



2016-2017

Parkview Baptist School Athletic Packet



\*Turn in to the coach of your team

Sport(s) \_\_\_\_\_

Athlete's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ Home Phone # \_\_\_\_\_

Are there any allergies, special medical problems, or any special considerations that our coaches should be aware of to help your child?

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY:**

**LHSAA PAPER FORMS**    \_\_\_\_\_ LHSAA Participation    \_\_\_\_\_ LHSAA Medical History / Physical    \_\_\_\_\_ LHSAA Drug Form  
\_\_\_\_\_ LHSAA Attendance Zone    \_\_\_\_\_ LHSAA Hold-Back Form    \_\_\_\_\_ 7<sup>th</sup>/8<sup>th</sup> Checklist

**ADDITIONAL DOCUMENTS:**    \_\_\_\_\_ Copy of Birth Certificate    \_\_\_\_\_ Proof of Insurance

**PBS INFORMATION:**    \_\_\_\_\_ PBS Participation    \_\_\_\_\_ Assumption of Responsibility    \_\_\_\_\_ Guarantee of Medical Coverage  
 Online  Paper Form     Online  Paper Form

\_\_\_\_\_ Handbook Consent Form    \_\_\_\_\_ Team Fee (if applicable)  
 Online  Paper Form

# Parkview Baptist School Athletic Packet

The below items must be included in the athletic packet before it is turned in to the head coach. All items marked with an \* are included in the packet. All blanks (including parent and student signatures) on both sides of the form(s) must be completed. You will see additional notes about some items. The athletic packet/spirit team packet must be turned in completed before the day of practice.

1. \* **LHSAA Permission to Participate (paper form)** - student signature on front, parent signature on back. The date of last physical exam blank is referring to last year's physical (if one was taken,) not the current physical. At the bottom of the page, please circle the sports in which the individual is participating.

2. \* **Medical History / Physical Exam Form (paper form)** —the front page must be filled out and signed by parent and student. A physician must complete and sign the front of the form, including "clearance" for the athlete to participate in sports.

3. \* **LHSAA Substance Abuse / Misuse Contract and Consent Form (paper form)**- must be signed and dated by both student and parent/guardian. As of 2012-2013, this form is valid for 4 years. If the athlete has participated in high school athletics at Parkview, this form is already on file. It does not need to be redone.

4 \* **Hold-back Repeat Student Tracking Form (paper form)**- to keep track of potential hold-back students, each student-athlete entering the ninth grade needs to fill out this form. If a student participated in high school athletics at Parkview, this form is already on file. It does not need to be redone.

5. **Birth Certificate** - please provide a copy of this item. If a student participated in high school athletics at Parkview Baptist High School, this item is already on file. Please do not send another copy.

6. \* **PBS Parental Permission / Assumption of Responsibility Form** (can be filled out on paper form OR online at [www.parkviewbaptist.com/athleticpacket](http://www.parkviewbaptist.com/athleticpacket))

7 \* **Student Athletic / Spirit Team Member Consent Form** - this form is attached to the back of the student Athletic Handbook. Please read this entire handbook and keep it for future reference. Remove the consent form (last page of Handbook,) both parent and student sign it and return. (can be filled out on paper form OR online at [www.parkviewbaptist.com/athleticpacket](http://www.parkviewbaptist.com/athleticpacket))

8. **Proof of Health Insurance** -include a copy of the front and back of your CURRENT health insurance card. ALL ATHLETES/SPIRITTEAM MEMBERS MUST HAVE PERSONAL HEALTH CARE INSURANCE IN ORDER TO PARTICIPATE.

9. **Supplemental School Insurance**- PBS provides supplemental school accident insurance. Any accident at school or at a school function, resulting in an injury will be reported by the school. These reports will be sent to the Administration Office to keep on file.

# Louisiana High School Athletic Association

## Athletic Participation/Parental Permission Form

*This form must be completed and signed **each year** prior to a student's participation in an athletic contest and shall be kept on file with the school. This form is subject to inspection by the LHSAA Rules Compliance Team.*

### **PART I: To be completed and signed by student-athlete (Please Print)**

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

Home Address: \_\_\_\_\_ Parents' Home Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

I entered ninth grade in \_\_\_\_\_ (month and year). Last semester/year I attended \_\_\_\_\_  
\_\_\_\_\_ School.

I certify the preceding information is correct, I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards.

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

Telephone No: \_\_\_\_\_

### **ARE YOU ELIGIBLE?**

As a student athlete in an LHSAA school, you 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. You must be counted as a student on the daily attendance records at your school. Attendance in one class makes you a student at that school.
<b>ENROLLMENT</b>	You be enrolled and attending a school in the first 11 school days of the school semester at any school or you will be ineligible for the first 30 school days.
<b>AGE</b>	You cannot become 19 years of age prior to September 1 of this year.
<b>PROOF OF AGE</b>	You must provide legal proof of age, which meets the provisions of the LHSAA handbook, to your school administrator to be kept on file at school.
<b>CONSECUTIVE SEMESTERS</b>	Once you enter the ninth grade, you have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.20.6 of the LHSAA handbook)
<b>SCHOLASTIC</b>	For regular education high school students at the end of the first semester you <b>must pass at least six subjects</b> in all subjects taken.  At the end of the year and prior to the next school year, you must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.  Special education students must consult the school principal, athletic director, or coach for scholastic information.
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.

(OVER)

<b>UNDUE INFLUENCE</b>	If you have been recruited to a school for athletic purposes, you will remain ineligible as long as you attend that school.
<b>AMATEUR</b>	You cannot play high school athletics if you lose your amateur status.
<b>INDEPENDENT TEAM</b>	In certain sports you cannot play on a school team and an independent team during the same sport season.
<b>MEDICAL EXAMINATION</b>	You must <b>annually</b> 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.
<b>ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM</b>	A school shall be required to have this form completed and signed <b>every year</b> prior to a student's participation in LHSAA athletics at the school.
<b>SUBSTANCE ABUSE/MISUSE CONTRACT &amp; CONSENT FORM</b>	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.
<b>SUSPENDED AND INELIGIBLE STUDENTS</b>	Cannot 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 you earn by meeting standards outlined on this form and other regulations and policies set by the LHSAA and your school. If you have questions or do not fully understand an eligibility rule, check with your principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize you, your team and/or your school.

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

**PART II – PARENTAL PERMISSION - To be completed and signed by parent**

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

I certify the parents' home address, on the reverse, is my sole bona fide residence and will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information on the reverse 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 it representative(s) permission to review my child's scholastic records and all required eligibility forms.

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 the student named on this form **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       |

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

**(Print Name)** \_\_\_\_\_

**Telephone No:** (     ) \_\_\_\_\_

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?

Table with columns: Yes No Condition Whom, Yes No Condition Whom, Yes No Condition Whom. Rows include Heart Attack/Disease, Stroke, Diabetes, Sudden Death, High Blood Pressure, Sickle Cell Trait/Anemia, Arthritis, Kidney Disease, Epilepsy.

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

Table with columns: Yes No Condition Date, Yes No Condition Date, Yes No Condition Date. Rows include Head Injury / Concussion, Neck Injury / Stinger, Shoulder L / R, Elbow L / R, Arm / Wrist / Hand L / R, Back, Hip L / R, Thigh L / R, Knee L / R, Lower Leg L / R, Chronic Shin Splints, Ankle L / R, Foot L / R, Severe Muscle Strain, Chest, Previous Surgeries, Pinched Nerve.

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

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

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.

- 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

GENERAL MEDICAL EXAM :

Table with columns: Norm, Abnl. Rows include ENT, Lungs, Heart, Abdomen, Skin, Hernia, (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 :

Table with columns: Norm, Abnl. Rows include I. Spine / Neck (Cervical, Thoracic, Lumbar), II. Upper Extremity (Shoulder, Elbow, Wrist, Hand / Fingers), III. Lower Extremity (Hip, Knee, Ankle).

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 one year on the last day of the month that 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

**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.

## CHECKLIST FOR 7<sup>TH</sup> AND 8<sup>TH</sup> GRADE STUDENTS PARTICIPATING IN LHSAA-SANCTIONED ATHLETICS

Form only for schools with grade configurations under one principal and contain 7<sup>th</sup> and 8<sup>th</sup> graders

<b>School Name:</b>	<b>School's Attendance Zone:</b>				
<b>Student's Name:</b>	<b>Date of Birth:</b>		<b>Last Four of SSN:</b>		<b>Grade Level</b>

1. Is the above-named student, meet the following LHSAA Rules:		
a. Bona fide student at your school? (Rule 1.3)	Yes	No
b. Residence rule? (Rule 1.5)	Yes	No
c. Scholastic rule? (Rule 1.10)	Yes	No
d. All other LHSAA eligibility rules and regulations? (Age, Semesters, Hold Back, Eligibility Forms)	Yes	No
2. Has this student's parents been informed (read and explained) that once the student is registered and submitted on the LHSAA Members' Only website that your school shall become the student's school of eligibility in the 9 <sup>th</sup> grade and any subsequent transfers to any other LHSAA member school without a corresponding bona-fide change of residence to another attendance zone shall cause this student to become ineligible for one calendar year from the date the student begins attending that school?	Yes	No
3. Has this student's parents been informed that registration and submission on the LHSAA Members' Only website <b>and</b> participation shall constitutes a commitment to the school in the 9 <sup>th</sup> grade?	Yes	No
4. Has this student's parents been informed that once the student is registered and submitted on the LHSAA Members' Only website <b>and</b> the student participate in practice <b>or</b> an athletic contest, the student's allowed consecutive semesters of eligibility to participate in high school athletics ensues, i.e., a 7 <sup>th</sup> grade student shall be eligible for 12 consecutive semesters and an 8 <sup>th</sup> grade student shall be eligible for 10 consecutive semesters?	Yes	No
5. Has this student been registered and submitted on the LHSAA Members' Only website <b>and</b> has the student participated in practice or an athletic contest at your school?	Yes	No
6. Do you have a complete student folder on the above-named student that includes a birth certificate, transcript/report card and a properly completed and signed medical history and medical examination form, athletic participation and parental permission form, substance abuse/misuse contract and a signed copy of this contract?	Yes	No

### CONTRACT REGARDING STUDENT-ATHLETE'S ELIGIBILITY

I, principal of the above-named school, have informed the parent(s) of the student named above that once the student has been registered and submitted on the LHSAA Members' Only website **and** participates in practice or any athletic contest, my school shall become his/her school of eligibility in the 9<sup>th</sup> grade and any subsequent transfer to any other LHSAA member school without a corresponding bona-fide change of residence into another school attendance zone shall render him/her ineligible at that school for one calendar year from the date the student begins attending that school.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINCIPAL**

I, \_\_\_\_\_, parent(s) or guardian of the above-named student, understand that by allowing him/her to be registered and submitted on the LHSAA Members' Only website **and** to participate in practice or any athletic contest as a student-athlete for the above-named school establishes his/her school of choice and athletic eligibility at this school in the 9<sup>th</sup> grade and that any subsequent transfer to another LHSAA member school without a corresponding bona-fide change of residence to another civil parish shall render him/her ineligible at that school under he/she has attended the school for one calendar year.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PARENT/GUARDIAN**

- NOTES:**
1. Schools shall keep an executed copy of this form in the student-athlete's eligibility folder.
  2. Schools shall provide the parent(s)/guardian(s) with a signed copy of the form
  3. Failure by the parent(s)/guardian(s) to sign this form will render the student-athlete ineligible until the form is signed.
  4. Schools shall be prohibited from allowing any student-athlete to participate at any level of play in all LHSAA sports if the form is not signed by the student-athlete's parent(s)/guardian(s).



# HOLD-BACK REPEAT STUDENT TRACKING FORM (In-School Use)

**All incoming 9<sup>th</sup> graders must fill out.**

STUDENT NAME \_\_\_\_\_ GRADE 9<sup>th</sup>

<u>Grade</u>	<u>Year</u>	<u>Elementary/Middle/Jr High</u>	<u>Passed/Failed</u>
8 <sup>th</sup>	15-16	_____	_____
7 <sup>th</sup>	14-15	_____	_____
6 <sup>th</sup>	13-14	_____	_____
5 <sup>th</sup>	12-13	_____	_____

I certify the information on this form to be true and accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student



**PARTICIPATION IN EXTRACURRICULAR EVENTS  
PARKVIEW BAPTIST SCHOOL'S  
ASSUMPTION OF RESPONSIBILITY**

**WE are the parent(s) or legal guardian of \_\_\_\_\_, a student at PARKVIEW BAPTIST SCHOOL, age \_\_\_\_\_. This student has been in attendance at PARKVIEW BAPTIST SCHOOL since \_\_\_\_\_.**

WE understand, support and embrace the fact that one of the opportunities offered in the PARKVIEW BAPTIST SCHOOL'S education experience is the option to voluntarily participate in extracurricular activities such as athletics.

WE acknowledge our informed awareness that although there are risks associated with an athletic endeavor, especially those involving intentional bodily contact, the experiences gained from being part of a team, such as teamwork, camaraderie, friendship, exercise, team spirit and responsibility, make reasonable for participation by our child and reasonable for PARKVIEW BAPTIST SCHOOL to allow the conduct.

WE further acknowledge that PARKVIEW BAPTIST SCHOOL is not the guardian of all the participants' safety in any given endeavor.

WE further acknowledge and knowingly accept the financial responsibility for our child's medical expenses should an accident occur. SPECIFICALLY, accepting the financial responsibility for our child's medical expenses means:

- 1) We acknowledge that we have our own medical and/or hospitalization insurance coverage and that we will look to that coverage first for reimbursement.
- 2) WE agree not to assert a claim or a file a lawsuit against PARKVIEW BAPTIST SCHOOL for personal injury damages should our child be accidentally injured in the course and scope of preparing for an athletic event while under the school's supervision.
- 3) SHOULD circumstances necessitate our having to assert a claim on behalf of our child, we knowingly and voluntarily agree to confine or limit our attempt

to recover personal injury damages against the following insurance carriers, either separately or by a combination thereof:

- a. Our own liability insurance carrier;
  - b. The liability carrier for a given third party who might be responsible for the accidental injury to our child;
  - c. The carrier who provides liability coverage for PARKVIEW BAPTIST SCHOOL.
- 4) It is hereby acknowledged and understood that by affixing our (my) signature(s) to the form in no way limits or restricts our (my) rights to recover damages directly from a third party's insurance company when a given third party might otherwise be responsible for the accidental injury to our (my) child; nor does our (my) signature in any way limit or restrict our (my) right to recover damages from the third party personally should the insurance coverage of said third party not be adequate; provided that the third party is not a member of the PARKVIEW BAPTIST SCHOOL'S faculty and/or staff or a member of its Board of Directors, whether named or implied.

We knowingly and voluntarily accept the following absolutely mandatory condition required by PARKVIEW BAPTIST SCHOOL for our child to be allowed to participate in this extracurricular athletic activity. NAMELY, WE will continue to carry medical/hospitalization insurance on our child for as long as our child participates in this or any other extracurricular athletic activity. Conversely, WE understand that should the aforementioned medical/hospitalization coverage lapse for any reason, and thus our child would no longer be covered, we will immediately notify the appropriate head coach and simultaneously voluntarily withdraw our child from the extracurricular athletic activity in question. WE further understand all conditions being equal; our child will regain eligibility upon written proof of medical/hospitalization coverage being provided to the ATHLETIC DIRECTOR OF PARKVIEW BAPTIST SCHOOL.

A principle condition for our willingness to affix our signature hereunto is that PARKVIEW BAPTIST SCHOOL will provide SUPPLEMENTAL insurance coverage for all of its students participating in extracurricular athletic or spirit activities. WE understand and knowingly accept the fact this coverage is SUPPLEMENTAL to the medical/hospitalization coverage we carry on our child, and in no way replaces our policy coverage.



WE understand and accept this completed form must be turned in to the ATHLETIC DIRECTOR/SPIRIT DIRECTOR before our child will be eligible to participate in this extracurricular athletic or spirit activity.

**YES, WE HAVE MEDICAL/HOSPITALIZATION COVERAGE FOR:**

**Name of Athlete**\_\_\_\_\_

**Name of Insurance Company**\_\_\_\_\_

**Policy Number**\_\_\_\_\_

**Name of specific extracurricular athletic activity(ies)**\_\_\_\_\_

\_\_\_\_\_

**Coach(es) for activity(ies)**\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ATHLETIC DIRECTOR'S SIGNATURE**



**2016-2017**  
**Student Athletic Teams**  
**and**  
**Spirit Support Teams Handbook**



**Updated May 2016**

## **MISSION STATEMENT AND PURPOSE**

*The mission of Parkview Baptist School, in partnership with the church and community, is to seek first the Kingdom of God while providing students with a college-preparatory, Christ-centered education that allows them to grow and mature in wisdom, in stature, and in favor with God and man.*

The purpose of this handbook is to provide the athletic staff, student athletes, spirit team members, and parents the information needed to ensure an organized and unified school is committed to a common vision rooted in the mission statement of the school.

## **ELIGIBILITY FOR PARTICIPATION**

All eligibility is determined in the high school office by the High School Division Head.

1. All students must maintain a “C” average (2.0) based on quality points assigned to percent grades at each grading period (4.5 week midterm progress report or 9 weeks report card). Those students below a “C” average (2.0) will be placed on probation on the Student Activities Eligibility List. Any student who is already on probation and earns less than a “C” average (2.0) for the grading period will then be ineligible. A student will remain on probation or ineligible until the next grading period is completed. Students who are ineligible are suspended from after-school participation and may not attend practice, meetings or compete in any events until the end of the next grading period. This includes athletics, field trips, and any off-campus activities. At the next grading period (4.5 week midterm progress report or 9 weeks report card) the student may be removed from the probation or ineligible list if he/she has earned a 2.0 average for that grading period.
2. The student must be in good standing with the school and, if participating in an LHSAA sport, must be a bona fide student living in East Baton Rouge Parish or been in attendance at Parkview for one calendar year.
3. All LHSAA paperwork must be completed, signed correctly (parent and student), and turned in **before the first day of practice**. Students will not be allowed to participate until this paperwork is turned in and on file. This paperwork includes: Birth Certificate, LHSAA permission form, LHSAA Medical History form, LHSAA physical form, LHSAA drug-testing form, and the LHSAA hold-back form (not applicable to spirit teams.)
4. The athlete must not be 19 years of age before September 1 (not applicable to spirit teams.)
5. All PBS paperwork must be completed, signed correctly (parent and student), and turned in **before the first day of practice**. Students will not be allowed to participate until this paperwork is turned in and on file. This paperwork includes: Parental assumption of responsibility form, PBS substance abuse contract, and a copy of the student’s medical insurance card. PBS provides supplemental school accident insurance that may help with medical expenses that are not covered by your medical insurance policy.

6. The school policy concerning student participation in extracurricular activities (athletics, spirit groups, choir, or band) requires school attendance for the first **four class periods** on the day of participation. Extenuating circumstances must be approved by the Division Head.

## **SCHOOL BOARD POLICIES**

1. All athletes must meet the rules and regulations of the Louisiana High School Athletic Association (LHSAA). This does not apply to spirit teams.
2. All athletes and spirit teams are expected to attend all academic classes and athletic team practices, workouts, meetings, and activities.
3. No athlete will be allowed to participate in Parkview's summer-based programs unless he/she is enrolled at Parkview Baptist School for the following year. Summer participation is **not** a requirement in order to participate on a school-sponsored team during the official school term.
4. Each sport or spirit team will have rules and regulations with specific outcomes for actions. The Head Coach will provide information concerning the rules and regulations of his/her sport or spirit team to the athlete or spirit team member and parents with copies on file with the Athletic Director or Spirit Team Director and Division Head (principal). Any athlete may be dropped from a squad or disciplined for not adhering to school, athletic, or team policies. All major discipline problems will be reported **in writing** to the Athletic Director or spirit team director and the High School Division Head. The parents will also be notified of the offense and of the discipline administered.
5. If an athlete chooses to quit a team, he/she is ineligible to begin another sport until the initial sport season ends. Exceptions will be considered on a case-by-case basis after meeting with all coaches involved, the athletic director or spirit team director, and the High School Division Head.
6. Practice time is limited to 2 ½ hours per school day, except on Friday after school, Saturday and holidays. **NO PRACTICE ON SUNDAY** (unless special permission is granted due to extenuating circumstances). Skull session, film evaluations, team meetings, etc., are considered to be part of the 2 ½ hours. The in-school practice time officially starts 20 minutes after school is out. The purpose and intent of the practice time policy is to provide the student-athlete necessary and quality time to prepare academically for class work and responsibilities. All before school or night practices must be approved by the Athletic Director or Spirit Team Director and the High School Division Head.
7. No games or events will be scheduled on Wednesday evenings or Sundays. Exceptions may be made for extenuating circumstances on a case-by-case basis.
8. Varsity letter awards may be earned from all school-sponsored athletic teams and spirit groups. Prior to the season, each head coach will submit criteria for lettering to the athletic director and principal for approval and, upon completion of the season, provide a subsequent list of athletes who have met the criteria for lettering. Letter awards and state

championship rings are paid for by the student-athlete. Middle school students who “earn” a varsity letter will be allowed to order a letter-jacket.

9. Exam/Dead Day Information: Dead Days are held during the first semester and second semester final exams, and no school-related evening activities may be held during this time. However, there may be events scheduled that are beyond the control of the school administration. Dead Days start the day before the exams begin and will continue until exams are completed. School activities may not be scheduled after 5:30 p.m. on the evening prior to any exam day. In-season practices/rehearsals may be conducted in the early afternoon since school will be dismissed earlier; however, all practices/rehearsals are limited to two (2) hours.
10. Neither parents nor athletes should have keys to any school facilities. Athletes and spirit team members are not to use the facilities at any time without a certified coach or sponsor employed by Parkview Baptist School being present.
11. An athlete or spirit team member is encouraged to participate in more than one sport and will not be penalized in any way while he/she is involved in another sport. Tryouts for a team will not require an athlete or spirit team member to try out for a new sport while he/she is involved in another sport.
12. Participation on a PBS team is not a guarantee of game time minutes to be played.

## **CONDUCT ON CAMPUS AND IN THE CLASSROOM**

Behavior and appearance on the campus are of great importance to our athletic teams and spirit groups. Our student-athletes are expected to set an example of mission appropriateness on the campus and in the classroom.

1. An athlete or spirit team member should take pride in himself/herself and his/her appearance and speech.
2. An athlete should always be a Christian role model for his/her peers or younger students.
3. Discipline problems in the classroom or disrespectful behavior at any time by an athlete are unacceptable.
4. An athlete or spirit team member always must remain in good standing academically. He/she must be a student before he/she can be an athlete.

## **PARENTS AND SUPPORTERS**

Parkview Baptist School considers all athletic and spirit arenas of endeavor as extensions of the classroom. Since parents and supporters are sincerely interested in the continuation of excellence in Parkview Baptist athletics, the following should be kept in mind:

1. There is **no** such thing as a “**right to participate**” in interscholastic athletics and spirit teams. The player or parent who takes advantages of the “privilege to participate” is expected to conduct him or herself in a way so that the privilege is not rescinded.
2. All teams belong to the school. Guidelines are in place so that all athletes or spirit team members may compete under the same standards.
3. Concerns to be addressed with a coach will be handled professionally by scheduling a conference through the high school office. These concerns should never be addressed at the conclusion of a game or practice. It is imperative that we follow the chain of command in addressing complaints. The order of meetings should be as follows: parent and coach; parent, coach, and athletic director or spirit team director; parent and division head (principal); parent and superintendent.
4. Spectators are guests of the school. Boisterous, obscene, or argumentative language and /or actions will not be tolerated; and the person(s) responsible for such may be escorted from the premises. Repeated violations of this will result in the parents not being allowed on campus during the event.
5. Anyone involved in a fight will be removed immediately from the premises and may be subject to prosecution of the law.
6. Middle school student-athletes or spirit team members who are participating in a high school level activity are under the jurisdiction of the high school athletic director and high school division head (principal). Please understand the expectations of such student-athletes are increased. These expectations require more time, and sometimes more financial support. Also, understand the social mixture of high school and middle school student-athlete’s. A mandatory meeting will occur with the middle school division head, high school athletic director, head coach, and parents to discuss these increased demands and expectations. This meeting must take place before the student-athlete can participate in the sport.



**PARKVIEW BAPTIST SCHOOL**  
**STUDENT ATHLETIC HANDBOOK**  
**CONSENT FORM**

I have read the Student Athletic Handbook / Spirit Team Member Handbook of Parkview Baptist School and agree to follow the rules and regulations set forth. I realize that a player or spirit team member may be suspended or removed from the team at Parkview Baptist School for failure to follow the standards set forth in the Student Handbook.

**Athlete's or Spirit Team Member's Signature**

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

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Coach's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_