



LEGACY | Preparatory Academy

Classical Education and Fine Arts

2026/2027 ATHLETICS PACKET

CROSS COUNTRY \$100 (2 MILE COURSE)

\$75 paid to LPA, \$25 to third party vendors

BOYS SOCCER \$250

\$200 paid to LPA, \$50 to third party vendors

GIRLS VOLLEYBALL \$225

\$180 paid to LPA, \$45 to third party vendors

BOYS BASKETBALL \$225

\$200 paid to LPA, \$25 to third party vendors

GIRLS BASKETBALL \$225

\$200 paid to LPA, \$25 to third party vendors

GIRLS SOCCER \$250

\$200 paid to LPA, \$50 to third party vendors

BOYS VOLLEYBALL \$225

\$180 paid to LPA, \$45 to third party vendors

TEAM MANAGERS \$30

\$30 paid to LPA

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

Extracurricular Participation Agreement

2026-2027 School Year

Name			
Grade		Advisor	

Extracurricular activities provide opportunities for our students to explore truth, goodness and beauty in interests outside of the classroom. Below are the expectations for participation:

LPA Participant Code of Conduct

- **I am a classical student.** I will maintain passing grades and citizenship.
- **I am a citizen of my community.** I prioritize attendance to classes and practice. I will make every effort to be on time to my classes and practices.
- **I am governed by nobility.** I am a team player in and out of school.
- **I am an individual with great fortitude.** I will attend all practices and team meetings, communicating with my coach/advisor in advance if I need to be excused.
- **I am temperate.** I will process any office referral with the teacher and administration before participation in extracurricular activities.
- **I am developing practical wisdom.** I will follow school rules and expectations and treat students and faculty with respect.
- **I am selfless in my fight for justice.** I listen to my coach/advisor and understand that I am a member of their team and will look for ways to support and encourage my team.

EXTRACURRICULAR PARTICIPANT RESPONSIBILITIES: To be eligible to participate in an extracurricular activity/ team/ audition group, a student must maintain passing grades (D-/1 or better) and "N" or better citizenship in all classes as defined by LPA's grading scales. In addition, SBOs are expected to maintain a 2.5 GPA (6th grade: 2s in all classes), with an "S" or better in all classes. *Grades will be reviewed at mid-term and end of term. Students will not be eligible for play/performance with an F or U grade and will remain ineligible until they have teacher verification of D-/1 and/or N.*

2026-27 Grading dates: 9/11, 10/14, 11/13, 12/18, 2/3, 3/12, 4/23, 5/28

ELIGIBILITY MONITORING AND SUPPORT: Students will turn in their current grades with their initial team packet. *Students will need to work with their advisor, coaches, and teachers to understand their grades and seek to make up work and/or repair lost citizenship PRIOR to a performance/game.* Advisors/Homeroom teachers will communicate grade concerns with coaches.

- **WARNING with support:** Students with an eligibility concern will be in a **warning** period. They will continue full participation, but will be assigned a weekly support meeting with their coach/ Athletic Director, who will include parents in communication. Weekly check-ins will continue until the student meets eligibility.
- **PROBATION:** If at the next midterm/end of term, the student has not met eligibility, the student will be placed on **probation** and will continue to participate with responsibilities (practices, rehearsals) but will be ineligible to participate in privilege-type activities (certain performances, games, etc.) during the probation period. Support meetings with their coach and ongoing communication with parents will continue. The probation period will end as soon as eligibility is met.
- **REMOVAL:** If at the next midterm/end of term, the student's academic performance remains below the threshold of eligibility, the student will be referred to the Eligibility Committee for determination of **removal** from extracurricular participation and if applicable, the class.

***Administration reserves the right to keep an athlete/performer from their performance/ activity as a consequence for breaking the Code of Conduct, an egregious offence, or an office referral.*

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: _____

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: _____



PRE-PARTICIPATION EXAMINATION FORM

Instructions for completing pre-participation (athletic)
Health Examination and Consent Form

COMPLETING THIS FORM:

1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent/Guardian along with the student are to complete the Health History on page 3 and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms. The Health History is to be taken to the physical examination for the physician/provider to review.
3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
4. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM:

1. School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files.

QUALIFICATION OF PROVIDERS:

A health examination must be performed annually and the Pre-participation Physical Evaluation Form must be completed before any student may participate in athletic activities sponsored by this Association. A Pre-participation Physical Evaluation Form along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination must be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), Registered Nurse Practitioner (RNP), or Doctor of Chiropractics (DC), functioning within the legal scope of their practice.

As part of our quality assurance efforts in best practices and maintenance of credentialing, and acknowledging the need to allow time for certification efforts, the BOT approved that all medical personnel that perform the pre-participation physical exam for student athletes will be required to be "Board Certified"* by their respective disciplines by March 10, 2025.

In addition to maintaining the continuing medical education (CME) required by each medical discipline for state licensure, the BOT approved that NPs, PAs, DCs, DOs and MDs have successfully completed postgraduate education and Board Certifications. As examples: NPs would successfully complete and maintain FNP-BC or FNP-C certifications; PAs would successfully complete NCCPA certification and maintain PANRE or PANRE-LA certifications; DCs would successfully complete and maintain a postgraduate Diplomate program (i.e. Internal Medicine & Family, Sports Medicine, Orthopedics, Pediatrics, etc.); DOs and MDs would successfully complete a postgraduate residency/fellowship program and maintain board certification in one of the 24 Member Boards of ABMS.

*Note: The American Board of Medical Specialties differentiates medical licensure from board certification.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED
COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.



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

IF THIS FORM IS NOT FULLY COMPLETED INCLUDING DOCTOR ADDRESS AND NUMBER, IT WILL NOT BE ACCEPTED



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: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ 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?		
HEART HEALTH QUESTIONS ABOUT YOU	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: ☐ High Blood Pressure ☐ High Cholesterol ☐ Kawasaki Disease ☐ A heart murmur ☐ A heart infection ☐ 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?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	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?			HEAT ILLNESS QUESTIONS	Yes	No
BONE AND JOINT QUESTIONS	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?			HEAD AND NECK HEALTH QUESTIONS	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?			FEMALES ONLY		
Have you had any problems with pain, swelling, fracture, sprain, strain, or dislocation in any joint? Specify below if yes			When was your first menstrual period (age when started)?		
If yes, check the appropriate box and explain below:			When was your most recent menstrual period?		
☐ Head ☐ Neck			How much time do you usually have from the start of one period to the start of another?		
☐ Back ☐ Shoulder			How many periods have you had in the last year?		
☐ Arm ☐ Elbow			What was the longest time between periods in the last year?		
☐ Finger ☐ Wrist					
☐ Hand ☐ Shin/Calf					
☐ Thigh ☐ Knee					
☐ Hip ☐ Ankle					
☐ Foot					

Parent Signature: _____ Date: _____