

Hi Everyone,

The Lady Tigers soccer coaching staff will be in front of the high school on Wednesday, February 17, and Wednesday February 24 from 11:00 am until 1:00 pm to collect the completed Athletic Participation Paperwork. A student athlete may use his or her previous physical unless they have had a serious injury or have been diagnosed with covid-19 in which case a new physical is required. A serious injury is one which required a visit to a medical professional, e.g., concussion, broken bone, etc.

Completed paperwork may also be e-mailed to the following:

THS Lady Tigers should email completed paperwork to Casey Tonrey: Email: caston@taosschools.org

These are the only times to drop off paperwork. We will NOT be accepting paperwork before, during or after practice.

Practice will begin on Monday, March 1. Exact times TBD. Details regarding both the practice and game schedule will post soon. As usual, both the practice and game schedule may be found on the calendar at www.taossoccer.com.

Thank you,

THS Coaching Staff

February 16, 2021

Hi Everyone,

THS Soccer Boys: I hope all is well with you and your families.

I would like to preface this by letting you know this is all subject to change, but we do have a deadline of February 28 to collect all paperwork so in the hopes there are not too many changes forthcoming I would like to get this across sooner rather than later! We do not have everyone's contact information so please share this information with anyone that would be interested in participating in high school soccer this spring!

You may find all the required paperwork to download for the upcoming season at the following link:

Athletic Participation Paperwork (at present it is a seventeen-page document, there may be additional paperwork required from NMAA):

<http://taosoccer.com/THS%20Athletic%20Participation%20Forms%20PDF's/THS%20Athletic%20Participation%20Forms%20Athletic%20packet%202021.pdf>

ABOUT THE ATHLETIC PARTICIPATION PAPERWORK:

A student-athlete may use his or her previous physical unless they have had a serious injury or have been diagnosed with covid-19 in which case a new physical is required. A serious injury is one which required a visit to a medical professional, e.g., concussion, broken bone, etc. Remember, all pages except the Physical Examination Form must be filled out completely, signed in all the appropriate places by the participant and parent/guardian. Please be sure to include all the insurance information! We cannot accept incomplete paperwork.

STUDENT CONCUSSION COURSE:

All participants must complete the NFHS student concussion course! Please include this with the completed athletic participation packet!

SUBMISSION OF PAPERWORK: (Boys' Soccer)

Please send the completed packet electronically to Michael Hensley at the following email address: hensleyfineart@yahoo.com

IMPORTANT: The paperwork must be submitted prior to March 1 if your student athlete would like to participate in the upcoming season! We will NOT be accepting paperwork before, during or after practice. Paperwork must be submitted on or prior to February 28!

As soon as we hear final details for our season, we will let you know about practice times, parent meetings, game schedule, etc. At present there are still a considerable number of details that are being worked out between the NMAA and our local school district. We are still in the dark with most details! You know as much as we do! We only know that soccer may begin on March 1!

Thank you for your patience and may we all have a fun filled season!

Please feel free to contact me if you have any further questions.

Michael Hensley
THS Boys Coaching Staff



TAOS MUNICIPAL SCHOOLS-Athletic Participation Agreement

Insurance: Yes _____ No _____
 Emergency Contacts: Yes _____ No _____
 Date of Physical: _____

Students 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 _____

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, not a right.** 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:

1. Enrollment Requirements:

- Student must be enrolled in at least 51% of the school's regular class schedule in courses that will be counted towards his/her graduation (Minimum of 5 classes).

2. Attendance Requirements:

- Athletes are to attend all classes for the day to be eligible to participate in practice or competition on that day.
- Athletes are expected to be punctual daily for all of their classes. Failure to do so will result in suspension from practice or competition.
- Athletes placed on a school suspension will not be allowed to practice, participate, or compete in contests/events during the suspension period.

3. Academic Requirements:

- A student shall have a minimum of a 2.0 grade point average with no F's for the semester grading period immediately preceding participation. For students not eligible at semester, the next 9 weeks grading period can be used to regain eligibility.

4. Physical Form:

- Before a student may participate in any sport, he/she must have a completed sports physical. **The physical form must be dated April 1st or later to be valid for the following school year.**

5. Other:

- 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).

Conduct of an Athlete:

The conduct of an athlete is closely observed in many areas of life. It is important that behavior be above reproach. 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 "Compete With Class" 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 event of an ejection from a contest, complete the NMAA ejection requirements at https://www.nmaact.org/file/EJECTION_POLICY-z.pdf
- If under indictment for a crime, the student-athlete will be ineligible until adjudicated.

Conduct Violations:

Student Athletes may be suspended or removed from the team for inappropriate conduct. **Possible Conduct Violations include, but not limited to, conduct or behavior in which the student:**

1. Possesses, uses, consumes, or distributes any tobacco products, electronic cigarettes, alcoholic beverages, or other controlled substances (prohibited substances).
2. Is **Present** at a party where there is underage drinking or illegal activity (This does not apply to a student’s mere attendance at family gatherings or social events where the student is under direct supervision of his or her parent or legal guardian.)
3. Possesses a firearm or weapon.
4. Participates in vandalism of school or community property.
5. Participates in Bullying, Cyberbullying, Harassment, and/or Hazing.

“**Bullying**” is defined as any repeated and pervasive written, verbal, or electronic expression, physical act or gesture, or a pattern thereof that is intended to cause physical or emotional distress upon one or more students in the school, on school grounds, in school vehicles, or at school activities or sanctioned events. Bullying includes, but is not limited to, hazing, harassment, intimidation, or menacing acts of a student upon another which may, but need not be based on the student’s race, color, sex, ethnicity, national origin, religion, disability, age, sexual orientation, or gender identity.

“**Cyberbullying**” would mean bullying that is done through the use of electronic communication, including any cellular or other type of telephone, a computer, a pager, a camera, electronic mail, instant messaging, text messaging, a social media account, or an internet website.

“**Harassment**” means knowingly pursuing a pattern of conduct, communications, or electronic expression that are intended to annoy, seriously alarm, or terrorize another person. The conduct must be such that it would cause a reasonable person to suffer substantial emotional distress. Harassment includes, but is not limited to, any act which subjects an individual or group to unwanted, degrading, humiliating, or abusive behavior of a nonverbal, verbal, written, or physical nature, and may, but need not be based on the student’s race, color, sex, ethnicity, national origin, religion, disability, age, sexual orientation, or gender identity. Verbal and nonverbal harassment include speech or gestures which are lewd, indecent, profane, or obscene and libel.

“**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.



TAOS MUNICIPAL SCHOOLS-Athletic Participation Agreement

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

6. Engages or participates in conduct or behavior which may result in the arrest or conviction of a misdemeanor or felony.
7. Engages in any other conduct or behavior which the student's Coach, Athletic Director, Principal, or Superintendent deems to be in violation of this Code or the spirit of interscholastic Competition.

Conduct Violation Consequences:

All conduct violations will have consequences.

Possible Consequences for Violations depending on the violation may result in:

1. Community Service
2. Suspension from Athletic Participation up to, but not limited to:
 - 1st Offense – 30 Calendar Days Suspension from Participation
 - 2nd Offense – 90 Calendar Days Suspension from Participation
 - 3rd Offense – 180 Calendar Days Suspension from Participation
3. Counseling and/or Classes
4. Other consequences may be imposed by the Athletic Director based on the severity of the student's violation.

*If there is not a sufficient amount of time remaining in the scheduled season to fulfill the terms of the disciplinary consequence imposed, the penalty carries over to the next sport in which the student would otherwise participate.

Disciplinary Appeal:

Once an investigation is completed written notification will be given to the student and his/her parent/legal guardian. The student, or student's parent/legal guardian, may appeal the suspension to the Athletic Disciplinary Committee (comprised of Coaches and THS Faculty) by submitting a written request within five (5) calendar days of the infraction to the athletic director. Once a ruling has been determined by the committee, the student, or student's parent/legal guardian, may appeal the suspension to the Principal by submitting a written request within five (5) calendar days to the Principal. The student will remain suspended from his/her sport pending the appeal.

Conduct of Parent(s)/Legal Guardian:

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.



TAOS MUNICIPAL SCHOOLS-Athletic Participation Agreement

- 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.

Concussion In Sports:

Each student is required to take the online concussion course prior to participation. The course can be found at: <https://nfhslearn.com/courses/61059/concussion-for-students>. Once the student completes the course, he/she should give the certificate of completion to his/her coach.

If a student has been diagnosed with a concussion, he/she must follow return to play guidelines and must be released by a medical professional or the athletic trainer.

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.

- Bus Form – Each athlete must sign a bus form even if the student does not ride a school bus for transportation to and from school.

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. We do have an athletic trainer that can assess the injury of the athlete prior to seeking doctor care. If necessary the athletic trainer will refer athlete to a doctor. 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 my 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 my 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



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



MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

(Cover sheet)

NEW MEXICO ACTIVITIES ASSOCIATION
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

NOTE: The NMAA does not need a copy of this form. Please return to your school's athletic department.



Medical History – Parent/Guardian please fill out prior to examination.

Student Athlete Name (<i>Last, First, M.I.</i>):					
Home Address:				Grade:	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>		
DOB:				AGE:	
Name of Parent/Guardian					
Home Address:				Phone:	Work:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	Cell:	
Emergency Contact				Phone:	Work:
<i>Name</i>	<i>Relationship</i>			Cell:	
Address:					
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>		
SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)					
Sports/Activities					
<input type="checkbox"/> Baseball	<input type="checkbox"/> Cheer	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling	
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dance	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track/Field	<input type="checkbox"/> Other_____	
Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.					

Concussion Management

A concussion is a disturbance in the function of the brain that can be caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory loss, balance problem) with or without a loss of consciousness. I/we understand there is a concussion management protocol established that includes care and return to play criteria.

Student-Athlete Signature

Date

Parent or Court Appointed Legal Guardian Signature

Date

■ Preparticipation Physical Evaluation HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. 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 Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. 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"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____
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■ Preparticipation Physical Evaluation PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____ Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances, it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the New Mexico Activities Association (NMAA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/NMAA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, medical/osteopathic physician, physician assistant or nurse practitioner licensed by the state of New Mexico (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by New Mexico law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

“I, _____ the undersigned, am the parent/legal guardian of,
/
_____, a minor and student-athlete at _____

(name of school or district) who intends to participate in interscholastic sports and/or activities. I understand that the school/district/NMAA may employ or designate QMP’s (as defined above) to provide sports medicine services (as also defined above) to the school’s interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP’s are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by New Mexico law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete’s injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor’s coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete’s recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/NMAA.”

Date: _____ **Signature:** _____



CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”

Observed by the Parent / Guardian

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It’s better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES

Senate Bill 38:

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

For more information on brain injuries check the following websites:

<https://nfhslearn.com/courses/61059/concussion-for-students>

<http://www.nfhs.org/resources/sports-medicine>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



DUKE CITY
URGENT CARE

SIGNATURES

By signing below, parent/guardian and athlete acknowledge the following:

- ◆ Both have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*.
- ◆ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
- ◆ Athlete has received brain injury training pursuant to Senate Bill 38.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

Social Media Policy and Guidelines for Student Athletes

Participating in sports for Taos Municipal Schools (TMS) is a privilege. Student Athletes are held in the highest regard and are seen as role models in the community. As leaders you have the responsibility to represent your team, your school, your family, and yourselves in a positive manner at all times. Occasionally this means doing things that may be an inconvenience to you and unpopular; however, modeling positive behavior and following the TMS social media guidelines will no doubt benefit your team. Facebook, Twitter, Instagram, Snapchat, and other social media sites have increased in popularity globally and are used by the majority of student-athletes here in one form or another. Student athletes should be aware that third parties; including the media, teachers, coaches, school officials, colleges (NCAA universities and Coaches), and future employers could easily access your profiles and view all personal information. This includes all pictures, videos, comments, and posts. Inappropriate material found by third parties affects the perception of the student-athlete, the athletic department, and Taos Municipal Schools. This can be detrimental to a student-athlete's future college and employment options.

Examples of inappropriate and offensive behaviors concerning online communities may include depictions or presentations of the following:

- Photos, videos, comments, or posts showing the personal use of alcohol, drugs, and tobacco (e.g. no holding cups, cans, shot glasses, drug paraphernalia, etc.)
- Photos, videos, and comments that are of sexual nature. This includes links to websites of a pornographic nature and other inappropriate material.
- Photos, videos, comments, or posts that condone drug-related activity. This includes, but not limited to, images that portray the personal use of drugs and drug paraphernalia.
- Content online that is unsportsmanlike, derogatory, demeaning, or threatening toward any other individual or entity (e.g. derogatory comments regarding your school and/or another school; taunting comments aimed at a student-athlete, coach, or team at another school; derogatory comments against race and/or gender; etc.)
- No posts should depict or encourage unacceptable, violent, or illegal activities (e.g. hazing, sexual harassment/assault, gambling, discrimination, fighting, vandalism, academic dishonesty, underage drinking, and illegal drug use.)
- Content online that would constitute a violation of the TMS Board Policy, TMS Athletic and Student Handbook and NMAA bylaws.

For your own safety, please keep the following recommendations in mind as you participate in social media websites:

- Set your security settings so that only your friends can view your profile.
- You should not post your email, home address, local address, telephone number(s), or other personal information as it could lead to unwanted attention, stalking, identity theft, etc.
- Be aware of who you add as a friend to your site. Many people are looking to take advantage of student-athletes or to seek connection with student-athletes.
- Consider how the above behaviors can be reflected in all social media applications. If you are ever uncertain of the appropriateness of your online public material, consider whether it upholds and positively reflects your own values and ethics; as well as, the Taos Athletic Department, and the Taos Municipal Schools. Remember to always present a positive image and don't do anything to embarrass yourself, your family, the team, and the Taos Municipal Schools.

By signing below, you affirm that you understand the TMS Athletic Department Social Media Policy and Guidelines for Student-Athletes and the requirements that you must adhere to as a TMS student-athlete. Also, you understand that failure to comply may result in suspension or removal from your athletic team, loss of athletic privileges, and you may be subject to additional penalties imposed by the school and/or law enforcement.

Student Printed Name

Student Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Taos High School Athletics

Dear Parents,

We will be re-opening up our facilities for workouts/conditioning/off season practice/practice. We are installing several protocols to help keep the safety and cleanliness to the highest level. We will also update these protocols as needed to fit new national, state, or local guidelines.. Here are the guidelines:

Administrators must monitor all Federal, State, Health alerts and be willing to adjust their plans to meet safety standards. These are fluid times and decisions require flexibility.

Public gathering numbers should align with federal and state mandates. Plans should indicate that numbers may change as restrictions are lifted/scaled back and guidelines to manage the number changes.

Social distancing per federal and state guidelines must be adhered to during all sessions

Groups should be divided into “pods” and should include the same participants and coaches at each session to limit the risk of exposure.

Coaches/participants/managers/volunteers should be screened prior to each session (ie. temperature checks, Covid-19 general Q and A’s, etc)

No use of locker rooms or shower facilities. Coaches and participants should report to sessions dressed to participate.

Sanitation is a high priority. Breaks should be scheduled in work-out sessions and between “pods” to disinfect all areas. Timelines should be a minimum of 15 minutes between groups. Staggered entry and exits of “pods” should also be included.

Hand sanitizer should be provided, in abundance and visible during all indoor and outdoor sessions.

Each participant in the sessions should have their own personal water bottles for hydration. Designated and no touch water fountains will be available. Shared water sources should not be allowed.

Masks are required during all sessions for coaches. With the many unknowns still existing regarding aerosol transmission, masks are a safety precaution that should be considered for both indoor and outdoor sessions.

Spectators (parents, media, etc) or non-essential individuals should not be allowed to attend or observe sessions.

All facilities used will be sanitized and cleaned after every use. Rules are subject to change as we follow state, local and governor guidelines.

We will:

Screen each employee and child for symptoms before they start their shift and track each symptom for each employee or child. If an employee or child reports any of the symptoms:

Symptoms:

- Fever 100.4 Degrees F or higher
- Cough
- Shortness of Breath or Difficulty Breathing
- Chills
- Muscle Aches
- Sore Throat
- New loss of taste or smell
- Exposed to someone with COVID or Symptoms

We will:

1. Send the employee or child home immediately.
2. Increase cleaning in your facility and ensure staff are least 6 feet apart from one another.
3. Exclude employees or students until they are fever-free (without medication) for 72 hours and 10 days have passed since their first symptom unless they have a clear alternative diagnosis from a medical provider.
4. If multiple employees or children have symptoms, contact your local health department.

Taos Municipal School District will retain these forms in a secure place for three months and provide the forms upon request from public health agencies.

COVID 19 WARNING TO STUDENTS AND PARENTS

Contraction of the Coronavirus may happen and **PARTICIPATION in workouts are voluntary**. We are aware of the risks and will not hold Taos Municipal School District or its EMPLOYEES LIABLE for inherent risks of exposure at workout facilities.

Parent/Guardian _____ Date _____
 Print Name Signature

Parent/Guardian _____ Date _____
 Print Name Signature

Student _____ Date _____
 Print name Signature

NMAA 2020-2021 PREPARTICIPATION EXAMINATION WAIVER FORM

As a result of the COVID-19 pandemic, the following form may be used to waive the annual preparticipation examination requirement for returning student-athletes. This form will only be accepted for the 2020-2021 school year.

NAME (Last, First, MI): _____ AGE: _____ GRADE: _____
DATE OF BIRTH: ____ / ____ / ____ SCHOOL: _____ SPORTS: _____
ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____
OTHER(S): _____ Check YES or NO boxes for each question.

Date of Last Sports Physical YES NO

1. Did you receive a preparticipation examination (sports physical) on or after April 1, 2019?
..... Medical Risk Questions
2. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?.....
3. In the last year, have you passed out or nearly passed out during or after exercise?
.....
4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?
.....
5. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?
6. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained death before age 35 (including an unexplained drowning or unexplained car accident)?
.....
7. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?.....
.....
8. Have you tested positive for COVID19?.....
9. Has anyone in your immediate family tested positive for COVID19?.....
10. Have you been in close contact with anyone who has tested positive for COVID-19?
..... Parents or Legal Guardians: Please note any health concerns, medications, allergies that may be important for the athletic/activities director and/or coaches to know.

“I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities. Additionally, I am aware that there is an inherent risk of injury and/or illness associated with participation in athletic activity and grant permission for my child to participate in NMAA activities during the current COVID-19 pandemic.” _____

ATHLETES NAME

Parent or Legal Guardian Signature

Date

Student Signature

Date

For School Use Only School Personnel Review 1. Question 1: NO – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf 2. Question 2-4: YES – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf 3. Questions 5-10: YES – Student requires written clearance from an approved HCP. NOTES:

CLEARED FOR SPORTS: YES NO



TAOS TIGER ATHLETICS

134 Cervantes Road · Taos, New Mexico 87571

Phone (575) 751-8030 · Fax (575) 751-8052

Dr. Mae A. LaBella – Athletic Director

maelab@taoschools.org

COVID-19 CODE OF CONDUCT FOR ATHLETES/ACTIVITY PARTICIPANTS

(and Parents or Guardians of Athletes Under 19 Years of Age)

I will help prevent COVID-19 infections by:

- Staying home when I feel sick
- Staying away from people who are coughing, or sneezing, or sick
- Washing my hands thoroughly and often with soap and water, before and after training, practice, or competition, or when I use the washroom
- Covering my coughs and sneezes with a tissue, or my elbow. If I use a tissue, I will throw it in the garbage right away and wash my hands
- Always keeping at least 6 feet between me and others
- Not sharing food, water bottles, towels, bathing suits, nose clips, goggles, or swim caps
- Respecting the rules of Taos High School Athletics, Governor's Health Orders, and NMAA and understanding my responsibilities in contributing to a safe environment
- Agree to possible random testing to help in monitoring/ contributing to a safe environment
- Wearing a school approved/NMAA mask 100% of the time while practicing, competing or in a school facility
- Agreeing to check into practice or competition use the schools monitoring system (Eagle Intelligent Health)
- Agreeing that if you travel out of the state, you may be asked to test and provide results or quarantine and notify your coach before leaving out of state.
- Agreeing that if you present with a temperature of 99 degrees at check in before getting on the bus to travel to a competition, you will not be allowed to participate in the competition (you may also be asked to be checked again before getting off the bus before arriving at venue)

I will care for the health and safety of others and I understand that:

- I will be removed from sport immediately if I do not follow physical distancing or hygiene rules.

I will care for my health and safety and I understand that:

- I have a commitment to preventing COVID-19 by telling a coach, parent or guardian, or another adult if I feel sick and to stop participating in training, practice, or competition immediately
- I should tell a coach, parent or guardian, or another adult if someone else tells me about cold or flu symptoms, or I see signs they might be sick
- If I have been exposed to a suspected or confirmed case of COVID-19, I will be removed from sport and I will not be able to return to training, practice, or competition for 14 days

I will take the time I need to recover because it is important for my health and I understand that:

- If I have suspected or confirmed COVID-19, I will be removed from sport and I will not be able to return to training, practice, or competition until I have been medically cleared
- My coach will report to the athletic director if COVID-19 is suspected or confirmed

By signing here, I acknowledge that I have reviewed and commit to this COVID-19 Code of Conduct.

Athlete Name: _____

Signature: _____ Date: _____ (Athlete if 19 and over)

Signature: _____ Date: _____ (Athlete's Parent/Guardian if under 19)



NMAA COVID-19 MEDICAL CLEARANCE FORM

Per the New Mexico Activities Association, if an athlete has tested positive for COVID-19, he/she must be cleared by an approved health care provider (MD/DO/NP/PA)

NAME (Last, First, MI): _____ AGE: ____ GRADE: ____ DATE OF BIRTH: ____/____/____
SCHOOL: _____ DATE OF POSITIVE TEST: ____/____/____ DATE ONSET OF SYMPTOMS: ____/____/____

MEDICAL CLEARANCE

DATE OF EVALUATION: ____/____/____

CRITERIA TO RETURN (Please Check Below as Applies)

- Athlete was not hospitalized due to COVID-19 infection **AND**
- If asymptomatic, at least 10 days have passed since date of positive test **OR**
- If mild or moderate symptoms, at least 10 days have passed since date of positive test and a minimum of 24 hours symptom free off-fever reducing medications **AND**
- Cardiac screen questions negative for myocarditis/myocardial ischemia:

	YES	NO
<input checked="" type="checkbox"/> Chest pain/tightness with exercise.....	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Unexplained Syncope/near syncope	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Unexplained/excessive dyspnea/fatigue w/exertion.....	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> New Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> New Heart Murmur on exam.....	<input type="checkbox"/>	<input type="checkbox"/>

NOTE TO APPROVED HCP:

****If Moderate disease OR any cardiac screening question is positive, further workup is indicated: EKG (at minimum), Echocardiogram, Cardiology Consult, CXR, Spirometry, Chest CT, Cardiac Magnetic Resonance (CMR).***

American Academy of Pediatrics Interim Guidance:

- **Asymptomatic or mildly symptomatic** (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy). Primary care physician (PCP) visit recommended with review of the local 14-point preparticipation screening evaluation with special emphasis on cardiac symptoms including **chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope** and performance of a complete physical examination.
- **Moderate** symptoms of COVID-19 (≥4 days of fever >100.4°F, myalgia, chills, or lethargy or those who had a non-ICU hospital stay and no evidence of MIS-C), an ECG and cardiology consult is currently recommended after symptom resolution, and at a minimum of 10 days past the date of the positive test result. Individuals who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. The cardiologist may consider ordering a troponin test and an echocardiogram at the time of acute infection.
- **Severe** COVID-19 symptoms (ICU stay and/or intubation) or **multisystem inflammatory syndrome in children (MIS-C)**. Recommend restriction from exercise for a minimum of 3 to 6 months and definitely require cardiology clearance prior to resuming training or competition. Coordination of follow-up cardiology care should be arranged prior to hospital discharge. Extensive cardiac testing should include but is not limited to: troponin tests, echocardiogram, and cardiac MRI.

Athletes with severe disease who were hospitalized or diagnosed with MIS-C, should NOT return to play for 3-6 months and should be cleared by Cardiologist.

- Athlete **HAS** satisfied the above criteria and **IS** cleared to start the return to activity progression.
- Athlete **HAS NOT** satisfied the above criteria and **IS NOT** cleared to return to activity

Additional Comments/Recommendations:

Medical Office Information (Please Print/Stamp):

Healthcare Provider's Name/Signature: _____

Office Address: _____ Office Phone: _____



RECOMMENDED RETURN TO PLAY PROCEDURES AFTER COVID-19 INFECTION

Name (Last, First, MI): _____ Date of Birth: ____/____/____

Student ID#: _____ Sport: _____

Date of Positive Covid-19 Test: ____/____/____

Date of Medical Clearance: ____/____/____

- Student-Athletes must have Medical Clearance from COVID-19 on File to initiate Return to Play Progression.
- Student-Athletes who develop chest pain, chest tightness, palpitations, lightheadedness, fainting, or near fainting during Return to Play Progression should be referred back to the evaluating provider who signed the form.

Stage 1: (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Date: _____ Notes: _____

Date: _____ Notes: _____

Stage 2: (1 Day Minimum) Add simple movement activities (e.g. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

Date: _____ Notes: _____

Stage 3: (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Date: _____ Notes: _____

Stage 4: (1 Day Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

Date: _____ Notes: _____

Stage 5: (1 Day Minimum) Return to Team Activities, Strength & conditioning, and skill work, non-contact practice.

Date: _____ Notes: _____

Stage 6: Return to Team Activities, Return to full Team Practice.

Date: _____ Notes: _____