

TAOS HIGH SCHOOL LADY TIGERS SOCCER

(Player/Emergency Contact)

	First Name	Last Name	Date of Birth
Player's Name			/ /
Cell Phone			
Home Phone			
Email Address			
School You Are Attending			
Grade Level	8 9 10 11 12 (Circle the one that applies)		
Allergies			
Other Medical Conditions			

EMERGENCY INFORMATION

	First Name	Last Name
Player's Physician		
Physician's Work Phone		
Physician's Home Phone		
Medical and/or Hospital Insurance Co		
Phone Number		
Policy Holder's Name		
Policy Number		

(Attach Copy of Insurance Card)

	First Name	Last Name
Mother's Name		
Cell Phone		
Work Phone		
Home Phone		
Email Address		

	First Name	Last Name
Father's Name		
Cell Phone		
Work Phone		
Home Phone		
Email Address		

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

	First Name	Last Name
Emergency Contact		
Cell Phone		
Work Phone		
Home Phone		
Email Address		

**ATHLETIC PARTICIPATION AGREEMENT
For Students and Parents**

Before participating in any practice or workout session, whether in-season or off-season, every student must:

1. Be officially enrolled at Taos High School or Taos Middle School.
2. Satisfy all eligibility requirements in terms of academic performance, attendance, and compliance with the Code of Conduct for student-athletes.
 - *Students must maintain a minimum 2.0 GPA with no more than one "F."*
3. Comply with the Taos Municipal Schools rules and regulations as well as the eligibility requirements of the NMAA.
 - See online at www.nmact.org/files/Section_6_-_Eligibility.pdf
4. Complete and sign, including parent signature(s), the attached documents.

Checklist of documents and agreements to be completed and signed:

1. Acknowledgement of rules and terms for athletic participation (this page).
2. Student-Athlete Code of Conduct.
3. Student-Athlete Eligibility Requirements
4. Parent Code of Conduct
5. Schedule of Consequences for Violation of Student Behavior Policy.
6. Statement of Health and Wellbeing
 - a. Permission to Participate in Interscholastic Athletics
 - b. Acknowledgement of Injury Risks
 - c. Personal Medication Notification
 - d. Medical Insurance Coverage
7. Medical History, Physical Examination Form with Physician’s Approval.
8. Emergency Information

We acknowledge:

1. Our family’s primary address is _____
2. This address is in the Taos High School’s attendance area, and the student lives with the parents or guardian.

We agree to these rules and terms of athletic participation as important for the safety and wellbeing of our student-athlete. We agree to abide by these rules and terms for athletic participation and to conduct ourselves accordingly.

Signed: _____ Date _____
 Parent or Guardian

_____ Date _____
 Parent or Guardian

_____ Date _____
 Student-Athlete

STUDENT-ATHLETE CODE OF CONDUCT

I recognize that participating in interscholastic athletics is a privilege which requires high standards of responsibility and personal conduct. I therefore agree to:

1. Act as a positive role model, both on and off the field, for both the school community and community youth in general.
2. Act according to the principles embodied in Pursuing Victory with Honor and the standards of the New Mexico Activities Association.
3. Act in accordance with the Student Behavior Policy and all rules of the Taos Municipal Schools.
4. Remember that I represent my school and must therefore demonstrate responsibility and self-discipline.
5. Maintain a high level of conduct at school, including proper dress and etiquette.
6. Contribute to team morale and to a high level of both athletic performance and sportsmanship.
7. Remain physically, sexually and verbally nonviolent.
8. Specifically, refrain from any form of fighting, hazing, trash-talking, obscene language or sexual harassment.
9. Maintain a healthy lifestyle free of alcohol, tobacco, performance-enhancing drugs, and controlled substances.
10. Maintain academic eligibility and immediately notify my head coach if I need help.
11. Respect the rules of the game and the officials who apply them.
12. Treat opponents and rivals with respect.
13. Respect my coaches and accept their directions.
14. Be responsible for all issued equipment.
15. In the event of ejection from a contest, I will complete the NMAA ejection webinar at www.nmact.org/ejection_application

I further understand that poor grades, failure to meet school requirements, or violation of school rules and regulations may result in suspension or termination from athletic participation.

Student-Athlete

Date

I/we, the parent(s) or guardian of the student-athlete, have read the Student-Athlete Code of Conduct and agree to its terms. We further agree to fully support our student-athlete in fulfilling these terms.

Parent/Guardian

Date

Parent/Guardian

Date

PARENT CODE OF CONDUCT

As parent(s) or guardian of a student-athlete, I/we acknowledge that interscholastic sports are part of the educational experience and serve primarily to promote positive personal development. I understand that the desire to win is never to be placed ahead of the academic, social, emotional, physical and ethical well-being of the students. I therefore pledge to:

A. Positively support my student-athlete:

- Provide positive support to my student-athlete, win or lose.
- Emphasize effort, skill development, teamwork, and love of the game.
- Be sure my student-athlete attends all practices and workouts.
- Encourage him/her to go the extra yard in conditioning and drills.
- Attend all required meetings and attend as many games as possible.
- Actively support my student-athlete in maintaining all eligibility requirements.
- Actively support my 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 contribute to team morale.
- Actively support my 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 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** and 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, team mates or athletic personnel appropriately:

- Follow school policy by not presenting grievances during or after a 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.

I further 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 School and the New Mexico Activities Association.

Parent/guardian

Date

Parent/guardian

Date

**STUDENT-ATHLETE
SCHEDULE OF CONSEQUENCES FOR VIOLATION OF SCHOOL BEHAVIOR POLICY**

CONDUCT*	1ST CONSEQUENCE	2ND CONSEQUENCE	3RD
Knowing possession of firearm or weapon as defined by school policy on campus or at school function **	Suspension from participation until graduation		
Vandalism of school property	Suspension from competition for a minimum of two weeks, appropriate community service.	Suspension from participation for 36 school weeks, appropriate community service	Suspension from participation until graduation. Appropriate community service.
Theft of school property	Suspension from competition for a minimum of two weeks, appropriate community service	Suspension from participation for 36 school weeks, appropriate community service	Suspension from participation until graduation. Appropriate community service.
Possession of illegal drugs or alcohol on any school campus, or at any school function	Suspension from participation for 30 school days.	Suspension from participation 365 Calendar Days	
Possession of tobacco products on campus and at school functions	Suspension of competition for two weeks, and enrollment in counseling prevention program	Suspension from participation for nine weeks and enroll in counseling prevention program	Suspension from participation for 36 school weeks and enroll in counseling prevention program
Violation of school attendance policy, including tardy and absence issues	JPO Level One results in suspension from competition for two weeks	JPO Level Two results in suspension from competition for semester, 9 school weeks, or season, whichever is greater	JPO Level Three results in suspension from participation until JPO program is completed or 36 school weeks
Possession, or use, of illegal drugs or alcohol at off campus location. Confirmed <i>in writing</i> by 1 adult or 2 students	Suspension from competition for nine weeks, and enrollment in counseling-prevention program	Suspension from participation for 36 weeks	Suspension from participation until graduation
Attendance at any event where the use of illegal drugs, or the consumption of alcohol by persons not of legal age has taken place. Confirmed by 1 adult or 2 students	Community service of 10 hours and suspension from competition for one week	Community service of 30 hours and suspension from competition for nine weeks	Community service of 60 hours and suspension from competition for 36 weeks
Any conduct not addressed above which results in felony or misdemeanor charges by the District Attorney's office	To be determined by the Disciplinary Committee		

*The determination that the conduct has occurred is to be made by the Athletic director who must make a finding that probable cause exists to believe the student has committed the offense. The prosecution of an offense by law enforcement is not necessary. At the election of the Athletic Director, or the request of the student involved, the determination of the conduct, and the appropriate consequence will be resolved by the Disciplinary Committee. The Disciplinary Committee shall consist of the Athletic Director, School Principal and Counselor.

**Any student knowingly bringing a weapon or firearm on campus or school function who becomes aware of weapon is required to immediately bring the issue to the attention of the school principal or assistant principal..

Athletes will be suspended from participation during the investigation. (These measures may be superseded by current school behavior policies.)

Student-Athlete Date Parent/Guardian Date p.4

**TAOS MUNICIPAL SCHOOLS - ATHLETIC DEPARTMENT
STATEMENT OF HEALTH AND PHYSICAL WELL BEING**

STUDENT'S NAME: _____ AGE: ____ DATE OF BIRTH: _____
SCHOOL NAME: _____ GRADE: ____ PLACE OF BIRTH _____
PARENTS/GUARDIAN NAME: _____
SCHOOL LAST ATTENDED: _____
ADDRESS: _____ ZIP: _____
TELEPHONE NUMBER: _____

HEALTH AND WELL BEING OF STUDENT-ATHLETES

The Athletic Staff of the Taos Municipal Schools has a deep concern for the health and well being of its athletes. We feel this form is essential for providing assurance to the athletes, parents, and the school that each individual is physically capable of playing athletics.

Therefore, it is of utmost importance that this form is completely filled out by both the student-athlete and parent or court appointed guardian and returned to the school. This is just one step in our aim to aid each athlete in achieving a successful academic and athletic career in our school district. Parents assume full responsibility for notifying the school of any changes of information that may occur.

PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

_____ has my permission to participate in interscholastic athletics in the Taos Schools under the supervision and responsibility of licensed coaches. I have familiarized myself with the benefits and limitations of the school district insurance program or my individual insurance program and will not hold the Taos Schools responsible for liability if an accident should occur. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from such activities. I do hereby release, absolve, indemnify, and hold harmless the Taos Schools, the event organizers, sponsors, coaches, athletic trainers, and supervisors and all of them. In case of injury to my son or daughter, I hereby waiver all claims against the organizers, sponsors, coaches, athletic trainers, and supervisors and or all of them. Any information, when needed to determine athletic eligibility, shall be released to the New Mexico Activities Association.

ACKNOWLEDGEMENT OF INJURY RISKS

We, the student-athlete and parent of guardian, are aware that participation in interscholastic athletics involves risks of serious and permanent injury to the athlete. We understand and acknowledge the danger and risks of these severe injuries as inherent to the participation of interscholastic activities.

We, the parent or guardian, hereby give permission to render first aid, secure medical treatment from a physician, or if this occurs outside of Taos, secure qualified medical treatment from a physician or facility in the area.

PERSONAL MEDICATION NOTIFICATION

For my own protection, I, the student-athlete will inform the coaches and/or medical doctor(s) if I am taking any medication or using ointment, liniment, balms, or have a metal implant in my body before receiving therapy or treatment of any kind.

INSURANCE

Please check one:

_____ NO, I do not wish to purchase Student Accident & Athletic insurance, as I have other insurance that will cover medical expenses as a result of any accidental injury incurred.

Name of Insurance Company _____ Policy Number _____

_____ YES, I wish to purchase the Student & Athletic Insurance coverage and am remitting the proper payment.

We the student-athlete and parent or guardian acknowledge and agree that we have read, understand, and will abide by the above-stated conditions.

Student-athlete signature: _____ Date _____

Parent/guardian signature _____ Date _____

MEDICAL HISTORY

Name _____ Date of Birth _____ Place of Birth _____
Address _____ City/Zip _____ Phone _____
Parent or Guardian _____ Year in School _____ Sport _____

PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS

Have you ever had a neck injury? _____ Concussion? _____ Sight impaired in either eye? _____ Hearing impairment? _____ History of ear disease? _____ Fainting spells, convulsions, or a history of epilepsy? _____
Do you wear glasses? _____ Contacts? _____ Dentures of any kind? _____
If you answered "YES" to any of the statements, please give dates and details:

CARDIOVASCULAR-RESPIRATORY

Have you ever had Heart disease? _____ High blood pressure? _____ Rheumatic fever? _____ Lung disease? _____
Asthma? _____ Tuberculosis? _____. If you answered "YES" to any of these statements, please give dates and details:

GENITO-URINARY & GASTRO-INTESTINAL

Have you ever had Kidney disease? _____ Injury to kidney? _____ Diabetes? _____ Liver Disease? _____ Hepatitis? _____
Enlargement or injury to spleen? _____ Stomach or intestinal disorder? _____ Hernia? _____
If you answered "YES" to any of these statements, please give dates and details:

MUSCULOSKELETAL

Have you ever dislocated a shoulder? _____ Had a shoulder separation? _____ Bursitis? _____ Knee injury? _____
Arthritis? _____
Foot or ankle problems? _____ Tendonitis? _____ Back injury? _____ Fracture of any bones? _____
If you answered "YES" to any of these statements, please give dates and details:

PERSONAL INFORMATION

Has your son/daughter ever been told by a doctor that he/she should not participate in any sports? If yes, give dates and details _____
List any drug sensitivities or allergies _____
Family physician's name: _____ Phone _____
Family dentist's name: _____ Phone _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS VALID AND CORRECT.

SIGNATURE OF PARENT/ GUARDIAN : _____ **DATE** _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood pressure _____ Pulse _____ Eyes _____ Vision _____ Ears _____ Hearing _____
Nose-Throat _____ Teeth _____ Neck _____ Heart _____ Lungs _____
Abdomen _____ Genitalia _____ Hernia _____ Varicocele _____ Extremities _____ Skin glands _____
Remarks or limitations _____

Defects or exceptions, if any: _____

IN MY JUDGMENT _____ **IS PHYSICALLY FIT TO ENGAGE IN**
ATHLETIC COMPETITION FOR SCHOOL YEAR _____.

SIGNATURE OF PHYSICIAN: _____ **DATE** _____

COMMENTS: _____