



2019 - 2020

RETURNING ATHLETES

VCH TERRIER ATHLETICS
Please Print The Following:

Name of Student Athlete: _____

Grade of Student Athlete: _____

Please circle one of the following: MALE FEMALE

Sports Considering: _____

Name of Parents or Guardian: _____

IS THIS YOUR FIRST TIME PARTICIPATING IN A SPORT AT VCH? YES NO

(IF YES PLEASE ATTACH A COPY OF BIRTH CERTIFICATE!!!!)

Participation in the Vanderbilt Catholic Athletic Program is a privilege, not a right. Upon making the decision to participate, student-athletes and Parents must be prepared to make a commitment to the program. In addition, participation requires student-athletes and their parents to accept and abide by the policies and procedures detailed in this handbook and as required by Vanderbilt Catholic High School in its rules and codes for all students, as well as those of the Louisiana High School Athletic Association (LHSAA). If you have questions about any of this information, please do not hesitate to call the Vanderbilt Catholic Athletic Office and speak with the Athletic Director.

****PHYSICAL MUST BE TURNED IN TO THE HEAD COACH OF THE FIRST SPORT OF THE SCHOOL YEAR BEFORE ANY ATHLETE CAN TRY-OUT!**

	SIGNATURES NEEDED BY:			NOTES:
	STUDENT	PARENT	DOCTOR	
LHSAA MEDICAL HISTORY EVALUATION	N/A			
LHSAA ATHLETIC PARTICIPATION FORM			N/A	
LHSAA SUBSTANCE ABUSE CONTRACT			N/A	
LHSAA CONCUSSION SHEET			N/A	
ASSUMPTION OF RISK WAIVER			N/A	
CODE OF CONDUCT ACCEPTANCE PAGE			N/A	Download and Read on VCHS website. www.vandebiltcatholic.org (Student Life / Athletics)
CHECKLIST FOR 7 TH /8 TH GRADERS	N/A		N/A	



ATHLETIC PAPERWORK

FOR THE 2019-20 SCHOOL YEAR, THE ATHLETIC DEPARTMENT WILL BE GOING BACK TO THE ORIGINAL PROCEDURE FOR TURNING IN ATHLETIC PAPERWORK (PHYSICAL, etc.). ALL PAPERWORK WILL NEED TO BE TURNED IN TO THE HEAD COACH OF THE ATHLETES' FIRST SPORT HE/SHE PARTICIPATES. IT WILL THEN BE THE HEAD COACHES' RESPONSIBILITY TO BRING PAPERWORK TO THE ATHLETIC OFFICE. ALL ATHLETES MUST HAVE A PHYSICAL IN ORDER TO TRY OUT FOR A SPORT. IT IS STRONGLY ENCOURAGED FOR PARENTS TO MAKE A COPY OF THE PHYSICAL (OR PACKET) FOR THEIR RECORDS. THANK YOU FOR YOUR COOPERATION!

GOD BLESS,

A handwritten signature in cursive script, reading "Margaret Johnson". The signature is written in dark ink and has a long, sweeping horizontal line extending to the right.

MARGARET JOHNSON
ATHLETIC DIRECTOR

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 _____

GENERAL MEDICAL EXAM :	OPTIONAL EXAMS:	ORTHOPAEDIC EXAM :																																																																		
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COMMENTS: _____

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.

ATHLETIC ACCEPTANCE FORM

STUDENT / PARENTS/ ADMINISTRATION

I fully understand and accept all provisions and policies stated in the Student Athlete and Parent/Guardian Handbook. Furthermore, I understand and accept all consequences associated with violations of said handbook. I agree that the athletic code of conduct is in accordance with the morals and values of Vandebilt Catholic High School.

By signing this Acceptance Form we are indicating that we have read the Athletic Handbook/Code of Conduct, either online or as a hard copy.

****The student will not be allowed to participate in athletics until this form is signed and turned into the Athletic Office!**

****Updated Athletic Handbook will be available July 1, 2019 on the Vandebilt Catholic website.**

STUDENT NAME (print)	STUDENT SIGNATURE	DATE
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PARENT NAME (print)	PARENT SIGNATURE	DATE
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PARENT NAME (print)	PARENT SIGNATURE	DATE
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<i>Margaret Johnson</i>	<i>7 - 1 - 2019</i>
ATHLETIC DIRECTOR	DATE

<i>Jeremy Gueldner</i>	<i>7 - 1 - 2019</i>
PRINCIPAL	DATE



“ Vandebilt Catholic High School Athletics is strongly committed to supporting the mission statement of the school. While striving for victory is a natural part of athletic competition, we believe that winning is a by-product of doing the little things right first. Our ultimate goal is to develop a strong foundation of life skills rooted in faith that will lead our student-athletes to a lifetime of success. As the value of our Athletic Department is not measured on the number of championships, but where our student-athletes will be twenty years from now.”

-Vandebilt Catholic Athletic Mission Statement