public information (examples: tentative or future team schedules, student-athlete injuries and eligibility status, travel plans/itineraries or information).

TEN SOCIAL MEDIA GUIDELINES FOR TODAY'S SPORTS PARENT

1. Your student-athlete is the number 1 priority in the triangular relationship between you, them, and their coach. Keep that in mind every time you post. Your student-athlete's wishes are most important, not yours. Will your post cause your student-athlete to be embarrassed?
2. If you wouldn't say it in front of the Coach with your student-athlete standing there, then don't say it online.
3. If you wouldn't say it in front of the Athletic Director and/or Principal, then don't say it online.
4. Let yourself cool off for 24 hours after the game or "incident" before posting.
5. Ask yourself, "What is my purpose in posting this?" and "What am I going to accomplish by posting this?" before posting it. Does it serve your student-athlete well? Or, will it only serve your own interests?
6. Remember, before posting about another student-athlete that there are others that could be hurt indirectly.
7. Follow Walker High School's Athletic Chain of Command, even online.
8. Praise the strength's and efforts of you student-athlete's team, and not the weaknesses and deficits of others.
9. Don't troll your student-athlete's coach, teammates, athletic program, or opponents online. *(Trolling is when you put things on social media to entice someone. Posting something really vague about your emotions or an incident to get others to chime in and do the talking for you.)*
10. Be smart, be responsible, be appropriate, and keep your student-athlete's best interests as your top priority.

By signing below you affirm that you understand the Walker High School Athletic Department's Social Media Policy and Guidelines for Student-Athletes and the requirements that you must adhere to as a Walker High School Student-Athlete.

Also, you affirm that failure to adhere to this policy and guidelines will subject you to disciplinary action, which may include suspension or permanent removal from the team.

Student-Athlete Signature

Date

Parent Signature

Date