

# HATCH VALLEY PUBLIC SCHOOLS DISTRICT

P. O. Box 790 → Hatch, NM 87937 → Phone (575) 267-8230 → Fax (575) 267-8231



Linda Hale, Superintendent

## STUDENT EMERGENCY INFORMATION

\*Emergency information to be filled out and signed by parent or guardian.  
\*Información de emergencia para ser llenada y firmada por el padre o guardián.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Nombre de estudiante) (Fecha de nacimiento) (Grado)

Does the above student have school insurance? / ¿Tiene el estudiante seguro escolar? : \_\_\_\_\_ Yes \_\_\_\_\_ No

If student has other health insurance, please list company name and policy number/  
Si el estudiante tiene otro seguro de salud, por favor escriba el nombre de la empresa y número de póliza:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Emergency Contacts:

Father/Padre: \_\_\_\_\_ Mother/Madre: \_\_\_\_\_ Home/Hogar: \_\_\_\_\_

If parents or guardians are not available, contact:

1. Name/Nombre \_\_\_\_\_ Phone/Teléfono ( ) \_\_\_\_\_ - \_\_\_\_\_
2. Name/Nombre \_\_\_\_\_ Phone/Teléfono ( ) \_\_\_\_\_ - \_\_\_\_\_
3. Name/Nombre \_\_\_\_\_ Phone/Teléfono ( ) \_\_\_\_\_ - \_\_\_\_\_

Allergies/Alergias: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone/Teléfono ( ) \_\_\_\_\_ - \_\_\_\_\_

In case of an injury or emergency; we give our consent for coaches or trainers to apply first aid until a physician can be contacted. Also, we consent to coaches or trainers using their best judgement in securing medical aid and/or ambulance service. We also give our consent to physicians and hospitals to render any medical treatment or services deemed necessary for the wellbeing of our son/daughter. This consent also applies to all out of town activities.

En caso de una lesión o de emergencia; damos nuestro consentimiento a los entrenadores o instructores para aplicar los primeros auxilios hasta que se pueda contactar a un médico. Además, consentimos a los entrenadores o instructores utilizando su mejor criterio en la obtención de asistencia médica y / o servicio de ambulancia. También damos nuestro consentimiento a los médicos y hospitales que hacen que cualquier tratamiento médico o servicios se considere necesario para el bienestar de nuestro hijo / hija. Este consentimiento se aplica también a todos los actividades fuera de la ciudad.

→ Signature of Parent/Guardian  
(Firma del Padres/guardianes)

Date  
(Fecha)

**STUDENT-ATHLETE  
CODE OF THICS AND CONDUCT  
IN SUPPORT OF PURSUING VICTORY WITH HONOR  
CONDITIONS OF THLETIC PARTICIPATION**

Participation in athletics is a privilege that carries with it certain responsibilities and commitments. It is the RESPONSIBIITY of the student-athlete and his/her parent(s) or court appointed legal guardian(s) to be familiar with the standards and consequences for student-athlete conduct, residency requirements, and eligibility guidelines.

**STUDENT CONDUCT:**

1. Refrain from the use or possession of alcohol, drugs, steroids, or tobacco at all times.
2. Refrain from any form of HAZING of fellow student-athletes.
3. Avoid the use of foul language, on and off the field of competition.
4. Model – "Pursuing Victory With Honor."
5. Refrain from the commission of criminal or delinquent acts, whether at school or during non-school hours.
6. Submit all "Participation Forms" with accurate information to the Athletic Department.
7. Will not circumvent any rules or guidelines of the Hatch Valley Public Schools or the New Mexico Activities Association.
8. If under indictment for a crime, the student-athlete will be ineligible until adjudicated.

**STUDENT RESIDENE REQUIREMENT:**

1. Reside with Parent(s) or the court appointed legal guardian at the primary legally documented residence address.

**STUDENT-ATHLETE AGREEMENT:**

The student-athlete agrees to:

1. Abide by the "Student-Athlete's Code of Ethics" and "Pursuing of Victory With Honor."
2. Pledge to be positive about his/her athletic experience and accept responsibility for his/her actions.
3. Seek academic help if grades are poor.
4. Maintain scholastic eligibility (Comply with NMAA Guidelines).
5. Create, maintain, and promote team morale and high ideals of sportsmanship.
6. Be sincere, loyal and committed to the school, team and community.
7. Be a positive role model for others.
8. Dress properly at school, observe proper etiquette and respect others.
9. Be responsible for all issued equipment and return equipment at the end of the season.
10. Encourage parents to be involved with your team and your athletic experience in a positive and supportive manner.

It is understood that it is impossible to have a regulation for every circumstance. Discretionary judgement will be used in situations not covered by a specific written rule or guideline. A student-athlete or his/her parent(s) may obtain an explanation of any part of the Student-Athlete's Code of Ethics from a coach or the school district's athletic administrative office.

**STUDENT-ATHLETE AGREEMENT:**

I, the student-athlete, acknowledge that I have read the terms of this Code of Ethics. I agree to conduct myself according to the terms of this Code of Ethics. I also understand and agree that if I CHOOSE to violate any of the terms of the Code of Ethics, my CURRENT or FUTURE participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under HVPS school district rules and policies or under civil or criminal laws.

▶ **Student-athlete's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT AGREEMENT:**

I/we, the parent(s) or guardian(s) of the student-athlete, acknowledge that I/we have read the terms of this Code of Ethics. I/we agree to conduct myself/ourselves according to the term of this Code of Ethics. I/we also understand and agree that if my/our son/daughter CHOOSES to violate any of the terms of the Code of Ethics, his/her CURRENT or FUTURE participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under VHPS school district rules and policies or under civil or criminal laws.

**Parent or Court Appointed Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

HATCH VALLEY PUBLIC SCHOOLS  
ATHLETIC DEPARTMENT

ACKNOWLEDGEMENT OF RULES AND TERMS  
FOR ATHLETIC PARTICIPATION

We, the student-athlete and parent or court appointed guardian of the student-athlete, acknowledge that we have read and understand the term, rules and information presented in the attach documents:

1. Condition for Participation
2. Emergency Information Card
3. Medical History and Physical Examination Information
4. Safety and Welfare Statement
5. Student-Athlete Code of Ethics
6. Parent or Guardian Code of Conduct

We Acknowledge:

1. Our family's primary resident address is:  
\_\_\_\_\_
2. The student-athlete lives with the parents or court appointed legal guardian at this primary residence address.

WE ACKNOWLEDGE THAT WE HAVE SAVED THESE DOCUMENTS FOR FUTURE REFERENCE:

1. Conditions of Athletic Participation
2. Student-Athlete Code of Ethics
3. Parent or Guardian Code of Conduct

We agree that these rules and terms of athletic participation are important to the safety and well-being of our student-athlete. We agree to abide by these rules and terms of athletic participation and to conduct ourselves accordingly.

◆ Student-athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

◆ Parent or Court Appointed Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HATCH VALLEY PUBLIC SCHOOL  
ATHLETIC DEPARTMENT  
SAFETY AND WELFARE STATEMENT

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

**Safety and Welfare of the Student-Athlete**

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

Therefore, it is of upmost importance that this form is read and completed by both the student-athlete and the parent or court appointed guardian and returned to the district's Athletic Director.

**Permission To Participate in the HVPS Athletic Program**

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

**Assumption of Liability and Risk**

We have familiarized ourselves with the benefits and limitations of the HVPS medical insurance program and our individual family's medical insurance program and will not hold the HVPS or the HVPS Athletic Department responsible for liability if an accident or injury should occur. We assume all risk and hazards incidental to the conduct of the activities, and transportation to and from such activities. We do hereby release, absolve, indemnify, and hold harmless the HVPS and HVPS Athletic Department, the event organizer, supervisory personnel, sponsors, coaches, athletic trainers, and supervisors, and or all of them, individually or as a group. In case of an injury to our son/daughter, we hereby waive all claims against the event organizers, sponsors, coaches, athletic trainers, and supervisors, and or all of them the HVPS and HVPS Athletic Department, the event organizers, and supervisory personnel, sponsors, coaches, athletic trainers, and supervisor, individually or as a group.

We, the student-athlete and parent or court appointed guardian, acknowledge that we have completely read, fully understand, and voluntarily assent and agree to the above terms, conditions, and statements.

**Acknowledgement of Injury Risks**

We, the student-athlete and parent or court appointed guardian, are aware that participation in the HVPS Athletic Program involves risks of serious and permanent injury to the student-athlete. We understand and acknowledge the danger and risk of these severe injuries as inherent to participation in the HVPS Athletic Program.

We, the student-athlete and parent or court appointed guardian, acknowledge that we have completely read, fully understand, and voluntarily assent and agree to the above terms, conditions, and statements.

**Personal Medication Notification**

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

**Insurance (Please Check One)**

No, we do not wish to purchase the HVPS Athletic Department Student & Athletic Insurance, as we have other insurance that will cover medical expenses as a result of any accidental injury incurred as a result of participation in the HVPS athletic program.

Name of Insurance Company \_\_\_\_\_

(Please attach a copy of your insurance card)

Policy Number \_\_\_\_\_

YES, we wish to purchase the Student Accident & Athletic Insurance coverage and am remitting the proper payment and completion of the application form.

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

We, the student-athlete and parent or court appointed guardian acknowledge that we have completely read, fully understand, and voluntarily assent and agree to the above terms, conditions, and statements.

**Student-athlete's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Court Appointed Legal Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

## 6.15 PHYSICAL FITNESS

The Student must be physically fit. This fitness must be based on a physical examination of the Student occurring on or after April 1st of the previous school year and must be verified in writing by a licensed medical/osteopathic physician/physician's assistant or nurse practitioner to the extent authorized by their practice act and licensing authority. The physical is considered valid through the following school year. A Student must have a current physical on file for any participation outside of the school day (pre-season, in-season, off-season, summer). The certificate of examination must be on file in the member school office.

By State Education Agency regulations, a Student's fitness may be verified in writing by a "licensed chiropractic physician to the extent authorized by their practice act and licensing authority."

**Q1:** *Must a student have a current physical to be eligible to participate in school sponsored summer or out of season (ex. one hour after school) programs?*

**A1:** *YES, for liability purposes, a student must have a current physical to be eligible to participate in school sponsored programs.*

**Q2:** *If a student takes a physical examination in March of the current school year, is that physical examination valid during the fall sport season of the following school year?*

**A1:** *NO, any physical examination taken prior to APRIL 1<sup>st</sup>, is valid for the PRESENT school year ONLY.*

**Q3:** *If a student took a physical examination after April 1<sup>st</sup> of the previous school year, but prior to the present school year, is the examination valid throughout the present school year?*

**A3:** *YES, a physical examination taken after April 1<sup>st</sup> is valid for the entire following school year.*

## 6.16 PARTICIPANT INSURANCE

Participants must be covered by accident/injury insurance prior to participation. They may carry school-offered insurance or provide the school with documentation that they are covered by a private insurance carrier. A document signed by the student and parent verifying insurance coverage must remain on file in the athletic administrative office.

**Q1.** *Must a student be covered by accident/injury insurance to be eligible to participate in a summer, or out of season (ex. one-hour per day) school sponsored program?*

**A1.** *YES, for liability purposes, students' participation in these programs must be insured.*

## 6.17 AGE

An age limitation requirement provides commonality between student-athletes and schools in interscholastic competition; Inhibits "redshirting"; allows for the participation of younger and less experienced players, enhances the opportunity for more students to participate; promotes equality of competition; avoids over-emphasis on athletics, and helps to diminish the inherent risk of injury associated with participation in interscholastic athletics.

To ensure equality of competition and opportunity, a standard must be established to determine the cut-off date to age eligibility. Use of a specific cut-off date gives notice to all parties involved in interscholastic athletics and maintains equality of participant eligibility among schools.



# MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

(Cover sheet)

New Mexico Activities Association  
6600 Palomas NE  
Albuquerque, NM 87109  
[www.nmact.org](http://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:

Street

City

State

Zip

Grade:

DOB:

AGE:

Name of Parent/Guardian

Home Address:

Street

City

State

Zip

Phone:

Work:

Cell:

Emergency Contact

Name

Relationship

Phone:

Work:

Cell:

Address:

Street

City

State

Zip

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

### Sports/Activities

Baseball

Football

Cheer/Drill

Wrestling

Bowling

Track/Field

Tennis

Volleyball

Golf

Other \_\_\_\_\_

Cross country

Soccer

Softball

Basketball

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 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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>†</sup>			
Skin • HSV lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>‡</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

†Consider GU exam if in private setting. Having third party present is recommended.

‡Consider 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 \_\_\_\_\_





# NMAA

New Mexico Activities Association

## CONCUSSION IN SPORTS

## A Fact Sheet for Athletes and Parents

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### 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