

Dear Parents and Students,

As of now Paul Breaux Boys Track Tryouts will be held on **Tuesday February 6th, 2024** after school from **4:20-5:45pm**. Please be aware that the tryout date could change due to unforeseen circumstances (weather would be the most likely cause). The doors to the gym will close at 4:15pm and will not open till 5:45pm. **Do not be outside when the doors close!** No parents will be allowed to stay and watch the try-out. All paperwork will need to be turned in by **Monday February 5th**. Paperwork will **NOT be accepted the day of the tryout!!!** In years past I have had to turn away students because they did not have a paper signed. I ask that you sign/fill out all paperwork that does **NOT** need a required doctor's signature the first day that you receive them. Make sure to look at the front and back of each paper. Please do not wait till the day before to sign/fill out because sometimes parents get rushed and do not fill out everything needed. If this happens and everything is not filled out/signed and turned in by **Monday February 5th** I will be forced to turn away your child.

Here are a few key things to know:

- 6th, 7th, and 8th graders are welcome to try out
- I plan to keep 20-25 athletes for the boys track team
- **The most important thing that they need is a physical filled out by a DOCTOR. This can be done by your family doctor or any Walk-In Clinic. If this form is not filled out by a doctor then I will be forced to turn away your child. There is a place on the physical for the parent to **PRINT, SIGN (SIGNATURE) AND, DATE** on the form. Please make sure to sign. If that is not signed I will have to turn away your child. The earlier you get this done the better.**
- Your child will need to see me if they tried out for football and/or basketball this school year (2023-2024) or track and soccer in the spring of 2023. There is a **chance** their physical is still good from those seasons. I will let them know if their physical is still good or whether they will have to get a new one. **Please do not assume it is still good, they need to ask!!**
- If your child tried out for the football team and/or basketball team in the fall of 2023 then they should have all the necessary paperwork in order to tryout; however, they still need to check.
- Please be aware that if your child makes the track team there will be more paperwork to fill out.
- If you have any questions/concerns please do not hesitate to contact me via email or by calling the school.

Thank You,



Kody Viator: Girls and Boys Track Coach

ktviator@lpssonline.com

337-521-7860

Track and Field Average Times/Distances

For track and field there are certain times/distances that I will be looking for when it comes to tryouts. Listed below are those times/distances. If your child falls within the time/distance then they have a good CHANCE of making the track team.

These are the events that the girls/boys will be able to try out for:

100m Dash: 12s - 16s

200m Dash: 27s - 35s

400m Dash: 1:00min - 1:25min

800m Run: 2:45min - 3:30min

1 Mile Run: 6:00min - 7:45min

Shot Put: 22ft - 35ft

Discus: 35ft - 60ft

Long Jump: 12ft - 16ft

Things that can hurt your child's CHANCE of making the team. (Nothing is guaranteed):

- Having 5 or more major referrals
- Having been recommended for expulsion
- Failing P.E. for either of the Nine Weeks (1st or 2nd) (No student should fail P.E.)
 - Having a poor attitude in P.E./overall
 - Having a poor attitude during tryouts

Your child will NOT be eligible if they had 2 F's on their report card for the Second Nine Weeks. They will also not be eligible if they turned 15 years old before September 1st of 2023. These are not my rules but are parish wide athletic rules. If you have an issue with this please contact the school board and talk to the athletic director or your school board representative.

***Please understand that if your child meets all the necessary times/requirements that **DOES NOT** mean that they will automatically make the track team. I am not looking for the fastest and best athletes. I am looking for the right ones. ***

Dear Parents and Students,

As of now Paul Breaux Girls Track Tryouts will be held on **Wednesday February 7th, 2024** after school from **4:20-5:45pm**. Please be aware that the tryout date could change due to unforeseen circumstances (weather would be the most likely cause). The doors to the gym will close at 4:15pm and will not open till 5:45pm. **Do not be outside when the doors close!** No parents will be allowed to stay and watch the try-out. All paperwork will need to be turned in by **Monday February 5th**. Paperwork will **NOT be accepted the day of the tryout!!!** In years past I have had to turn away students because they did not have a paper signed. I ask that you sign/fill out all paperwork that does **NOT** need a required doctor's signature the first day that you receive them. Make sure to look at the front and back of each paper. Please do not wait till the day before to sign/fill out because sometimes parents get rushed and do not fill out everything needed. If this happens and everything is not filled out/signed and turned in by **Monday February 5th** I will be forced to turn away your child.

Here are a few key things to know:

- 6th, 7th, and 8th graders are welcome to try out
- I plan to keep 20-28 athletes for the girls track team
- **The most important thing that they need is a physical filled out by a DOCTOR. This can be done by your family doctor or any Walk-In Clinic. If this form is not filled out by a doctor then I will be forced to turn away your child. There is a place on the physical for the parent to **PRINT, SIGN (SIGNATURE) AND, DATE** on the form. Please make sure to sign. If that is not signed I will have to turn away your child. The earlier you get this done the better.**
- Your child will need to see me if they tried out for volleyball and/or basketball this school year (2023-2024) or track and soccer in the spring of 2023. There is a **chance** their physical is still good from those seasons. I will let them know if their physical is still good or whether they will have to get a new one. **Please do not assume it is still good, they need to ask!!**
- If your child tried out for the volleyball team and/or basketball team in the fall of 2023 then they should have all the necessary paperwork in order to tryout; however, they still need to check.
- Please be aware that if your child makes the track team there will be more paperwork to fill out.
- If you have any questions/concerns please do not hesitate to contact me via email or by calling the school.

Thank You,



Kody Viator: Girls and Boys Track Coach
ktviator@lpssonline.com
337-521-7860

Lafayette Parish Middle School

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.

(To be completed and signed by Parent/Guardian)

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 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.

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 sports: (Circle the sport or sports your child is allowed to participate in.)

BASKETBALL
FOOTBALL

SOCCER
CHEERLEADING

TRACK AND FIELD
VOLLEYBALL

I certify the preceding information is correct.

Date: _____ Parent's Signature: _____

(Print Name) _____

Telephone No: () _____

E-Mail _____

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,

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

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

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

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: _____

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

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

From this limited screening I see no reason why this student cannot participate in athletics.

- Student is cleared
 Cleared after further evaluation and treatment for: _____
 Not cleared for: contact non-contact

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.