



TAOS MUNICIPAL SCHOOLS-Athletic Participation Agreement

Insurance: Yes ___ No ___
 Emergency Contacts: Yes ___ No ___
 Date of Physical: _____
 To be completed by the Athletic Office

Student Name _____ Grade _____

Our family's primary address is _____
This address is in the Taos Municipal Schools' attendance area, and the student athlete lives with the parents or legal guardian.

Last School Attended _____ Address _____ Phone _____

Current School Attending _____ Address _____ Phone _____

Sport/s Student Athlete will participate in (Please Circle):

- | | | |
|----------------------|-------------------|---------------|
| Volleyball | Boys' Basketball | Boys' Track |
| Football | Girls' Basketball | Girls' Track |
| Girls' Cross Country | Boys' Swimming | Boys' Tennis |
| Boys' Cross Country | Girls' Swimming | Girls' Tennis |
| Boys' Soccer | Wrestling | Baseball |
| Girls' Soccer | Dance | Softball |
| Boys' Golf | Cheer | Girls' Golf |

Athletics are an integral part of the education process, providing students with opportunities to further develop their unique qualities, interests, and needs beyond the classroom. Participation in athletics is a **privilege** afforded and earned by students. Students wishing to take advantage of the opportunities presented to them by the Taos Municipal Schools must show a commitment to the athletic program by regular attendance at practices and contests; as well as, follow the rules established by the District and the Coach. It is the responsibility of the student-athlete and his/her parent(s) or court appointed legal guardian(s) to be familiar with the standards and consequences for the athlete participation agreement.

Eligibility:

- Student must be officially enrolled at Taos High School, Taos Middle School, Chrysalis, or any charter school of the Taos Municipal Schools District.
- Student must maintain a minimum grade point average of a 2.0 with no more that one "F" for the 9 weeks grading period. Semester Grade Averages can only be used for the high school level. Only 9 weeks grade point averages will be used for Taos Middle School Athletes.
- Student must have a completed sports physical prior to participation. Physicals MUST be dated after April 1st of the calendar year to be valid for the following school year.
- Comply with the Taos Municipal Schools rules and regulations; as well as the eligibility requirements of the New Mexico Activities Association (NMAA) (www.nmact.org).

Substance Abuse:

Smoking; including electronic cigarettes; tobacco; being in possession of or drinking alcohol; or becoming involved with narcotics or controlled substances of any kind, at any time or any place will result in disciplinary action. This may include suspension from the team for a period 10 school days and community service, suspension from the team for 30 school days, or suspension from the team for 365 days to be determined by number of offenses (please refer to Taos High School Policy.)

Prohibited Conduct:

The conduct of an athlete is closely observed in many areas of life. It is important that behavior be above reproach. Student Athletes may be suspended or removed from the team for inappropriate conduct which violates the Taos High School and Taos Municipal Schools' behavior policies (please refer to Taos High School Policy.) This conduct may include, but is not limited to:

- Possession of a firearm or weapon
- Vandalism of school or community property
- Theft of school or community property
- Any conduct not addressed above which results in a felony or misdemeanor charge by the District Attorney's office

Attendance:

- Athletes are to attend classes for the day to be eligible to participate in practice or competition on that day.
- Athletes placed on a school suspension will not be allowed to practice, participate, or compete in contests/events during the suspension period.



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Hazing:

A person is guilty of hazing...when, in the course of another student's entry into or affiliation with any team or club, he/she intentionally or recklessly engages in conduct which creates a risk of physical injury, emotional harm, or a feeling of intimidation toward another student or students. This includes, but is not limited to:

- Any activity involving any risk of physical harm, including paddling, beating, whipping, branding, electrical shock, sleep deprivation, exposure to weather, placement of harmful substances on the body, and participation in physically dangerous activities.
- Any activity involving the consumption of alcohol, drugs, tobacco products, or any other food, liquid, or other substance that subjects the student to an unreasonable risk of physical harm.
- Any activity involving actions of a sexual nature or the simulation of actions of a sexual nature.
- Any activity that subjects a student to any level of embarrassment, shame, or humiliation, or which creates a hostile, abusive, and intimidating environment for the student.
- Any activity involving any violation of federal, state, or local law, or any violations of the Taos Municipal Schools' policies and regulations.

Athletes who participate in improper behavior as described above are subject to suspension or removal from participation, and may be subject to criminal action.

Transportation:

All participants will ride to and from athletic events on the Taos Municipal Schools' team bus under the supervision of a coaching staff member. Proper conduct is expected at all times while riding school transportation. There may be times when it becomes necessary for a parent or legal guardian to pick up an athlete from or transport an athlete to an athletic event. This must be cleared with the coach and an administrator in writing in advance (prior to the day of the contest). Transportation forms are available in the Athletic Office or from the Coach.

Equipment:

The care of team equipment is each athlete's responsibility. Each piece of equipment issued to an athlete must be returned. Any athlete who "owes" the return of a piece of equipment or payment for a piece of equipment may not participate on any athletic team until the equipment is returned or restitution is made. Seniors that do not return equipment will not receive their diploma and all transcripts will be held until equipment is returned or restitution is provided.

Injuries:

All injuries should be reported to the coach as soon as possible. Any athlete out under doctor's care will not be allowed to participate until released from the doctor.

STUDENT-ATHLETE AGREEMENT:

I, the student-athlete, acknowledge that I have read the terms of this Athletic Participation Agreement. I understand and agree that if I **CHOOSE** to violate any of the terms of the Athletic Participation Agreement, **my CURRENT or FUTURE participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under the Taos Municipal Schools' rules and policies or under civil or criminal laws.**

Student-Athlete Signature

Date

PARENT AGREEMENT:

I/we, the parent(s) or legal guardian(s) of the student-athlete, acknowledge that I/we have read the terms of this Athletic Participation Agreement. I/we understand and agree that if **my/our son/daughter CHOOSES** to violate any of the terms of the Athletic Participation Agreement, **his/her CURRENT or FUTURE participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under the Taos Municipal Schools' rules and policies or under civil or criminal laws.**

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date



TAOS MUNICIPAL SCHOOLS-Athletic Participation Agreement

ATHLETE & PARENT CODE OF CONDUCT

Student-Athlete Code of Conduct:

Being a Student-Athlete requires high standards of responsibility and personal conduct. I therefore agree to:

- Act as a positive role model, both on and off the field, for both the school community and community youth in general.
- Act according to the principles embodied in “Pursuing Victory with Honor” and the standards of the NMAA.
- Follow all rules of the Taos Municipal Schools.
- Demonstrate responsibility and self-discipline.
- Maintain a high level of conduct at school, including proper dress and etiquette.
- Contribute to team morale.
- Remain physically, sexually, and verbally non-violent.
- Remain from any form of fighting, hazing, trash-talking, obscene language, or sexual harassment.
- Maintain a healthy lifestyle free of alcohol, tobacco, performance-enhancing drugs, and controlled substances.
- Maintain academic eligibility and immediately notify my head coach if I need help.
- Respect the rules of the game and the officials who apply them.
- Be responsible for all issued equipment.
- In the even of ejection from a contest, complete the NMAA ejection webinar at www.nmact.org/ejection.application.
- If under indictment for a crime, the student-athlete will be ineligible until adjudicated.

Parent Code of Conduct:

As parent(s) or legal guardian of a student-athlete I/we understand that I/we may be ejected from a game and prohibited from attending future contests if my/our behavior violates the standards of the Taos Municipal Schools and the NMAA, and I/we pledge to:

A. Positively support my/our student-athlete:

- Provide positive support, win or lose.
- Emphasize effort, skill development, teamwork, and love of the game.
- Be sure my/our student-athlete attends all practices and athletic events.
- Attend all required meetings and attend as many games as possible.
- Actively support my/our student-athlete in maintaining all eligibility requirements.
- Actively support my/our student-athlete in abiding by the Student-Athlete Code of Conduct and the rules and regulations of the Taos Municipal Schools and the NMAA.
- Actively support my/our student-athlete in maintaining a healthy lifestyle free of alcohol, tobacco, and controlled substances.

B. Personally model the highest standards of sportsmanship at games:

- Let the coach do his/her job: refrain from yelling criticism and advice.
- Let the players play: refrain from shouting instructions or criticisms at my student-athlete or at others.
- Let the officials do their job: accept their decisions and refrain from negative comments and boos.
- Cheer for the positive: good effort, good plays, good teamwork, and good sportsmanship.
- Respect the opposing team: refrain from derogatory comments.
- Refrain from catcalls, insults, foul language, or violent behavior.
- Maintain an environment free of alcohol and drugs.

C. Resolve issues with coaches, athletic personnel, or teammates appropriately:

- Do not present grievances during or after an athletic contest.
- Request a meeting at school with the coach to discuss problems or issues.
- If the issue remains unresolved, request a meeting with the Athletic Director.

STUDENT-ATHLETE AGREEMENT:

I, the student-athlete, acknowledge that I have read and agree to conduct myself according to the terms of the Student Code of Conduct.

Student-Athlete Signature

Date

PARENT AGREEMENT:

I/we, the parent(s)/legal guardian(s), acknowledge that I/we have read and agree to conduct myself/ourselves according to the terms of the Parent Code of Conduct.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date



SPORTS CONCUSSION INFORMATION

A concussion is a disturbance in the function of the brain caused by a blow to the body or head, occurring in any sport or activity

Signs to watch for:

- Headache
- Nausia
- Dizziness
- Problems with Memory
- Balance problems

Problems could arise over the first 24-48 hours. You should not be left alone and must go to a hospital at once if you:

- Have a headache that gets worse
- Are very drowsy or can't be awakened (woken up)
- Can't recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused, are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Are unsteady on your feet; have slurred speech

Remember: it is better to be safe: Consult your doctor after a suspected concussion.

A concussion should be suspected in the presence of ANY ONE or more of the following:

- Symptoms (such as a head ache), or
- Signs (such as loss of consciousness), or
- Memory problems

Any athlete with a suspected concussion should be monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle.

Athletes should not be returned to play the same day of injury.

When returning athletes to play, they should follow a stepwise symptom-limited program, with stages of progression. For example:

1. Rest until asymptomatic (physical and mental rest)
2. Light aerobic exercise (e.g. stationary bike)
3. Sport-specific exercise (running, jogging, lateral movement)
4. Non-contact training drills (start light resistance training)
5. Full contact training after medical clearance
6. Return to competition (game play)

There should be approximately 24 hours (or longer) for each stage and the athlete should return to stage 1 if symptoms recur. Resistance training should only be added in the later stages. Medical clearance should be given before return to play, and the athlete must have NO symptoms

We the student-athlete and parent(s)/legal guardian(s) acknowledge and agree that we have read, understand, and will abide by the above stated conditions.

Student-Athlete Signature

Date

Parent / Legal Guardian Signature

Date

Parent / Legal Guardian Signature

Date



TAOS MUNICIPAL SCHOOLS-Athletic Participation Agreement

ATHLETIC SAFETY AND WELFARE STATEMENT

Safety and Welfare of the Student-Athlete

The Taos Municipal Schools' (TMS) Athletic Department has a deep concern for the safety and welfare of its athletes. We feel the reading and understanding of this form is essential for providing assurances to the student-athletes, parents, and the school district that each individual participant is physically capable of participating in the TMS athletic program.

Therefore, it is of utmost importance that this form is read and completed by both the student-athlete and the parent or legal guardian and returned to the school's Athletic Office.

.....
Permission to Participate in the TMS Athletic Program

_____ has my permission to participate in the TMS Athletic Program under the supervision and responsibility of licensed coaches. Any and all information, when needed to determine athletic eligibility, shall be released and submitted to the New Mexico Activities Association (NMAA) in a timely manner.

.....
Assumption of Liability and Risk

We, the student-athlete and parent(s)/legal guardian(s) will not hold the Taos Municipal Schools or the TMS Athletic Department responsible for liability if an accident or injury should occur. We assume all risks and hazards incidental to the conduct of the activities, and transportation to and from such activities. We do hereby release, absolve, indemnify, and hold harmless the Taos Municipal Schools and the TMS Athletic Department, the event organizers, supervisory personnel, sponsors, coaches, athletic trainers, and supervisors, and or all of them, individually or as a group. In case of an injury to our son or daughter, we hereby waiver all claims against the event organizers, sponsors, coaches, athletic trainers, and supervisors, and or all of them, the Taos Municipal Schools, and the TMS Athletic Department, individually or as a group.

.....
Acknowledgement Of Injury Risks

We, the student-athlete and parent(s)/legal guardian(s), are aware that participation in the TMS Athletic Program involves risks of serious and permanent injury to the athlete. We understand and acknowledge the danger and risk of these severe injuries as inherent to participation in the TMS Athletic Program.

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Personal Medication Notification

For protection of the student-athlete, we the student-athlete and parent(s)/legal guardian(s), will inform the athletic trainer, coaches, and/or medical doctors if the student-athlete is taking any medication or using ointment, liniment, balm, or has a metal implant in his/her body BEFORE receiving therapy or treatment of any kind from the athletic trainer or medical doctor.

.....
INSURANCE INFORMATION MUST BE COMPLETED BEFORE TRYOUTS

Name of Insurance Company _____ Policy Number _____

Student-Athlete

Date

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

PHYSICAL EXPIRES



**ATHLETE EMERGENCY INFORMATION
(PLEASE PRINT)**

ATHLETE’S NAME: _____ BIRTHDAY: _____ GRADE: _____

MOTHER/LEGAL GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FATHER NAME/LEGAL GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

IN CASE OF AN EMERGENCY AND PARENTS/LEGAL GUARDIAN CANNOT BE CONTACTED:

EMERGENCY CONTACT NAME _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

The team trainer and/or coach may apply first aid treatment until the family doctor can be contacted:

Yes _____ No _____

I/we, the parent(s)/legal guardian(s), give my/our consent for coaches and/or team trainer to use their own judgment in securing medical aid and/or ambulance service in case the parent(s)/legal guardian(s) cannot be reached:

Yes _____ No _____

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date



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ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

HEALTH HISTORY: TO BE COMPLETED BY PARTICIPANT

Student Athlete Name			Gender	DOB	Grade		
	YES	NO				YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?			23. Has a doctor ever told you that you have asthma or allergies?				
2. Do you have an ongoing medical condition (like diabetes or asthma)?			24. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?			25. Is there anyone in your family with asthma?				
4. Do you have allergies to medicines, pollens, foods, or stinging insects?			26. Have you ever used an inhaler or taken asthma medicine?				
5. Have you ever become dizzy or passed out DURING or AFTER exercise?			27. Were you born without or are you missing a kidney, an eye, testicle, or any other organ?				
6. Have you ever had discomfort, pain, or pressure in your chest during or after exercise?			28. Have you had a severe viral infection such as infectious mononucleosis (mono) or myocarditis in the last month?				
7. Do you get more tired than your friends do during exercise?			29. Do you have any rashes, pressure sores, or other skin problems?				
8. Has a doctor ever told you that you have: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Heart Infection <input type="checkbox"/> High Cholesterol (Check all that apply)			30. Have you had a herpes infection?				
9. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)			31. Have you had a head injury or concussion?				
10. Has anyone in your family ever died for no apparent reason?			32. Have you been hit in the head and been confused or lost your memory?				
11. Does anyone in your family have a heart problem?			33. Have you ever had a seizure?				
12. Has a family member or relative died of heart problems or sudden death before the age of 50?			34. Do you have headaches with exercise?				
13. Have any of your relatives ever had any one of the following conditions? Hypertrophic cardiomyopathy, dilated cardiomyopathy, Marfan's syndrome or Long QT Syndrome or a significant heart arrhythmia?			35. Have you ever had numbness or tingling or weakness in your arms or legs?				
14. Have you ever had a racing of your heart or skipped heartbeats?			36. Have you ever been unable to move your arms or legs after being hit or fallen?				
15. Have you ever spent the night in a hospital?			37. When exercising in the heat, do you have severe muscle cramps or become ill?				
16. Have you ever had surgery?			38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?				
17. Have you ever had an injury like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes circle affected area below:			39. Have you had any problems with your eyes or vision?				
18. Have you had any broken or fractured bones or dislocated joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes circle affected area below:			40. Do you wear glasses or contact lenses?				
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes circle affected area below:			41. Do you wear protective eyewear such as goggles or a face shield?				
Head Neck Shoulder Upper Arm Elbow			42. Are you unhappy with your weight?				
Calf or Shin Hand Chest Upper Back Lower Back			43. Are you trying to gain or lose weight?				
Forearm Thigh Knee Hip Ankle Foot/Toes			44. Has anyone recommended you change your weight or eating habits?				
20. Have you ever had a stress fracture?			45. Do you limit or carefully control what you eat?				
21. Have you ever been told that you have or have had an x-ray for attantoaxial (neck) instability?			46. Do you have concerns that you would like to discuss with the doctor/health care provider?				
21. Have you ever been told that you have or have had an x-ray for attantoaxial (neck) instability?			FEMALES ONLY:				
22. Do you regularly use a brace or assistive device?			47. Have you ever had a menstrual period?				
			48. How old were you when you had your first menstrual period? _____				
			49. How many periods have you had in the last 12 months?				
			Explain "YES" answers here.				

We, athlete & parent/legal guardian, hereby state that to the best of our knowledge our answers to the above questions are complete and correct.

Student-Athlete Signature

Date

Parent/Legal Guardian

Date



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ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM HEALTH HISTORY: TO BE COMPLETED BY PARTICIPANT

Student Athlete

Name _____ Gender _____ DOB _____ Grade _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR PROVIDER

Student-Athlete Name (Last, First, M.I.): DOB: _____ Height _____ Weight: _____

BMI %ile: _____ Pulse: _____ Blood Pressure: ____ / ____ Blood Pressure %ile: _____
(Per CDC %ile charts) (Recheck if elevated) ____ / ____ (per NIH guidelines)

Vision: R20/ L20/ Corrected: Y/N Pupils: Equal Unequal

MEDICAL	Normal (circle one)		Abnormal Findings/Comments
Appearance	YES	NO	
Eyes/Ears/Nose/Throat	YES	NO	
Hearing	YES	NO	
Lymph Nodes	YES	NO	
Heart (auscultation should be done supine and standing-abnormal findings require referral for further evaluation)	YES	NO	
Murmurs	YES	NO	
Pulses	YES	NO	
Lungs: Auscultation	YES	NO	
Abdomen: Assessment (incl. liver, spleen)	YES	NO	
Genitourinary (males only)	YES	NO	
Skin	YES	NO	
MUSCULOSKELETAL			
Neck	YES	NO	
Back	YES	NO	
Shoulder/Arm	YES	NO	
Elbow/Forearm	YES	NO	
Wrist/Hand/Fingers	YES	NO	
Hip/Thigh	YES	NO	
Knee	YES	NO	
Leg/Ankle	YES	NO	
Foot/Toes	YES	NO	

Notes: _____

Does Athlete wear contacts? YES NO
Does Athlete require eye protection while playing? YES NO

Student MAY participate in the following types of sports (CHECK ALL THAT APPLY):
 ALL FORMS OF SPORTS CONTACT/COLLISION NON-CONTACT/STRENUOUS
 LIMITED CONTACT NON-CONTACT/NON-STRENUOUS
 STUDENT CLEARED FOR PARTICIPATION
 STUDENT CLEARED FOR PARTICIPATION PENDING
 STUDENT NOT CLEARED FOR PARTICIPATION

Name of Physician/Provider (print/type) _____ Date _____

Signature of Physician/Provider _____



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Student's Primary Physician/Provider (for follow up, if necessary): _____

CLEARANCE FORM

Athlete Name: _____ **Gender:** _____ **DOB:** _____

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

Contact/Collision	Limited Contact	Non- Strenuous	Contact Non-Strenuous
Field Hockey	Baseball	Discus	Bowling
Football	Basketball	Javelin	Golf
Ice Hockey	Cheerleading	Shot Put	
Lacrosse	Diving	Rowing	
Soccer	Fencing	Running/Cross Country	
Wrestling	Field	Strength Training	
	High Jump	Swimming	
	Pole Vault	Tennis	
	Gymnastics	Track	
	Skiing		
	Softball		
	Volleyball		

Student MAY participate in the following types of sports: (CHECK ALL THAT APPLY)

STUDENT CLEARED FOR ALL FORMS OF SPORTS

CONTACT/COLLISION NON-CONTACT/STRENUOUS LIMITED CONTACT NON-CONTACT/NON-STRENUOUS

STUDENT CLEARED FOR PARTICIPATION

STUDENT CLEARED FOR PARTICIPATION PENDING: _____

STUDENT NOT CLEARED FOR PARTICIPATION

STUDENT ATHLETE EMERGENCY INFORMATION

ALLERGIES _____

HISTORY OF ANAPHYLAXIS? YES NO

IMMUNIZATIONS Up to date

Last Tetanus Immunization _____

Significant Medical History Information (Please Include any history of asthma, hypertension, previous head injury, unequal pupil size, etc.)

Student's Primary Physician/Provider (For follow up, if necessary): _____

Current Medical Conditions: _____

Current Medications (If asthma medication please indicate if needed prior to sports): _____

Does Athlete wear contacts? Yes No **Does Athlete require eye protection while playing?** Yes No

Providers Name: _____ **MD** ___ **DO** ___ **NP** ___ **PA** ___ **DC** ___ **Phone:** _____

Providers Address: _____
Street
City
State
zip

Signature of Provider _____ **Date** _____