



**EAST ASCENSION**

**HIGH SCHOOL**

**2022 - 2023**

**ATHLETIC PACKET**

**ALL SPORTS**

**STUDENT NAME**



**SPORT**



# ATHLETIC QUESTIONNAIRE

(PLEASE PRINT)

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S WORK PHONE \_\_\_\_\_ FATHER'S CELL PHONE \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S WORK PHONE \_\_\_\_\_ MOTHER'S CELL PHONE \_\_\_\_\_

MOTHER'S EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**\*\* PLEASE MAKE SURE PHONE NUMBERS ARE CORRECT AS THESE NUMBERS ARE USED TO CONTACT YOU IN  
CASE OF AN EMERGENCY \*\***

# INSURANCE INFORMATION

## To the Parents and Guardians of EA Athletes:

This is to inform you of how the insurance claims are handled at our school in the event of an injury from an athletic event. Your personal insurance is considered primary or "first insurance". The parish insurance is secondary carrier. You should file under your insurance first. The parish insurance is carried to help with balances not covered by your insurance. Parents are responsible for filing all proper paperwork with insurance companies. See number 2 for further information.

- 1. The head trainer must see all injuries related to athletics.**
- 2. The head trainer must fill out an accident report and a Notification of Injury form (insurance claim form). The original Notification of Injury form should be given to the athlete for his/her parents to complete the bottom portion and file with the insurance company. This should be done before the athlete goes to the doctor if at all possible. Parents are responsible for filing all claim forms and paperwork with the school's insurance. Parents can contact the Athletic Secretary for assistance if needed.  
\*\* Athletic Secretary: Holli Zeringue -- Email: [holli.zeringue@apsb.org](mailto:holli.zeringue@apsb.org) -- Phone: (225)391-6117 \*\***
- 3. There will be times when the athlete must see a doctor and the trainer is not available. In this situation, the athlete should have a written note from the doctor explaining the problem. The trainer will then make sure proper forms are filled out.**

Please read the above carefully, know what to do in the event of injury. If there are any questions concerning this please feel free to call the school.

Sincerely,

Darnell Lee  
Athletic Director

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PARENT OR GUARDIAN SIGNATURE                      DATE

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ATHLETE SIGNATURE                                      DATE



**EAST ASCENSION HIGH SCHOOL  
612 EAST WORTHY ROAD  
GONZALES, LA 70737  
(225) 391- 6100**

Dear Parents,

With the advancement of electronic communications, texting and e-mail has made getting messages concerning practices and games to our players and parents much easier than a phone call. It is important to the Administration and Athletic Department of East Ascension High School that we adhere to all policies and procedures set forth by our School Board. In order to do this, we would like for you to know that during the course of the season it may be necessary for coaches to contact you and your child via text or e-mail for athletic purposes only. This may be done via mass e-mail or text, depending on the sport.

In order to protect all parties involved, we ask that you give permission for your child to be contacted electronically for athletic purposes. Your signature grants permission for contact for athletic purposes only.

If you should have any questions please contact Coach Darnell Lee, Athletic Director (225) 391-6130.

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I understand that by signing this document, I or my child can be contacted by a coach via text or e-mail for athletic purposes only. This signed document will be kept on file in the front office as well as with the coach.

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**PARENT OR GUARDIAN NAME                      E-MAIL ADDRESS                      CELL PHONE**

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**ATHLETE NAME                                      E-MAIL ADDRESS                      CELL PHONE**

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**PARENT OR GUARDIAN SIGNATURE**

## **INFORMED CONSENT FOR FOOTBALL**

I, \_\_\_\_\_, have attended a briefing by the head coach and/or athletic trainer at my high school concerning the ever-present risk of injury as a result of my participation in football in high school during either practice or competition.

Furthermore, I acknowledge that the following areas were covered at that briefing:

1. My participation in football in high school requires an acknowledged acceptance of the risk of injury, however minor or catastrophic it may be.
2. The rules of conduct of football are designed to help protect me as an athlete from injury, but even the proper enforcement of such rules by game officials is not a guarantee against injury. Also, printed labels or warnings on equipment and instruction by my coaches in proper techniques will minimize but can never completely eliminate such risk.
3. As a result of the tremendous forces encountered during conditioning, training, and competition. I understand that serious injuries, including but not limited to the neck and head, may result in death, permanent brain damage, and/or paralysis with resultant paraplegia, quadriplegia and/or confinement to a wheelchair for life.
4. I also understand that the rules of football against intentional butting, ramming or spearing opponent with or without the helmeted head are designed to protect the attacking player much more than the other player. **IT IS UNDERSTOOD THAT MY FAILURE TO COMPLY WITH THESE RULES MAKES ME A PRIME CANDIDATE FOR CATASTROPHIC INJURY.** I understand that the typical scenario of this type of athletic disaster is the lowering of one's head while making a tackle. The momentum of the body tries to bend the neck after the head is stopped by the impact and the cervical spine cannot be "splinted" as well by the neck muscle with the head lowered as it may be in the preferred "face up, eyes forward, neck bulled" position. Because of the impact forces involved, even the "face up" position is not guaranteed against injury. Furthermore, the intent to make contact face up cannot assure that such a position can be maintained at the moment of impact. When the force of impact is sufficient, the vertebrae can dislocate or break, causing damage to the spinal cord, and thereby producing permanent loss of motor and sensory production below the level of injury.
5. I recognize that I have the responsibility to wear the required equipment, obey the rules of football, train and condition my body to the best of my ability, and to utilize the proper technique when playing. I also know that I must avoid athletic activities for which I have not been trained or do not feel qualified to perform. I agree to uphold my responsibility to report any injuries to the athletic training staff, and follow their recommendations for treatment and rehabilitation as needed to safely return to full participation.
6. Finally, I understand that the NOCSAE seal on a helmet indicates that a manufacturer has complied with the best available engineering standards for head protection. By keeping a proper fit, by not modifying this design, and my reporting to the equipment manager any need for its maintenance. I am also complying with the purpose of the NOCSAE standard/

**I have read and understand the significance of these statements.  
(PLEASE SIGN YOUR ACKNOWLEDGEMENT ON FOLLOWING PAGE)**

INFORMED CONSENT FOR FOOTBALL CONTINUED

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STUDENT ATHLETE SIGNATURE

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DATE

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PARENT OR GUARDIAN SIGNATURE

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DATE

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HEAD COACH SIGNATURE

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DATE

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TRAINER OR WITNESS SIGNATURE

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DATE

\*\*\*\*\* FOR FOOTBALL ONLY! \*\*\*\*\*

**PROJECT P.A.S.S.**  
**(PROGRAM FOR ATHLETES STAYING STRAIGHT)**

**STUDENT ATHLETE CONTRACT**

As a student athlete in Ascension Parish Schools, I fully realize the importance of being physically, mentally, and morally fit. I understand that to pursue excellence on the playing field I must not experiment with alcohol or other illegal substances.

I am fully aware of the Ascension Parish School Board policy on drug and alcohol use and also the additional rules set forth by my school's athletic department. I understand that should I violate these rules I am subject to severe penalties including loss of athletic privileges.

I also understand that should I have the need to discuss or seek assistance in reference to a drug or alcohol related matter, it is my responsibility to do this immediately. This can be done with a member of the coaching staff, a guidance counselor, or administrator and all discussion will be in absolute confidentiality. I know that if I ask for help I will receive help and I will face no disciplinary consequences because of my voluntarily seeking help for a problem. I also understand that this does not relieve my obligation through the mandatory drug-testing program.

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ATHLETE SIGNATURE

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DATE

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PARENT OR GUARDIAN SIGNATURE

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DATE

**ASCENSION PARISH SCHOOLS**  
**ATHLETE/EXTRACURRICULAR AUTHORIZATION**  
**AND DRUG CONSENT FORM FOR ALCOHOL AND DRUG TESTING**

No student should be tested unless the parent or guardian and the student sign this form permitting the performance of the subject tests. By signing and submitting the Athlete/Extracurricular Authorization and Consent Form for Alcohol and Drug Testing, the parent(s)/guardian(s) and student acknowledge that they have consented to the administration of the tests. They also waive any claim of invasion of privacy and waive any objection to the actions necessary in the implementation of this drug-testing program and in furtherance of the goals which serve as its basis. It shall be understood further, that by agreeing to any test, the parent(s)/guardian(s) and the student authorize the Ascension Parish School Board to have the test enumerated herein administered as a necessary and mandatory aspect for participation in its athletic/extracurricular programs. Refusal to sign the following form and/or to submit to the test shall constitute immediate notice that the student shall not be permitted to participate or continue to participate in athletics/extracurricular activities offered by the Ascension Parish School Board and the schools under its jurisdiction.

By signing this consent form, the parent(s)/guardian(s) and student hereby release and hold harmless the Ascension Parish School Board and its agents from any and all liability or responsibility arising out of 1. The collection of the specimen(s); 2. the testing of the specimen(s); and/or 3. The reporting of the test results. It is understood and agreed that the School Board and the testing laboratory are only testing specimens for drug and alcohol use and therefore assume no responsibility, and shall not be responsible for diagnosing, notifying of, and/or treating any disease that may be revealed by said testing.

I, \_\_\_\_\_, authorize the Ascension Parish School Board to conduct tests on specimens, which I will  
(athlete's name)  
provide, to test for drugs and alcohol. I also authorize the release of information concerning the results for drugs and alcohol. I also authorize the release of information concerning the results for drugs and alcohol. I also authorize the release of information concerning the results of such test to the Ascension Parish School Board through its agents (the Superintendent and/or his/her designee) and to my parent(s) and/or guardian(s). If I am or have been taking prescription medication, I acknowledge that I may provide verification (either by copy of the prescription or buy doctor's authorization) prior to being tested. I am aware this is requested information concerning prescription medication is voluntary and shall be provided in a sealed envelope, and the contest thereof will only be used by the testing agency if needed. I am fully aware of the Ascension Parish School Board policy on drugs and alcohol use and also the additional rules set forth by my school's athletic department. I understand that should I violate these rules, I am subject to severe penalties including loss of athletic/extracurricular privileges.

**SIGNATURE OF STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LAST FOUR OF SOCIAL SECURITY #:** \_\_\_\_\_ (must have for drug testing purposes only)

"I have read the above document, and permission is hereby given for the above-named student to participate in athletics/extracurricular activities at East Ascension High School. I understand that drip and alcohol screening is not only necessary, but also a requirement for participation and that participation shall be denied to students who do not follow all rules (parish, school, and coaches) that pertain to athletics/extracurricular activities."

**SIGNATURES OF PARENT(S)/GUARDIAN(S):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**EAST ASCENSION HIGH SCHOOL  
EMERGENCY TREATMENT  
PERMISSION FORM**

In case of an emergency, when the parents or guardians cannot be reached, I,  
\_\_\_\_\_, grant permission to the school athletic trainer and/or representative  
(parent or guardian's name)  
to provide and/or obtain medical attention for \_\_\_\_\_ . I request that my  
(athlete's name)  
child be taken to \_\_\_\_\_ or the nearest available hospital, if it is an extreme  
(hospital preference)  
emergency. I further authorize the medical personnel of the hospital to care for and/or treat my child.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE POLICY NUMBER: \_\_\_\_\_

INSURANCE POLICY HOLDER: \_\_\_\_\_

**ASCENSION PARISH SCHOOL BOARD**  
**PUBLIC INFORMATION/COMMUNICATIONS RELEASE**

I agree, that for the school year 2022-2023, the Ascension Parish School Board, it's employees or licensees or members of the media, may use the name, voice, and/or likeness of \_\_\_\_\_, through new publications, (name of person requiring release) audiovisuals and other electronic transmissions issues by or with the permission of any school or office of the Ascension Parish Public School System. These may include, but not be limited to: photographs, videotapes, live broadcasts, sound recordings and/or electronic transmissions pertinent to school activities for official purposes as determined by the School Board. I understand that this release is a release of my rights or those of the minor child to compensation. As such, I waive any right to receive an award of fees and/or reimbursement of any kind related to the use of the above materials.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(if under 18 years of age, signature of parent or legal guardian)

**PRINT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE A  
COPY OF YOUR BIRTH  
CERTIFICATE