

**CLOVIS MUNICIPAL SCHOOLS
INTERSCHOLASTIC ATHLETIC PARTICIPATION FORM**

Name of Student _____ Date _____ Grade (2017-2018) _____

School (Fall of 2017) _____ Date of Birth _____ Birth Place _____

A. NOTE TO PARENTS

Clovis Municipal Schools strive to provide the best possible athletic program for its students. We want athletic participation to be a valuable educational experience at all levels. This form is to be fully completed and on file at the school BEFORE your child will be allowed to practice or compete. We require this physical examination to insure that your child is physically able to participate in athletics and in the event of an accident we may notify you in a relatively short period of time. Please read the following carefully.

B. ACADEMIC ELIGIBILITY

Academic eligibility for participation in extracurricular activities is based on the immediate previous grading period (9 weeks). NMAA mandates require that a participant meet each of the following requirements:

- A. Have passed a minimum of four classes, which are acceptable for graduation credit.
- B. Not have failed more than one course.
- C. Achieved a grade point average of 2.0 or better.

Note #1: Provision "C" may be satisfied by substituting the student's cumulative GPA beginning with and including The second semester of grade eight providing this GPA is at least 2.0.

Note #2: A student must be enrolled in at least 4 classes at the time he/she is participating in extracurricular activities.

C. LOSS OF SCHOOL TIME

Parents and students are advised that the New Mexico State Legislature has mandated that a student may not be absent from school for school-sponsored extracurricular activities in excess of 15 days per semester and no class may be missed in excess of 15 times per semester.

D. ACKNOWLEDGEMENT OF INJURY RISKS/INSURANCE/AUTHORIZATION FOR MEDICAL SERVICES

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 authorize the medical staff to provide my child with OTC medications when appropriate.**

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. The New Mexico Activities Association has ruled that all students participating in interscholastic athletics **MUST** be covered under an accident/hospitalization insurance policy. Clovis Municipal Schools offers a student accident insurance policy. You may wish to enroll in this through the school. This is strictly on a volunteer basis and is not required if you have sufficient coverage through your own family medical plan.

Clovis Municipal Schools may not pay doctors, dentists, or hospitals for any treatment of any child.

We will apply for student accident insurance through – Marshall – Yucca - Gattis – Freshman Campus -Clovis High School, for the school year 2017-2018. Yes _____ No _____

OR

We have accident insurance through _____

Name of Company

Medicaid # (if applicable) _____

Parent/Guardian Signature _____ Date _____

E. EMERGENCY MEDICAL INFORMATION

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 we cannot be reached, I/we, parent(s)/guardian(s) 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 activities. In the event we cannot be reached, and the situation calls for medical attention, we recognize and relinquish our responsibility to practicing physician and/or medical personnel acting in the best interest of my/our child/ward. I/we here by assume financial responsibility for hospitalization, medical attention and surgery provided.

Family Physician _____ Phone # _____

Address _____

Family Dentist _____ Phone # _____

Address _____

Hospital _____

Known Allergies _____

Emergency Contact _____ Phone # _____

F. PARENTAL/GUARDIAN CONSENT

We parent(s)/guardian(s) do hereby give our consent for our son/daughter/ward to engage in state association approved athletic activities as representative of his/her school. We also give our consent for our child/ward to accompany the team, as a member, on its out-of-town trips and in case of accident release the school and its personnel from liability. We have completely read, fully understand and voluntarily accept and agree to all of the aforementioned terms and conditions.

Parent/Guardian Signature Business Phone Home Phone

Parent/Guardian Signature Business Phone Home Phone

Student-Athlete Signature Date