

Cimarron Municipal Schools

Interscholastic Participation Form

Note to parents of students participating in Athletics at Cimarron Municipal Schools.

Cimarron Schools strive to provide the best possible athletic programs for its students. It wants athletic participation to be a valuable educational experience at all levels. You are requested to read the following carefully and thoroughly, discuss its contents with your child and present it to your family physician for his/her approval. This form is to be fully completed and filed at school **BEFORE** your child will be allowed to practice and/or compete. This form should be completed only for those who are planning to participate in interscholastic athletics at any level. We require this physical examination to insure that your child is physically able to participate in athletics and in the event an accident should occur, we may notify you in a relatively short period of time.

1 **PARENTAL CONSENT:** We want to be sure you consent to your child's participation in interscholastic athletics; therefore, it is necessary that you and your child carefully read and understand the contents of this exam along with the expectations of the sport.

2 **MEDICAL HISTORY AND EXAMINATION:** The questionnaire provides a means for the physician to make reference to previous injury, illness or congenital disorder and also to provide the best possible physical exam for the student athlete.

3 **MEDICAL AUTHORIZATION:** This section provides information to the school for quick reference regarding the notification of the parents in an emergency situation. Also, it authorizes medical attention in the event the parents cannot be reached.

4 **INSURANCE:** The financial responsibility for securing care of athletic injuries is a matter between the parent/guardian and physician or dentist of parent's/guardian's selection. It is because of this that Cimarron Municipal Schools must have on file the insurance your family has to cover your child in case of an accident. Cimarron Municipal Schools offers a Student Accident Insurance through a **Student Accident Insurance Company.** This policy is a 24 hour coverage. You may wish to enroll in this through the school. This is strictly on a voluntary basis and is not required if you have sufficient coverage through your own family medical plan. We must have either a form asking for our own school policy of the name of the company through which you are insured.

5 **ELIGIBILITY:** Rules governing eligibility are determined by Cimarron Municipal Schools and the NMAA.

PARENTAL CONSENT

Please read the following statements concerning the participation of your child in interscholastic athletics. Respond below with your signature.

I hereby give my consent for _____ (student) to participate in interscholastic athletics at _____ (school) and authorize them to provide the information on the form to the NMAA. The financial responsibility for securing care of athletic injuries is a matter between the parent/guardian and the physician or dentist of parents/guardians selection. _____ (school) may not pay doctors, dentists, or hospitals for any treatment of my child.

INSURANCE

We have applied for student accident insurance through _____

Name of Insurance Company --OR--

We have accident insurance with _____
Name of your Insurance Company

Please provide proper proof of insurance.

AUTHORIZATION FOR MEDICAL SERVICES

I/WE request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event I/we cannot be reached, I/we hereby designate the **Athletic Director, Team Coach, Athletic Trainer, or his/her designee** to act in my/our behalf to authorize such hospitalization, medical attention, and surgery as may be required in an emergency, because of illness or injuries sustained by my/our child/ward while participating in school athletics. In the event I/we cannot be reached and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child/ward. I/we hereby assume financial responsibility for hospitalization, medical attention, and surgery provided. **<PLEASE PRINT>**

Family Physician: _____ Office Phone: _____

Address: _____ Street
City State Zip

Family Dentist: _____ Office Phone: _____

Address: _____
Street City State Zip

Hospital Preference: _____
Name City

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____



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 (*Last, First, M.I.*):

Home Address:

Grade:

Street

City

State

Zip

DOB:

AGE:

Name of Parent/Guardian

Home Address:

Phone:

Work:

Street

City

State

Zip

Cell:

Emergency Contact

Phone:

Work:

Name

Relationship

Cell:

Address:

Street

City

State

Zip

SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)

Sports/Activities

<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Basketball	<input type="checkbox"/> Golf	<input type="checkbox"/> Spirit	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Swim & Dive	<input type="checkbox"/> Volleyball	

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 Guardian Signature

Date

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: Health History Form

Student Athlete Name _____ Gender _____ DOB _____
 Parent/Guardian please fill out prior to examination

Explain "Yes" answers below

	YES	NO		YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?	—	—	22. Have you ever had a stress fracture?	—	—
2. Do you have an ongoing medical condition (like diabetes or asthma)?	—	—	23. Have you ever been told you have or have had an x-ray for atlantoaxial (neck) instability?	—	—
3. Are you currently taking any prescription or non-prescription medicines or pills?	—	—	24. Do you regularly use a brace or assistive device?	—	—
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	—	—	25. Has a doctor ever told you you have asthma or allergies?	—	—
5. Have you ever become dizzy or passed out DURING or AFTER exercise?	—	—	26. Do you cough, wheeze or have difficulty breathing during or after exercise?	—	—
6. Have you ever had discomfort, pain or pressure in your chest during or after exercise?	—	—	27. Is there anyone in your family with asthma?	—	—
7. Have you ever had a racing of your heart or skipped beats?	—	—	28. Have you ever used an inhaler or taken asthma medicine?	—	—
8. Has a doctor ever told you that you have: (check all that apply)	—	—	29. Were you born without or are you missing a kidney, testicle, eye, or any other organ?	—	—
<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Murmur	—	—	30. Have you had a severe viral infection such as infectious mononucleosis (mono) or myocarditis in the last month?	—	—
<input type="checkbox"/> Heart Infection <input type="checkbox"/> High Cholesterol	—	—	31. Do you have any rashes, pressure sores or other skin problems?	—	—
9. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	—	—	32. Have you had a herpes infection?	—	—
10. Do you get lightheaded or feel more short of breath than expected during exercise?	—	—	33. Have you had a head injury or concussion?	—	—
11. Have you ever had an unexplained seizure?	—	—	34. Have you been hit in the head and been confused or lost your memory?	—	—
12. Do you get more tired or short of breath more quickly than your friends during exercise?	—	—	35. Have you ever had a seizure?	—	—
13. Has a family member or relative died of heart problems or sudden death before the age of 50?	—	—	36. Do you have headaches with exercise?	—	—
14. Have any of your relatives ever had any one of the following conditions?	—	—	37. Have you ever had numbness or tingling or weakness in your arms or legs?	—	—
Hypertrophic cardiomyopathy, dilated cardiomyopathy, Marfan's Syndrome, or Long QT Syndrome or a significant heart arrhythmia?	—	—	38. Have you ever been unable to move your arms or legs after being hit or falling?	—	—
15. Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?	—	—	39. When exercising in the heat, do you have severe muscle cramps or become ill?	—	—
16. Has anyone in your family had unexplained fainting, unexplained drowning or near drowning?	—	—	40. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	—	—
17. Have you ever spent the night in a hospital?	—	—	41. Have you had any problems with your eyes or vision?	—	—
18. Have you ever had surgery?	—	—	42. Do you wear glasses or contact lenses?	—	—
			43. Do you wear protective eyewear such as goggles or a face shield?	—	—
19. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game?			44. Are you unhappy with your weight?	—	—
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes circle affected area below			45. Are you trying to gain or lose weight?	—	—
20. Have you had any broken or fractured bones or dislocated joints?			46. Has anyone recommended you change your weight or eating habits?	—	—
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes circle affected area below			47. Do you limit or carefully control what you eat?	—	—
21. 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?			48. Do you have concerns that you would like to discuss with the doctor/health care provider?	—	—
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes circle affected area below			FEMALES ONLY:		
Head Neck Shoulder Upper Arm Elbow			49. Have you ever had a menstrual period?	—	—
Calf Hand Chest Upper Back Lower Back			50. How old were you when you had your first menstrual period?	—	—
Forearm Thigh Knee Ankle Foot Toes			51. How many periods have you had in the last 12 months?	—	—

EXPLAIN YES ANSWERS HERE: (use back of form if necessary)

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

Student-Athlete Signature _____

Parent or Guardian Signature _____

Date _____

I VERIFY THAT I HAVE REVIEWED THE ABOVE INFORMATION:

Physician Signature _____

Date _____

ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Examination

Athlete Name _____ Gender _____ DOB _____

Student Athlete Name (Last, First, M.I.): DOB: _____	Height _____	Weight: _____
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BMI %ile _____ (Per CDC %ile charts)	Pulse: _____	Blood Pressure: _____/_____ (Recheck if elevated)	Blood Pressure %ile _____ (per NIH guidelines)
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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
 Does Athlete have history of Anaphylaxis? ☐ 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 _____

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



NMAA

New Mexico Activities Association

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 PRESENT

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.

RETURN TO PLAY GUIDELINES UNDER THE SB1

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of one week..
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 1 AND BRAIN INJURIES

Senate Bill 1:

<http://www.nmlegis.gov/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<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>



SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of the New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

**CIMARRON HIGH SCHOOL
EXTRACURRICULAR CODE**

These are the rules and regulations that Cimarron High School students will sign and abide by in order to participate in extra-curricular activities. These rules pertain to students from August through May of the current school year.

1. **STUDENTS WILL CONDUCT THEMSELVES WITH CLASS AND SPORTSMANSHIP.** Misbehavior will not be tolerated at any time or place during school hours or extra-curricular activities. Misbehavior may result in your temporary suspension or expulsion from the team/extra-curricular activity.
2. **PROFANITY IS NOT PERMITTED.** You are role models and represent your team, your parents, and Cimarron High School. Be proud of yourselves and of your school. Profanity could result in loss of participation.
3. **STUDENTS WILL STRIVE FOR ACADEMIC EXCELLENCE.** A 70/2.0 GPA is the minimum requirement for participation. We encourage individuals to excel in the classroom and maintain at least an 80/3.0 GPA. All eligibility requirements noted in the Student Handbook apply.
4. **STUDENTS THAT QUIT THE TEAM DURING THE COURSE OF THE YEAR WILL NOT BE REINSTATED THAT SAME SEASON.** Students are discouraged from moving from one sport to another in the same season. The decision to allow students to move will be made by the coaches of those sports and the principal.
5. **STUDENTS WILL NOT POSSESS OR USE ALCOHOL, TOBACCO, OR DRUGS AT ANY TIME.** Students possessing or using alcohol, tobacco, or illegal drugs WILL be dropped from the team and may be suspended from the other extra-curricular activities up to 150 school days on the first offense.
6. **STUDENTS ARE LAW ABIDING CITIZENS.** Students found guilty of a serious crime resulting in law enforcement/probation consequences will be dropped from the team/organization and may be suspended from all extracurricular activities up to 150 school days on the first offense.
7. **FIGHTING AND TRUANCY ARE NOT PERMISSABLE.** Students found guilty of fighting and/or truancy may be suspended and/or terminated from the team/extracurricular activity.
8. **STUDENTS WILL EXHIBIT EXEMPLARY BEHAVIOR ON ACTIVITY BUS TRIPS INCLUDING THE SHUTTLE BUS.** The first offense may result in the loss of bus privileges.
9. **INSUBORDINATION TOWARDS A TEACHER, COACH, OR ANY SCHOOL PERSONNEL WILL NOT BE TOLERATED.** Students suspended for such an offense will also be suspended or terminated from the team and extracurricular activities.
10. **STUDENTS WILL NOT RECEIVE A LETTER OR AWARD UNTIL ALL ISSUED EQUIPMENT HAS BEEN RETURNED OR PAID FOR.**
11. **STUDENTS ARE EXPECTED TO RIDE THE ACTIVITY BUS TO AND FROM ALL EVENTS UNLESS THEY HAVE A SIGNED FORM FROM PARENTS/GUARDIANS.** Students will only be released to parents and guardians (*or other adults with appropriate paperwork on file in the administration office*).

ADMINISTRATION OF DISCIPLINE IN RESPONSE TO SERIOUS CODE INFRACTIONS WILL BE DECIDED BY THE COACHES/SPONSORS/ATHLETIC DIRECTOR IN COORDINATION WITH THE BUILDING ADMINISTRATOR.

As a team member/parent/guardian, I have read and fully understand the guidelines, which are required for the participation in athletic or extracurricular activities at Cimarron High School.

Cimarron High Student

Parent/Guardian of Student

NOTE: In addition to suspension from the club or team, you will also be subject to school penalties under the section title "Policies and Guidelines for Student Conduct at CHS" and any other contract obligations affiliated with the team or organization.