



## 2025/2026 ATHLETICS PACKET

### CROSS COUNTRY \$75 (2 MILE COURSE)

\$60 paid to LPA, \$15 to third party vendors

### BOYS SOCCER \$165

\$150 paid to LPA, \$15 to third party vendors

### GIRLS VOLLEYBALL \$195

\$150 paid to LPA, \$45 to third party vendors

### BOYS BASKETBALL \$165

\$150 paid to LPA, \$15 to third party vendors

### GIRLS BASKETBALL \$165

\$150 paid to LPA, \$15 to third party vendors

### GIRLS SOCCER \$165

\$150 paid to LPA, \$15 to third party vendors

### BOYS VOLLEYBALL \$195

\$150 paid to LPA, \$45 to third party vendors

### TEAM MANAGERS \$30

\$15 paid to LPA, \$15 to third party vendors

### **IMPORTANT!!!**

A completed Athletic Packet (including the signed participation eligibility agreement and the physical and consent forms, and a completed student eligibility tracker) must be completed and turned in to the Building 2 Front Office within 2 weeks of making the team.

In addition, within 2 weeks of being selected for a sports team, all athletic fees must be paid in full. Fees can be paid in the Building 2 Front Office during regular business hours or [online](#) with a credit card or e-check. Student-athletes will not be given a jersey or be eligible to participate in games until fees are paid in full.

Legacy Preparatory Academy recognizes that some families may face financial hardships and may need assistance with school-related fees. As part of our commitment to providing equitable access to education, we offer a fee waiver program for eligible students. Parents or guardians must complete a [Fee Waiver Application Form](#) and submit it to the school office each year. The school will review the application and notify the family of their eligibility status. If approved, the family will receive a waiver, which applies to all school-related fees; curricular, co-curricular, and extra-curricular. All fee waiver applications and related information are kept confidential. For additional information, please contact the front office at [801-294-2801](tel:801-294-2801).

Please contact the school's Athletic Director, Jyl James, with any questions or concerns via email at [jjames@legacyprep.org](mailto:jjames@legacyprep.org)

#PAWS&CLAWS



**LEGACY** | Preparatory Academy  
Classical Education and Fine Arts

## Extracurricular Participation Agreement 2025/2026 School Year

<b>Name</b>			
<b>Grade</b>		<b>Advisor</b>	

Being a member of a sports team, performing group or school-sponsored club at Legacy Preparatory Academy (LPA) is a privilege. Students who participate are expected to be upstanding citizens of the school community and, as such, will abide by the following expectations. *You must consider carefully whether you can abide by all of the expectations of this Code of Conduct before signing the agreement below.*

Participation in a charter school team is a unique opportunity to give our student athletes experience in participating on a team sport. Each student-athlete represents LPA. As at other secondary schools in the State, sports and competitions at LPA are competitive, giving participants valuable experience to prioritize individual effort and practice with the team. The Coach is responsible to put those players who, in the opinion of the coach, gives the team the best chance to win. A player who makes the school team is not entitled to any playing time whatsoever. Playing time is the sole discretion of the coach.

Student athletes will be monitored with tri-weekly eligibility trackers for academic, behavior and attendance expectations. Every 3 weeks students will be responsible for picking up their eligibility trackers from the office, working with their teachers to get the form filled out, returning it to the front office the same day. Students who do not complete the eligibility trackers will be unable to participate until the form is completed. Students who receive a warning or put on probation will receive an email concerning their eligibility.

Student athletes are expected to attend and be on time for all team functions. Major illnesses and emergencies are excused. It is the student athlete's responsibility to e-mail or call the coach when an unexpected issue arises. Other exceptions will be evaluated on a case-by-case basis and must be approved in advance.

# LPA Participant Code of Conduct

**I am a classical student.** I am curious to learn. I pursue intellectual and moral virtue. Participants are actively engaged in their classes. Their teachers can speak to their example of engagement, respect, responsibility, and safety. Participants engage in learning in each of their classes and **maintain passing grades and “N” or better citizenship in all classes as defined by LPA’s grading scales. SBOs are expected to maintain a 2.5 GPA, with an “S” or better in all classes.**

**I am a citizen of my community.** I build the foundation for an abundant life by lifting others. I am expected to be an example for other students concerning the dress code. *If you are absent on the day of your performance/game you will not be allowed to participate.*

**I am governed by nobility.** I act with honor and integrity. Participants do what they say they are going to do and maintain high moral standards in and out of school. I help others to see the values of our Paideia in my words and actions.

**I am an individual with great fortitude.** I am resilient and courageous. The work of school is important! I show that I can prioritize my school work AND participate in my extracurricular activity with diligence. I overcome and persevere to build resilience in life, school, and my team/group.

**I am temperate.** I exhibit discipline and self-control. I ask for help to get needed support. I hold in a rumor or an unkind remark. I stop gossip before it spreads. If I see a need, I step up to help. I show others the power of kind words and seek out opportunities to be a listener and example to your fellow Participants. *If you receive an office referral on the day of a game/performance, you will not be allowed to participate until repair with the teacher has been completed.*

**I am developing practical wisdom.** I make good judgments. I am a steward of school culture. I earn the trust of my peers and advisor by making good judgments in and out of the classroom. I am an example of leadership to the students at LPA. I will follow all school rules and expectations and treat all students and faculty with respect.

**I am selfless** in my fight for justice. I demand equity and promote civility. I stand up, speak up, or say something when the situation needs civility. I know the Legacy Paideia and fight for others when a voice or a choice is stifled and needs an advocate. I am the first to include a new student and make an effort to interact positively with all peers.

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## EXTRACURRICULAR PARTICIPANT RESPONSIBILITIES:

Grades, citizenship, attendance, dress code, and behavior infractions will be monitored weekly by advisors and administrators.

- It is mandatory that students attend classes on the day of a performance/game.
- Students will not be allowed to perform/play with an F or a U.
- A Citizenship Make-up class will be offered each term with service opportunities.

**DRESS CODE:** Participants are expected to follow LPA dress code standards during the day, including practice attire: plain black, white, or LPA top (No midriiffs. Neckline no lower than armpits) and black or navy knee-length bottoms.) *If you are not in uniform on the day of a game/performance, you will not be allowed to participate until you are in dress code.*

**ELIGIBILITY TRACKERS:** To keep open communication between content teachers, participants, coaches/advisors, and parents, participants will be expected to pick up and return a completed student tracker to the office every 3 weeks:

1. Students pick up trackers from the office on Friday mornings before school and drop them off at the end of the day.
2. The office(s) will track this in the eligibility spreadsheet and communicate with the athletic director/ advisor about those students who have not turned them in.
3. You will have until Monday to return the tracker. Late trackers will be subject to a **1st Warning**.

<b>1ST W A R N I N G</b>	<p>If a student: has any concerns on their tracker, breaks the Code of Conduct, or has been given a 2nd minor or 1 major write-up:</p> <ul style="list-style-type: none"> <li>• Students will be given a <b>written warning</b> (emailed to student and parent) by the secretary and placed on a 3-week WARNING PERIOD to improve their academics, attendance, and/or behavior.</li> <li>• Student will still be <b>eligible to participate</b> in all activities and responsibilities.</li> <li>• It is the students responsibility to work with their individual teachers to improve their grades and citizenship to be eligible to participate.</li> </ul> <p><b>SUPPORT:</b> Student will need to meet weekly with their coach/advisor to monitor grades and citizenship.</p>
<b>2ND W A R N I N G</b>	<p>If a student: has any concerns on their tracker, breaks Code of Conduct, or has been given 3 additional minor and/or additional major write-up:</p> <ul style="list-style-type: none"> <li>• Student will be given a <b>SECOND written warning</b> (emailed to student and parent) by the advisor/athletic director and told they will be on a 3 week PROBATION.</li> <li>• In those 3 weeks they will need to bring up their grade/citizenship or they will be removed from participation until they can bring up their grades.</li> <li>• Student will still be <b>eligible to participate in practices</b> but not performances.</li> <li>• It is the students responsibility to work with their individual teachers to improve their grades and citizenship to be eligible to participate.</li> </ul> <p><b>SUPPORT:</b> Student will need to meet weekly with their coach/advisor to monitor grades and citizenship.</p>
<b>P R O B A T I O N</b>	<p>If a student: has any concerns on their tracker, breaks the Code of Conduct, or has been given 2 additional minor or 1 major write-up:</p> <ul style="list-style-type: none"> <li>• Student will be <b>meet with administration</b> and given a PROBATION LETTER (emailed to student and parent) by the advisor/athletic director and told they will be on a 3-5 WEEK PROBATION.</li> <li>• In those 3-5 weeks they will need to bring up their grade/citizenship or they will be removed from participation until they can bring up their grades.</li> <li>• Student will be <b>ineligible to participate</b> in responsibilities, activities and performance/games.</li> </ul>

	<ul style="list-style-type: none"> <li>• It is the students responsibility to work with their individual teachers to improve their grades and citizenship to be eligible to participate.</li> </ul> <p><b>SUPPORT:</b> Student will need to meet weekly with their coach/advisor to monitor grades and citizenship.</p>
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\*\*Students with an N or U citizenship will be given the opportunity to repair the harm caused by the behavior that earned their bad citizenship grade with administration. Students with an N or U citizenship grade will have the chance to address the behavior that led to their grade by working with the administration.

I acknowledge and understand the expectations associated with participating in an extracurricular team or group at LPA. I fully support and commit to adhering to the Code of Conduct, as well as upholding the required standards for academic performance and citizenship.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a parent I agree to model good sportsmanship in line with Legacy’s Paideia values. I agree to support my student in getting to and from practices, games, and other team events. I agree to notify the coaches/advisors in the event of an absence. I also agree to support my student by prioritizing their academic responsibilities while participating on the team.

I acknowledge and fully understand the expectations for my child's participation in an extracurricular team or group at LPA. I fully support these expectations and am committed to assisting my child in adhering to the terms of this contract.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LEGACY | Preparatory Academy

Classical Education and Fine Arts

## Student Eligibility Form Step-by-Step Procedure

✦ **Reminder:** A completed form is required every 3 weeks for students to be eligible for all Fine Arts and Athletics activities. Coaches will pass out trackers directly to students upon notification of making the team. The first tracker must be returned within 2 weeks of making the team, along with the student's completed athletics packet, team agreement, and fees.

*\* Failure to turn in your Student Eligibility Form(s) may result in suspension from participating until forms are completed.*

### STUDENT PROCEDURES:

- Collect a tracker from the coach
- At the beginning of class, politely ask your teacher to complete your Student Eligibility Tracker.
- Once the bell rings, pick up the completed form from your teacher before moving on to your next class
- Submit the completed form to the Building 2 Front Office by the end of the school day.

### TEACHER PROCEDURES:

- Once the form is submitted by the student, fill it out during class based on their current grades, participation, and conduct.
- Return the Form to the Student by the end of class so they can submit it to the office by the end of the school day.

### FRONT OFFICE STAFF PROCEDURES:

- Receive and Review Forms from all students by the end of the school day
- Update the Eligibility Spreadsheet, logging each student's status (Eligible / Warning / Probation) in the central tracking spreadsheet by the following business day
- Notify the Athletic Director once the spreadsheet has been updated, so notifications can begin

### ATHLETIC DIRECTOR PROCEDURES:

- Send Notifications:
  - **WARNING:** Send notification to the student, parents/guardians, advisor, and coach
    - The notification should include what the student needs to do to continue to be eligible to play
  - **PROBATION:** Send notification to the student, parents/guardians, advisor, and coach
    - The notification should include why the student is ineligible to participate and what must be accomplished to become eligible for participation in the future

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

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

**DATE TURNED IN:** \_\_\_\_\_

Basketball

Cross Country

Soccer

Volleyball

	<b>CLASS</b>	<b>TEACHER INITIALS</b>	<b>Current Grade</b>	<b>Current Citizenship</b>	<b>Behavior/ Attendance Concerns</b>
<b>1A</b>					
<b>2A</b>					
<b>3A</b>					
<b>4A</b>					
<b>5A</b>					
<b>6A</b>					
<b>1B</b>					
<b>2B</b>					
<b>3B</b>					
<b>4B</b>					
<b>5B</b>					
<b>6B</b>					

ELIGIBLE

WARNING

PROBATION

Athletic Director Signature: \_\_\_\_\_



# Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the Pre-participation Physical Evaluation Form.

\*\*This Pre-Participation Evaluation DOES NOT replace the Child Wellness Evaluation by you family medical provider.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
School

Is the student covered by health/accident insurance?  Yes  No

\_\_\_\_\_  
Name of health insurance provider

If no insurance provider, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT FORM

### Parent or Guardian Statement of Permission, Approval, and Acknowledgement

By signing below, I the parent or legal guardian of the above named student do:

- Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.
- Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.
- Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.
- Acknowledge and give consent that a copy of this form will remain in the student's school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.
- Hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and/or the policy of the school listed above. <http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf>

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### Student Statement

By signing below I acknowledge:

- This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.
- My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.
- Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.



# ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

Must be completed every school year, NOT prior to March 10th of the previous year, by the athlete and parent prior to any tryout, practice, or athletic contest

## ATHLETE INFORMATION

Athlete Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in school \_\_\_\_\_ Gender: \_\_\_\_\_ School year: \_\_\_\_\_

Athlete Cell Phone No. (\_\_\_\_\_) \_\_\_\_\_ Athlete Address: \_\_\_\_\_

### EXAMINATION: TO BE FILLED OUT BY PHYSICIAN ONLY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ % Body Fat (opt) \_\_\_\_\_

Vision: Left \_\_\_\_\_ / \_\_\_\_\_ Right \_\_\_\_\_ / \_\_\_\_\_ Corrected:  Yes  No Pupils:  Equal  Unequal

Immunizations: Tetanus \_\_\_\_\_ MMR \_\_\_\_\_ Hep B \_\_\_\_\_ Chickenpox \_\_\_\_\_

#### GENERAL MEDICAL (please initial)

#### MUSCULOSKELETAL (please initial)

	Normal	Abnormal Findings		Normal	Abnormal Findings
Appearance (Marfan stigmata)			Neck		
Eyes/Ears/Nose/Throat (Pupils Equal, Hearing)			Back		
Lymph Nodes			Shoulder/ Arm		
Heart (murmurs)			Elbow/ Forearm		
Pulses (Simultaneous femoral and radial pulses)			Wrist/ Hand/ Fingers		
Lungs			Hip/ Thigh		
Abdomen			Knee		
Skin (HSV, MRSA, tinea corporis)			Leg/ Ankle		
Neurological			Foot/ Toes		
Genitourinary (males only)			Functional (Duck walk, single leg hop)		

### ATHLETIC PARTICIPATION RECOMMENDATIONS (Physician MUST select one item listed below)

\_\_\_\_\_ FULL & UNLIMITED PARTICIPATION

\_\_\_\_\_ LIMITED PARTICIPATION—May NOT participate in the following \_\_\_\_\_

\_\_\_\_\_ CLEARED PENDING—Documented follow up of: \_\_\_\_\_

\_\_\_\_\_ NOT CLEARED FOR ATHLETIC PARTICIPATION

Physician's Comments: \_\_\_\_\_

By signing this form, I acknowledge that I am board certified in a medical specialty, and in addition, I am current in my maintenance of certification.

Medical Provider: \_\_\_\_\_

(Please print)

Medical Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Providers Address: \_\_\_\_\_

Providers Phone #: \_\_\_\_\_

MD  DO  NP  PA

DC: The above named athlete is not currently prescribed medication.

DC: Student is taking medication and I have consulted with the prescribing Physician



# ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

*Must be completed every school year, NOT prior to March 10th of the previous year, by the athlete and parent prior to any tryout, practice, or athletic contest*

Athlete Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

## MEDICAL HISTORY

Medicines: Please list all of the prescription and over-the-counter medicine and supplements (herbal and nutritional) that you are currently taking \_\_\_\_\_

Allergies: Do you have any allergies?  Yes  No If yes, please identify specific allergy. \_\_\_\_\_

Medicines  Pollens  Food  Stinging Insects \_\_\_\_\_

**ANY "YES" RESPONSES MUST BE EXPLAINED IN FULL AFTER EACH QUESTION IN THE SPACE**

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you cough, wheeze or have difficulty breathing during or after exercise?		
Do you have any ongoing medical conditions? If so please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____			Have you ever used an inhaler or taken asthma medication?		
Have you ever spent the night in the hospital?			Is there anyone in your family who has asthma?		
Have you ever had surgery?			Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No	Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Have you had infectious mononucleosis (mono) within the last month?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			Do you have any rashes, pressure sores, or other skin problems?		
Does your heart ever race or skip beats (irregular beats) during exercise?			Have you had a herpes or MRSA skin infection?		
Has a doctor ever told you that you have any heart problems? If so check all that Apply: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> A heart murmur <input type="checkbox"/> A heart infection <input type="checkbox"/> Other: _____			Do you have a history of seizure disorder?		
Has a doctor ever ordered a test for your heart? (e.g. ECG/EKG, Echocardiogram)?			Have you had any problems with your eyes or vision?		
Do you get light headed or feel more short of breath than expected during exercise?			Have you had any eye injuries?		
Have you ever had an unexplained seizure?			Do you wear glasses or contact lenses?		
Do you get more tired or short of breath more quickly than your friends during exercise?			Do you wear protective eye wear such as goggles, or a face shield?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	Yes	No	Do you worry about your weight?		
Has any family member or relative died of a heart problem or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			Are you trying to or has anyone recommended that you gain or lose weight?		
Does anyone in your family have hypertrophic cardiomyopathy, Long QT syndrome, Short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			Are you on a special diet or do you avoid certain types of foods?		
Does anyone in your family have a heart problem, pacemaker, or implanted Defibrillator?			Have you ever had an eating disorder?		
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			<b>HEAT ILLNESS QUESTIONS</b>	Yes	No
<b>BONE AND JOINT QUESTIONS</b>	Yes	No	Have you ever become ill while exercising in the heat?		
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			Do you get frequent muscle cramps when exercising?		
Have you ever had any broken, fractured or dislocated bones?			Do you or someone in your family have sickle cell trait or disease?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			<b>HEAD AND NECK HEALTH QUESTIONS</b>	Yes	No
Have you ever had a stress fracture?			Do you have headaches with exercise?		
Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)?			Have you ever had a head injury or concussion?		
Do you regularly use a brace, orthotics, or other assistive devices?			Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?		
Do you have a bone, muscle, or joint injury that bothers you?			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Do any of your joints become painful, swollen, feel warm or look red?			Have you ever been unable to move your arms or legs after being hit or falling?		
Do you have any history of juvenile arthritis, or connective tissue disease?			<b>FEMALES ONLY</b>		
Have you had any problems with pain, swelling, fracture, sprain, strain, or dislocation in any joint? <i>Specify below if yes</i>			When was your first menstrual period (age when started)?		
If yes, check the appropriate box and explain below: <input type="checkbox"/> Head _____ <input type="checkbox"/> Neck _____ <input type="checkbox"/> Back _____ <input type="checkbox"/> Shoulder _____ <input type="checkbox"/> Arm _____ <input type="checkbox"/> Elbow _____ <input type="checkbox"/> Finger _____ <input type="checkbox"/> Wrist _____ <input type="checkbox"/> Hand _____ <input type="checkbox"/> Shin/Calf _____ <input type="checkbox"/> Thigh _____ <input type="checkbox"/> Knee _____ <input type="checkbox"/> Hip _____ <input type="checkbox"/> Ankle _____ <input type="checkbox"/> Foot _____			When was your most recent menstrual period?		
			How much time do you usually have from the start of one period to the start of another?		
			How many periods have you had in the last year?		
			What was the longest time between periods in the last year?		