Lafayette High Schools Girls Soccer

2026 Player Demographic and Tryout Checklist

Player Information

Name: _____ Grade: _____

Email Address: _____

Cell Phone: _____ Jersey /Shirt Size: S: ☐ M: ☐ L: ☐ XL: ☐

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____

City, Zip Code: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

City, Zip Code: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

***** This section is for Official Use Only *****

Completed Forms	
KHSAA Physical	☐
Form HIPPA Form	☐
Extra Curricular Transportation	☐
Address Verification	☐
LHS Jersey Number Request	☐

Team			
Varsity (V):	☐	Jersey No:	_____
Junior Varsity(JV):	☐	Jersey No:	_____

HIPAA Privacy Rule Release Form

The University of Kentucky Sports Medicine Center faculty and staff are committed to protecting the privacy of all health information obtained and maintained through this pre-participation physical examination. This "Protected Health Information" (PHI) provides information about _____'s past and present health. The Purpose of this release form is to explain who this information will be released to and to obtain written authorization from the parent(s)/legal guardian(s) for release of this information.

This athlete's PHI will be shared/released to a school official (such as the head coach) to certify approval of physical activity and for treatment purposes if the parent/guardian is not available. For these reasons, this signed form is mandatory for participation in KHSAA Insurance Portability and Accountability Act (HIPAA) at the clinic (details included in clinic Notice of Privacy Practices) and the Family Education Right to Privacy Act (FERPA) that applies at the school.

I have read and understand the information above.

_____ _____

Parent(s) / Legal Guardian(s) Signature Date

Parent/Guardian Permission Form for Field Trips

School: Lafayette High School

I, the undersigned Parent/Guardian of the student named below, understand the nature of the Field Trip

being planned to: All LHS Girls Soccer games, practices and events 2026 (Location of Field Trip) By: All modes – Private Vehicle, School Bus, & Commercial Bus (Mode of Transportation

I am in accord with the purposes of and procedures governing the Field Trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs ofmedical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot belocated.

In the event that my student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent/guardian understand and agree to the guidelines from each teacher as to making up missed assignments.

Please check below IF your student has allergy or sensitivity that needs to be accommodated on this trip:

☐ Bee Sting ☐ Nuts ☐ Dairy ☐ Latex ☐ Other _____

Please check below IF your student has:

☐ Asthma ☐ Diabetes ☐ Seizure Disorder ☐ Heart Condition ☐ Other: _____

Medications need to be administered during the trip: ☐ **Yes **** ☐ **No**

****If my student requires medication**, I understand that I am obligated to ensure that the **medication** and the **Medication Authorization Form** are on file **prior** to the trip and I will supply the medication in the original container on the **day of the trip**. For a student to self-administer any medication (prescription or non- prescription) the Self-Administration Form must be completed by their parent/guardian **and** Physician. Please note, school staff is **not** responsible for self-administered medications.

Student's Name:_____ Parent/Guardian:_____ (Please Print)
(Please Print)_

Signature of Parent/Guardian: X_____ Date:___/___/___

Home Phone:_____ Work:_____ Cell: _____

Emergency Contact: (If unable to reach the above):_____ Relationship:_____

Home Phone:_____ Work"_____ Cell: _____

Insurance Company:_____ Phone:_____

Name of Policyholder:_____ Policy #:_____ Group #: _____

Review/Revised:7/25/2016

Fayette County Public Schools
Address Verification

Appendix M

I,_____, parent/legal guardian of_____, verify that
(Full Name) (Student's Name)

_____
(Street Address)

_____
(City, State ZIP)

is the address where_____resides with me.
(Student's Name)

I understand that my student athlete must live with me within the **Lafayette High School** attendance area or have specific permission to attend **Lafayette High School** in accordance with Fayette County Board Policy 9.11 in order to participate inany school activity. I also understand that KHSAA shall not recognize guardianship or similar arrangements for purposesof eligibility.

I understand that if it is discovered that my student is not eligible under this guideline that she/he may be subject topenalty up to and/or including one school year of ineligibility and forfeiture of games won in which she/he played.

My signature below verifies that I have read and understand this information. I also understand that if I or if my childmoves while enrolled, I will notify the school in writing and I will personally notify the coach.

_____ _____
(Signature) (Date)

- DATE OF ENROLLMENT _____
- What school(s) did you attend last year (this includes middle school or high school)?

  _____
- Have you transferred to a FCPS from another school for this year?(yes or no), if yes what school?

  _____
- If you did transfer, did you participate in athletics at your previous school? (yes or no), if yes, varsity or JV?

  _____

UNIFORM SELECTION SHEET

Name: _____

Instructions: In the preference field, please put your preferences for uniform numbers. Enter 1 for your first choice, 2 for your second, 3 for third, and 4 for fourth.

LAFAYETTE GIRLS SOCCER

Seniors: Varsity Only

Middle Schoolers: JV Only

Freshmen/Sophomores/Juniors: Fill out 4 selections for JV and Varsity

VARSITY

Uniform Size Small	
Preference	**Jersey #**
	2
	3
	4
	9
	13
	18
	20
	24

Uniform Size Medium	
Preference	**Jersey #**
	5
	7
	8
	10
	12
	15
	16
	17
	19
	21
	23

Uniform Size Large	
Preference	**Jersey #**
	6
	11
	14
	22
	25

Uniform Size XL	
Preference	**Jersey #**
	26

JUNIOR VARSITY

Uniform Size Small	
Preference	**Jersey #**
	4
	20

Uniform Size Medium	
Preference	**Jersey #**
	3
	5
	8
	10
	12
	14
	15
	17
	24

Uniform Size Large	
Preference	**Jersey #**
	2
	7
	11
	13
	16
	19
	21
	23
	25

Uniform Size XL and XXL	
Preference	**Jersey #**
	6
	9
	18
	22
	26 ***(XXL)***