

# Diocese of Shreveport

## Property & Liability Renewal Report

School: \_\_\_\_\_

Year: \_\_\_\_\_

Please answer the following questions regarding your school.

1. Tuition: \_\_\_\_\_ per student

Tuition: \_\_\_\_\_ for entire school (per student x # of students)

2. Total number of students: \_\_\_\_\_

3. Total number of teachers: \_\_\_\_\_

Teachers: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

P.E. Teachers: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

3. Total number of nurses: \_\_\_\_\_

4. Breakdown of students and teachers:

	# of Students	# of Teachers
a. Kindergarten (Pre-K & K):	_____	_____
b. Elementary (1-8):	_____	_____
c. High School (9-12):	_____	_____

5. Total number of Counselors (other than Clergy): \_\_\_\_\_

6. Total number of Board Members: \_\_\_\_\_

Board Members: Clergy: \_\_\_\_\_ Lay Members: \_\_\_\_\_

7. Athletic Participation:

	# of Participants
a. Baseball	_____
b. Basketball	_____

- c. Field Hockey \_\_\_\_\_
- d. Football \_\_\_\_\_
- e. Ice Hockey \_\_\_\_\_
- f. Rowing \_\_\_\_\_
- g. Soccer \_\_\_\_\_
- h. Swimming \_\_\_\_\_
- i. Tennis \_\_\_\_\_
- j. Track & Field \_\_\_\_\_
- k. Volleyball \_\_\_\_\_
- l. Wrestling \_\_\_\_\_
- m. Gymnastics \_\_\_\_\_
- n. Danceline \_\_\_\_\_
- o. Cheerleaders \_\_\_\_\_
- p. Cross Country \_\_\_\_\_
- q. Golf \_\_\_\_\_
- r. Bowling \_\_\_\_\_
- s. LaCrosse \_\_\_\_\_
  
- t. Grand Total: \_\_\_\_\_

8. Information on bleachers, grandstands, and stadiums. Numbers and seating capacity for each one even if it's not in use. Baseball, soccer, softball fields included.

---



---



---

9. Does your institution require coaches, trainers, and medical personnel to complete a training/education program regarding Traumatic Brain Injury (TBI) or concussion awareness and management plan? \_\_\_\_\_

10. Are there written procedures and protocols in place for each sport to minimize the concussion risk? \_\_\_\_\_  
 If yes, please provide a copy.

11. Does your written procedures require the removal of athletes who exhibit signs, symptoms, or behaviors consistent with TBI from all athletic activity at least for the remainder of the calendar day? \_\_\_\_\_

12. Do you have a "Return to Play" program that includes physician or physician's designee authorization before resuming any competition, practice, or conditioning sessions? \_\_\_\_\_