



SJA Cheerleading Tryout Information Packet 2021-2022

IMPORTANT TRYOUT DATES

Date	
Friday, April 23	<ul style="list-style-type: none">- Completed tryout packet due- Tryout fee due
Wednesday, April 28	<ul style="list-style-type: none">- Pre-tryout clinic 4 – 6 p.m., Academy Student Center
Tuesday, May 4	<ul style="list-style-type: none">- Tryout clinic 4 – 6 p.m., Academy Student Center
Wednesday, May 5	<ul style="list-style-type: none">- Tryout clinic 4 – 6 p.m., Academy Student Center- Parent meeting 6 p.m., Academy Student Center
Thursday, May 6	<ul style="list-style-type: none">- Tryouts 4:30 – 7 p.m., Academy Student Center

IMPORTANT TEAM DATES

Date	
May 12	<ul style="list-style-type: none">- Uniform fitting with Varsity at 4 p.m.
July 24 – 26	<ul style="list-style-type: none">- Skills camp with Live Oak, location TBD (at SJA or LOHS)
August 21 – 22	<ul style="list-style-type: none">- Choreography

**Please complete and return this packet by Friday, April 23, to the SJA main office, or mail to
Lauren Sommer, SJA Cheerleading Moderator,
St. Joseph's Academy, 3015 Broussard Street, Baton Rouge, LA 70808**

Please direct questions to the SJA Cheerleading email address: cheer@sjabr.org

Attendance at the clinic, tryout, camp and choreography is mandatory.

REQUIREMENTS

- Cheerleaders are chosen based on spirit, motions, tumbling, jump execution, ability to cheer and dance and stunting ability and potential.
- Any tumbling that is performed during the tryout process must be maintained throughout the year.
- Toe touches are a requirement.

PARENT MEETING

A parent meeting will take place on Wednesday, May 5, at 6 p.m. in the Academy Student Center. We will discuss the tryout process and important information about the year, including dates and fees. At least one parent is required to attend.

TRYOUT FEE

There is a \$20 tryout fee to pay for the independent panel of judges.

- **Current students** will pay on Shop SJA.
- **Incoming students** will pay via check made payable to SJA and mailed to St. Joseph's Academy (attention Lauren Sommer) at 3015 Broussard Street, Baton Rouge, LA 70808. Please note "Cheer" on the memo line of the check.

TRYOUT MATERIAL

Tryout material will be taught during clinics on May 4 and 5. Each girl is required to learn the material and perform them during tryouts in front of the judges on May 6.

- Tryout dance
- Cheer
- Three sidelines
 - Only one of the three sidelines will be performed for the actual tryout, chosen by the judges.

Tryouts will also consist of stunting. This involves cheerleaders being in close contact with each other. Should your daughter be ill or present with COVID symptoms during tryouts, she will not be able to attend that day. Please contact Lauren Sommer should this happen. Temperatures will also be checked upon arrival each day.

DRESS CODE

Each girl will be required to wear a solid white fitted t-shirt or tank top with black shorts, white socks and cheer shoes. If you do not own cheerleading shoes, tennis shoes are fine. Please dress appropriately (no bare midriffs, etc.). Be presentable with neatly brushed hair, natural makeup, ponytail with ribbon and a smile! You may not wear any item of clothing that indicates prior membership on a cheerleading squad (except shoes). For example, shirts that say "St. Agnes Cheerleader" or anything with a competitive logo will not be allowed. Absolutely no jewelry.

Masks must be worn at all times during clinics and the tryout process. Cheerleaders will be able to remove their mask for the actual tryout in front of judges, as they will be adequately spaced.

Checklist of forms/items to be completed and returned by April 23

_____ SJA Cheer Information Form	_____ Conflict Declaration
_____ Tryout fee (\$20)	_____ Time Commitment Signed
_____ Rules and Regulations (initialed)	_____ Cheerleading Skills Checklist
_____ Signed Demerit Slip	_____ Signed Parent/Cheerleader Consent Form
_____ Signed Nationals Alternate Slip	_____ Physical (up-to-date)

SJA Cheerleader Information Form

Please PRINT on the lines below

Cheerleader's Name: _____ Grade (rising): _____

Cheerleader's Primary Address: _____

Cheerleader's Phone Number (cell): _____

Cheerleader's Date of Birth: _____

Mother's Name:	Father's Name:
Mother's Cell:	Father's Cell:
Mother's Email Address:	Father's Email Address:
Mother's Address:	Father's Address:

HEADSHOT

Please include a recent headshot/picture below. Please tape it so we can easily remove.

SJA Cheerleader Responsibilities

- **GRADES**

- Cheerleaders must maintain a 2.0 or higher grade point average.

- **ATTENDANCE**

- **PRACTICE:** Attendance at all practices is required. If you must miss a practice, the moderator and coach must receive either an email or text from both the cheerleader and a parent as soon as you know you will miss practice.
- **SJA EVENTS:** Cheerleaders will cheer at all designated SJA volleyball and basketball games or other events deemed necessary by the moderator and/or administration (i.e, pep rallies, incoming freshman events, community service events, etc). There are no “free passes” for games. You must find someone to sub for you in advance.
- **CAMP:** Cheerleaders are required to attend skills camp at the end of July.
- **COMPETITIONS:** Cheerleaders will compete in the regional cheer competition in November (Hammond), the Magnolia competition in December (Jackson, MS), the V!ROC showcase in January (LSU PMAC) and the national competition at Disney World in February.
- **SHOWOFFS:** Cheerleaders will show off their Nationals routine at Live Oak Showoff at the end of January, and we will also host a showoff at SJA. **Other performances may be added to the calendar.**
- Note: You must provide your own transportation to and from practices and events. Please be aware of drop-off and pick-up times. SJA policy is that parents must drive cheerleaders to events outside of 25 miles from the school.

- **UNIFORMS**

- **COMPETITION UNIFORM:** Cheerleaders will receive one uniform that has been purchased by the school. If lost or damaged, they are responsible for replacing/repairing. It should be clean for every game.
- **GAMEDAY UNIFORM:** Cheerleaders will purchase a uniform that is to be worn for games (unless otherwise specified). It should be clean for every game.
- **PRACTICE UNIFORM:** Cheerleaders will be notified by their captains each week regarding the practice uniforms needed for that week. If they are out of uniform, the whole team will condition.
- **No jewelry is to be worn while in uniform. This is during practices, games and competition.** Do not get a new piercing during cheer season, as it will need to be removed.

- **CONDUCT**

- **BE ON TIME:** If you are late for practice or an event without an excuse, you will receive proper demerits, and you will have conditioning.
- **BE RESPECTFUL:** Failure to show respect for your coaches, moderator or teammates will result in demerits. You must remember you are part of a team.

- **COMMUNICATION**

- Email will be the primary form of communication for updates and information throughout the year from Mrs. Sommer.
- There will be a team group text with the coach and moderators for quick reminders.
- We will use the BAND app for parents and cheerleaders to communicate and for the cheer calendar.
- **We expect the cheerleaders to communicate directly with the coach and moderators. If a serious issue should arise, parents can contact Mrs. Sommer. However, we want to put the responsibility of communication regarding most things on the cheerleaders.**

DEMERIT SYSTEM

If any of the above rules are broken, demerit penalties will be issued. The number of demerits will be determined by the severity of the infraction and will be issued by the moderator. Serious infractions or continuous violations may result in additional demerits, disciplinary probation or dismissal from squad. The moderator/coach will determine the length of any disciplinary probation.

*Cheerleaders will be expected to run five laps for each demerit given, but this does not clear the total demerits.

Examples: Improper practice uniform = conditioning at the end of practice
Improper game/competition uniform = 2 demerits
Tardy to practice (>15 min. will result in 2 demerits) = conditioning after practice
Missing a practice (unexcused) = 3 demerits and 2 workouts with Coach Liz
Any practice missed without a doctor's note is unexcused.
Late payments = 1 demerit
Attitude with sponsors, coach, teachers or peers = 5 demerits
*Persistent attitude problems will result in dismissal from the squad.
Missing a game (unexcused) without a sub = 5 demerits + makeup game + additional game
*Note: If there are no additional games, cheerleader will not participate in pep rally.

Accumulation of 15 demerits = automatic probation. While on probation, you must attend all events in full uniform, but you will not perform. If you are on probation and do not attend an event, you will be dismissed from the squad.

Accumulation of 20 demerits or at the discretion of the moderator = dismissal from the squad.
Parents will be contacted by email each time demerits are issued.

I have read and understand the demerit system set forth for SJA Cheerleading 2021-2022.

(Student Signature)

(Parent Signature)

NATIONALS ALTERNATES

It is often the case in all athletic events that team members are pulled out of the game/competition due to injuries, sickness or circumstances by which they are unable to properly execute skills necessary in competition. Like any other sport, it is important to have a team member on the bench ready to go in. This team member must have skills necessary to jump into the game/competition. The Nationals routine will be the most challenging, therefore we will have alternates for this routine who will be ready to step in as needed for competition.

The coach will evaluate cheerleaders as they train and practice throughout the season. Alternates will be determined prior to the first competition in November. Alternates will be required to be at all practices, participate in all other cheer events, learn the entire routine, buy all uniforms and be fully dressed at all competitions in the event that they need to be put in. Throughout the month of December, cheerleaders will be re-evaluated to determine who will compete on the mat at nationals. If a cheerleader is injured or not able to uphold the expectation of executing the skill necessary after the date of announcement, the coach has the discretion to make changes. Careful consideration will be taken when making decisions about alternates. All final decisions will be that of the coach.

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COMPETITION DIVISIONS

The Competition Division we choose to compete in may or may not be the same as previous years. The division will be determined based on team size and skill level at competition time.

.....

I have read and understand the possibility of Nationals alternates and the competition division statement set forth for SJA Cheerleading 2021-2022.

(Student Signature)

(Parent Signature)

SJA CHEERLEADING RULES AND REGULATIONS

Please read carefully to ensure that you fully understand the expectations of St. Joseph's Academy cheerleaders. Both the prospective cheerleader and her parent must read and initial each item.

ATHLETE'S INITIALS:

PARENT'S INITIALS:

SAFETY is of the utmost importance. To provide the safest environment, we must all be working as a team and looking out for each other. While stunting, you should be focused and serious. It is important to be aware of your surroundings when stunting and tumbling. You must follow the coach's instructions at all times. Failure to follow the established safety guidelines will result in possible loss of cheering time, suspensions or dismissal from the team (at the coach's discretion).

ATHLETE'S INITIALS:

PARENT'S INITIALS:

All athletes are expected to comply with the rules set forth by St. Joseph's Academy. The rules associated with the student code of conduct can be found in the student handbook, and rules set forth by the LHSAA can be located at www.lhsaa.org.

ATHLETE'S INITIALS:

PARENT'S INITIALS:

If a cheerleader has more than 3 unexcused absences or tardies for practices, games or events, she will be expelled from the team after the third infraction. Excused: class trips, makeup tests, sickness.
Unexcused: hair, makeup or tanning appointments, obligations with friends, too much homework (plan ahead!), last-minute trips, concerts, etc.

ATHLETE'S INITIALS:

PARENT'S INITIALS:

If the athlete is injured or sick and *not contagious*, she is **required** to attend practice but not participate.

ATHLETE'S INITIALS:

PARENT'S INITIALS:

Practices the week before a competition or pep rally are mandatory. Only extremely extenuating circumstances will be excused. In the event of unexcused absences, the cheerleader will not participate.

ATHLETE'S INITIALS:

PARENT'S INITIALS:

Respect yourself, parents, teachers, administrators, coaches, teammates and classmates at all times!

ATHLETE'S INITIALS:

PARENT'S INITIALS:

You **must** communicate with your coach/moderator. If you must miss practice, you must notify the moderator at least 24 hours in advance. If you are asked to pick something up, drop something off or see her for any reason, you are expected to do so.

ATHLETE'S INITIALS:

PARENT'S INITIALS:

While participation in all-star competitive teams is allowed in addition to SJA cheer, I understand that SJA cheer comes first. I promise to provide any additional cheer calendars to prevent conflicts but understand that if conflicts arise, SJA cheer is my priority.

ATHLETE'S INITIALS: _____

PARENT'S INITIALS: _____

Profanity at school, during practices, games, events or within the community does not represent SJA Cheerleading. Remember you are an ambassador for our school; please conduct yourself in a manner that represents our school in a positive light.

ATHLETE'S INITIALS: _____

PARENT'S INITIALS: _____

I understand that competing at high-level competitions is an earned privilege, not a right.

ATHLETE'S INITIALS: _____

PARENT'S INITIALS: _____

I understand that holding the position of a cheerleader demands priority, commitment and dedication.

ATHLETE'S INITIALS: _____

PARENT'S INITIALS: _____

I understand that competing may require additionally called mandatory practices.

ATHLETE'S INITIALS: _____

PARENT'S INITIALS: _____

No cheerleader is irreplaceable. The coach, moderators and administration will do what is best for the team as a whole at all times.

ATHLETE'S INITIALS: _____

PARENT'S INITIALS: _____

IF YOU INITIALED THE ABOVE STATEMENTS TRUTHFULLY, FULLY UNDERSTAND THE RULES AND REGULATIONS AND AGREE TO ABIDE BY THEM, PLEASE SIGN BELOW.

(Student Signature)

(Parent Signature)

Annual Events

April 2021	May 2021	June 2021	July 2021	August 2021	September 2021
✓ Pre-tryout clinic	✓ Tryouts ✓ Practices leading to camp	✓ Practices leading to camp	✓ Practices leading to camp ✓ Skills Camp late July	✓ Practice resumes ✓ Choreography August 21-22	✓ Volleyball games ✓ St. Jude Fun Run

October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
✓ Volleyball games ✓ Volleyball PINK OUT Game ✓ 1 st Pep Rally ✓ Open House ✓ Sticker Stampede	✓ Volleyball State Playoffs in New Orleans ✓ Regional Competition	✓ Basketball season begins ✓ Basketball PINK OUT Game ✓ Magnolia Cheer Competition	✓ Basketball season continues ✓ Show-off ✓ V!ROC Showcase at LSU	✓ National Competition in Disney World	✓ Challenge Day Pep Rally

CONFLICT DECLARATION

Please list any conflicts you foresee below (mission trips, vacations, summer jobs, camp, etc.) that could interfere with any May, June or July practice, skills camp or choreography. List all that you are aware of. Last-minute, unplanned trips are not excused and will result in disciplinary action.

I have a conflict with _____ on _____.

The moderator will contact you if you complete this line.

Explanation/Comments about conflict:

Financial Responsibilities

All prices are approximate and subject to change. Other fees may arise during the year (sweatshirts, t-shirts, Disney trip, posters, competition fees, etc.)

June 2021	July 2021	Sometime in the Fall	August 2021
<ul style="list-style-type: none"> ✓ Uniform + Camp Wear: TBD but approximately \$850-1000 <p>Body-liner for red SJA uniform, competition uniform, 3 practice uniforms, shoes, cheer bookbag (girls previously on the team are not required to purchase this), cheer jacket, white bow, red bow, 3 poms (1 red, 1 white, 1 pink)</p>	<ul style="list-style-type: none"> ✓ Skills camp fee, TBD but approximately \$325 	<ul style="list-style-type: none"> ✓ Choreography, \$150 ✓ Regional Competition Fee, \$40 ✓ Magnolia Competition Fee, \$40 ✓ National Competition Fee, \$100 deposit ✓ V!ROC Showcase fee, \$TBD ✓ Flight, \$50 deposit 	<ul style="list-style-type: none"> ✓ SJA Cheer Sweatshirt \$40 ✓ SJA Athletic Fee, \$50

October 2021	November 2021	December 2021	January 2022	February 2022
	<ul style="list-style-type: none"> ✓ National Competition 1st Balance 	<ul style="list-style-type: none"> ✓ National Competition, \$1,500 (including flight, hotel cost and competition fee) 	<ul style="list-style-type: none"> ✓ National's t-shirt: \$25 	<ul style="list-style-type: none"> ✓ NATIONALS ✓ End-of-year banquet, \$TBD

*Girls who were on the squad previously do not have to purchase items they received last year.

COACH PAYMENT

Coach payment for the 2021-2022 season will be per month for a total of seven months. Cost to be determined. It will be paid with your SJA fees at the beginning of the year. Official payment date to be determined.

I have read and understand the financial responsibilities set forth for SJA Cheerleading 2021-2022.

(Student Signature)

(Parent Signature)

TIME COMMITMENT

Tentative schedule for summer and school year practices:

May: Anticipate practices after school at SJA. The purpose of these practices will be to start looking at stunt groups, prepare for camp and get to know one another.

Summer: Anticipate practices throughout the summer. Practices will be scheduled at least two weeks in advance. Anticipate mandatory practices beginning in the month of July. Competition choreography will take place August 21-22.

School Year: We have a full set of hard mats, so we will be having practice at SJA after school 3-5 days a week. Additional practices will be added as necessary, especially during competition months. Days and times are yet to be determined.

I have read and understand the time commitment required for SJA Cheerleading 2021-2022.

(Student Signature)

(Parent Signature)

Cheerleading Skills Checklist

To be completed by the cheerleader. Please note that no skills listed below are required to try out.

Cheerleader's Name:

Previous SCHOOL Cheerleading Experience (# of years AND school name):

Previous COMPETITIVE Cheerleading Experience (# of years AND organization):

What other extra-curricular activities do you currently or are you planning to partake in?

In your opinion, what qualities does a good cheerleader possess?

Why do you feel you would be a good addition to the St. Joseph's Cheerleading Program?

Stunting position(s) you are trying out for (check all that apply):

☐ Top-girl ☐ Main base ☐ Secondary base ☐ Backspot

Skills (Check all that apply)

These are skills you can throw on a hard mat at tryouts. You are expected to keep these skills through the year.

Tumbling:

☐ Standing Back Handspring

☐ Standing Back Tuck

☐ Round off Back Handspring

☐ Round off Series BHS

☐ Running Round off Tuck

☐ Round off BHS Tuck

☐ Layout

☐ Full

☐ Standing 2 to Full

☐ Cartwheel Full

☐ Other. LIST: _____

Basing Experience? Please list specific skills you have mastered.

Flying Experience? Please list specific skills you have mastered.

Anything else you want us to know?

PARENT/CHEERLEADER CONSENT FORM

My daughter, _____, has my permission to try out for a position on the St. Joseph's Academy cheerleading squad. I fully understand the nonrefundable financial obligation and responsibilities of being a cheerleader. I understand that displays of poor sportsmanship and disrespect towards sponsors, coaches, team members, other parents and other teams will not be tolerated. I also agree to provide my own transportation for my daughter to all events for cheerleading.

I understand that all forms attached must be completed by Friday, April 23, or my child will not be allowed to try out. **PARENT'S INITIALS:** _____

I understand that there is uncertainty regarding future dates but agree that my daughter will attend all mandatory events to the best of her ability. **PARENT'S INITIALS:** _____

I understand that the tryout process involves stunting within close quarters of other cheerleaders. If my daughter is presenting with any COVID-19 symptoms, I understand that she cannot attend tryouts that day. I will contact Lauren Sommer in the event that this happens. **PARENT'S INITIALS:** _____

I understand by the very nature of the activity that cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used or what landing surface is used, the risk cannot be eliminated. I understand these risks, and I hereby expressly waive and release any and all claims against St. Joseph's Academy and its officers, directors, employees, agents, affiliates, members, successors and assigns (collectively, "Releasees") on account of illness or injury arising out of or attributable to my child's participation in the cheerleading tryout or as a member of the St. Joseph's Academy cheerleading team, whether arising out of the negligence of St. Joseph's Academy or any Releasees or otherwise. I covenant not to make or bring any such claim against St. Joseph's Academy or any other Releasees, and forever release and discharge St. Joseph's Academy and all other Releasees from liability under such claims. I hereby agree to absolve, exonerate, defend, indemnify and hold harmless Releasees from liability for any harm or injury or any property damage associated with or resulting from my child's participation in the cheerleading tryout or as a member of the St. Joseph's Academy cheerleading team.

PARENT SIGNATURE: _____ **DATE:** _____

I am interested in being a cheerleader at St. Joseph's Academy. If selected, I have read and agree to abide by the rules and regulations set forth by the moderators and administration of St. Joseph's Academy. I have read and understand all of the requirements and costs involved in becoming an SJA cheerleader. I have looked over the tentative calendar and am aware of practice dates and competition dates. I also agree to attend all home volleyball and basketball games that I am assigned to, along with any other team events, and will provide my own transportation to all events for cheerleading. I promise to cooperate and follow the instructions of the cheerleading coach. I promise to show respect to fellow teammates, the coach, the moderators and administration at all times.

STUDENT SIGNATURE: _____ **DATE:** _____

LHSAA MEDICAL HISTORY EVALUATION

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

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

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

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. **Yes** **No**
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. **Yes** **No**
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. **Yes** **No**
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). **Yes** **No**

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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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		
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.