



WALKER HIGH SCHOOL STUDENT-ATHLETE PACKET

Attention Student-Athlete and Parent/Guardian:

You need to include the following in your Athletic Packet:

- ☐ Completed LHSAA Athletic Participation/Parental Permission form (2 pages)
- ☐ Completed LHSAA Medical History Evaluation (Physical) form
- ☐ Completed LHSAA Substance Abuse/Misuse Contract and Consent form
- ☐ Completed LHSAA Parent and Student-Athlete Concussion Statement
- ☐ Completed WHS Student Proof of Insurance (*required by LPPS*)
- ☐ Completed WHS Permission to Travel (*required by LPPS*)
- ☐ Copy of Birth Certificate
- ☐ Copy of Student-Athlete's Health Insurance Card
- ☐ 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 & Hold Harmless Agreement (*required by LPPS*)

WALKER HIGH SCHOOL ATHLETIC DEPARTMENT

Coach Joey Sanchez, WHS Athletic Director

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: 2022-23

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:

<u>RULE</u>	<u>COMMENTS</u>
BONA FIDE STUDENT	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 th 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.
ENROLLMENT	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.
AGE	A student shall not become 19 years of age prior to August 1 of this year.
PROOF OF AGE	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.
CONSECUTIVE SEMESTERS	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)
SCHOLASTIC	<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>
RESIDENCE AND SCHOOL TRANSFERS	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.
UNDUE INFLUENCE	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.
AMATEUR	A student cannot play high school athletics if he/she loses their amateur status.
INDEPENDENT TEAM	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 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) Jason Stephens

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?

<p>Yes No Condition Whom</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart Attack/Disease _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Stroke _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes _____</p>	<p>Yes No Condition Whom</p> <p><input type="checkbox"/> <input type="checkbox"/> Sudden Death _____</p> <p><input type="checkbox"/> <input type="checkbox"/> High Blood Pressure _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia _____</p>	<p>Yes No Condition Whom</p> <p><input type="checkbox"/> <input type="checkbox"/> Arthritis _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Kidney Disease _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Epilepsy _____</p>
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ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

<p>Yes No Condition Date</p> <p><input type="checkbox"/> <input type="checkbox"/> Head Injury / Concussion _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Elbow L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Hip L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Lower Leg L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Foot L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Chest _____</p>	<p>Yes No Condition Date</p> <p><input type="checkbox"/> <input type="checkbox"/> Neck Injury / Stinger _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Arm / Wrist / Hand L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Thigh L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Chronic Shin Splints _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Severe Muscle Strain _____</p> <p>Previous Surgeries: _____</p>	<p>Yes No Condition Date</p> <p><input type="checkbox"/> <input type="checkbox"/> Shoulder L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Back _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Knee L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Ankle L / R _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Pinched Nerve _____</p>
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ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

<p>Yes No Condition</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart Murmur / Chest Pain / Tightness</p> <p><input type="checkbox"/> <input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> <input type="checkbox"/> Kidney Disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Irregular Heartbeat</p> <p><input type="checkbox"/> <input type="checkbox"/> Single Testicle</p> <p><input type="checkbox"/> <input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> <input type="checkbox"/> Dizzy / Fainting</p> <p><input type="checkbox"/> <input type="checkbox"/> Organ Loss (kidney, spleen, etc)</p> <p><input type="checkbox"/> <input type="checkbox"/> Surgery</p> <p><input type="checkbox"/> <input type="checkbox"/> Medications</p>	<p>Yes No Condition</p> <p><input type="checkbox"/> <input type="checkbox"/> Asthma / Prescribed Inhaler</p> <p><input type="checkbox"/> <input type="checkbox"/> Shortness of breath / Coughing</p> <p><input type="checkbox"/> <input type="checkbox"/> Hernia</p> <p><input type="checkbox"/> <input type="checkbox"/> Knocked out / Concussion</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart Disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> <input type="checkbox"/> Liver Disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Tuberculosis</p> <p><input type="checkbox"/> <input type="checkbox"/> Prescribed EPI PEN</p>	<p>Yes No Condition</p> <p><input type="checkbox"/> <input type="checkbox"/> Menstrual irregularities: Last Cycle: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Rapid weight loss / gain</p> <p><input type="checkbox"/> <input type="checkbox"/> Take supplements/vitamins</p> <p><input type="checkbox"/> <input type="checkbox"/> Heat related problems</p> <p><input type="checkbox"/> <input type="checkbox"/> Recent Mononucleosis</p> <p><input type="checkbox"/> <input type="checkbox"/> Enlarged Spleen</p> <p><input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia</p> <p><input type="checkbox"/> <input type="checkbox"/> Overnight in hospital</p> <p><input type="checkbox"/> <input type="checkbox"/> Allergies (Food, Drugs) _____</p>
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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). 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 _____
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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"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>

(if Needed)

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



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: _____

Principal

Dated: _____

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.

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

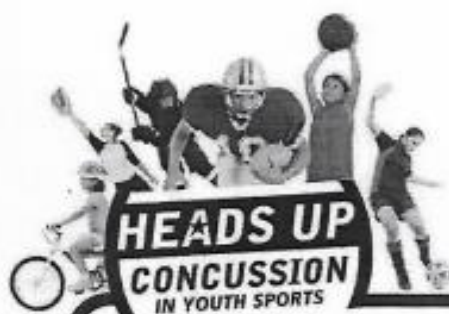
Printed name of Student-Athlete

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian





A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - > The right equipment for the game, position, or activity
 - > Worn correctly and fit well
 - > Used every time you play

It's better to miss one game than the whole season.



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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 to Travel

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

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



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