

Loving Municipal School District

Parent Permission Form

Please Print

| Official Use Only | |
|--------------------|--|
| Grade | |
| FB Ins. | |
| SCH. Ins Bought | |
| Own Ins | |
| | |

| Parent | / Guardian Name _ | | | | |
|-------------|---|--|--|--|--|
| Addre | ss | | | | |
| Phone: Home | | Work | | | |
| If paren | t/ guardian is not avail | able please contact: | | | |
| Name_ | | Phone: Home | Work | | |
| | | In consideration of the Loving Municipa | al School District | | |
| Athleti | c Association, we her | reby give permission and consent to participate to such activity, and we further | ate in athletics sanctioned by the New Mexico cipate in such activity, including participation agree as follows: | | |
| 1. | 1. Authorization For Medical Services | | | | |
| | requiring medica designate the Ath my/our behalf to in an emergency in school athletic physician and/ or | because of illness or injuries sustained s. In the event we recognize and relind | reached I/We Parent(s)/ guardian(s) Trainer or his/her designee to act in al attention and surgery as may be required by my/our child/ward while participating quish our responsibility to a participating nterest of my child/ward. I/We hereby | | |
| 2. | Please check the | Appropriate Insurance Declaration | | | |
| | Schoo | ive purchased the group activity insurable District recommends, and have paid to have insurance coverage and protection. | all insurance premiums required for our | | |
| | and ag | e insured with gree to maintain this coverage for the t l activity. | Policy #enure of his/her participation in any | | |

3. We hereby waive any claims or cause of action against the Loving Municipal School District which may arise by reason of injuries to our child because of such participation and agree that said school district is released and forever acquitted from all and any claims of liability to our child, or both for injuries sustained by our child because of such participation, excepting any claim for injury which may arise as the sole result of negligence on the part of the said school district. We further hereby agree to hold harmless and to indemnify said school district of and from any and all actions, causes of actions, claims liabilities, cost, and expenses, including attorney fees, on account of, or in any way growing out of injuries sustained by our child because of such participation, excepting those which may arise as the sole result of negligence on the part of the said school district.

- **4. Drinking and Controlled Substances (drugs/alcohol)**: These are offenses that will not be tolerated. Athletes who are found in possession of or in partaking these substances will be suspended from athletics for a period of 45 school days. (This includes 24 hours per day, seven days per week) For a second offense the student/athlete will be suspended 180 school days (plus practices and activities associated with athletics in a school year). A third offense will result in a ban from all athletic activities for the remainder of their school career at the Loving Municipal School District.
- **5. Drug Testing:** All athletes are subject to random drug testing in the Loving Municipal School District. Random Steroid Testing will also be implemented on student/athletes throughout the year. Failure to pass or a positive result in these tests will carry the same suspension as Drinking and Controlled Substance Abuse.
- **6. Eligibility**: An athlete must meet the following scholastic requirements to be eligible for athletics. The New Mexico Athletic Association and/or the Loving Municipal School Board of Education established these requirements.
 - An athlete must have at least a 2.0 grade point average in grades 6 through 12 for the previous grading period.
 - An athlete must not have more than one "F" in a previous grading period.
- **7.** I have read the above and understand these requirements for athletics in the Loving Municipal School District.

| | (Student/athlete) | (Date) |
|------------|-------------------|--------|
| | (Student atmice) | (Date) |
| GO FALCONS | (Parent/Guardian) | (Date) |