

Animas Athlete _____
INTERSCHOLASTIC PARTICIPATION FORM



NOTE TO THE PARENTS OF STUDENTS PARTICIPATING IN ATHLETICS AT ANIMAS HIGH SCHOOL.

The Animas High School strives 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 approval. This form is to be fully completed and filed at the school **BEFORE** your child will be allowed to practice and/or compete. This form should be completed only for those students 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 the Animas High School must have on file the insurance your family has to cover your child in case of an accident. The Animas High School offers a Student Accident insurance through the John Hancock 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 or the name of the company through which you are insured.

We have applied for student accident insurance through _____ School.

Yes _____ No _____

Or

We have accident insurance with _____
 (Name of Company)

5. **ELIGIBILITY**: Rules governing eligibility are determined by the Animas High School and the New Mexico Activities Association.

I hereby give my consent for _____ to participate in interscholastic athletics at Animas High School and authorize the Animas High School to provide the information on the form to the New Mexico Activities Association. 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. Animas High School may not pay doctors, dentists or hospital for any treatment of any child.

Parent/Guardian _____

Medical Examination (Licensed Medical Physician Only as per NMAA Handbook 4.16)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Eyes Uncorrected R 20/ _____ L 20/ _____ Corrected R 20/ _____ L 20/ _____

	<u>NORMAL</u>	<u>ABNORMAL</u>	<u>REMARKS</u>
EENT	_____	_____	_____
Cardiovascular	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Genitalia	_____	_____	_____
Musculaskeletal	_____	_____	_____
Neurological	_____	_____	_____
Deformities	_____	_____	_____
Surgical Scars	_____	_____	_____
Skin	_____	_____	_____
Urinalysis (sugar)	_____	_____	_____

I certify that I have on this date reviewed the above history and examined this individual and find him/her physically able to compete in interscholastic athletics.

Examining Licensed Medical Physician (print)

Signature of Licensed Medical Physician

Address _____

Phone _____

Date of Examination _____

COMMENTS:

PERSONAL MEDICATION NOTIFICATION

For my own protection, I the student-athlete will inform the athletic trainer and/or medical doctors if I am taking any medication or using any ointment, liniments, balms or have a metal implant in my body **BEFORE** receiving therapy or treatment of any kind in the training room.

Any combination of the above and deep heat therapy could cause serious complications.

We parent(s), guardian(s) and student-athlete have read and understand the preceding statements and agree to their content.

ACKNOWLEDGEMENT OF INJURY RISKS

We parent(s)/guardian(s) and student-athletes are aware that preparation for and participation in interscholastic athletics involves many risks of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity which may involve vigorous physical contact.

We parent(s)/guardian(s) and student-athlete have completely read, fully understand and voluntarily accept and agree to all of the above terms and conditions.

Home Telephone

Business Telephone

Parent's/Guardian's Signature

Date

Business Telephone

Parent's/Guardian's Signature

Student-athlete's Signature

THIS FORM MUST BE IN THE POSSESSION OF THE COACH ON ALL OUT OF TOWN TRIPS.