

ANIMAS



Athletic Clearance Packet

Form Check Off Sheet

PARENTS/ATHLETES POLICY CONTRACT

STUDENT ATHLETE PARTICIPATION

EXTRA-CURRICULAR CONTRACT

EQUIPMENT RESPONSIBILITY FORM

INSURANCE VERIFICATION FORM

COPY OF INSURANCE CARD

MEDICAL RELEASE

THE FOLLOWING FORMS CAN BE FOUND AT [Physical_Form.pdf \(nmact.org\)](http://Physical_Form.pdf(nmact.org))

EMERGENCY INFORMATION FORM

MEDICAL HISTORY FORM

PHYSICAL EXAMINATION FORM

CONSENT TO TREAT FORM



Animas Athletics

Parents/Athletes Policy Contract

Participation in athletics at Animas High School is completely voluntary. The school provides facilities, coaching, transportation, and equipment. The school reserves the right to revoke or restrict the privilege of participation if a student fails to live up to expectations and standards as outlined below:

1. Regular, punctual attendance in all classes at Animas High School is essential to participation in the athletic programs. A student-athlete who cuts a class will be ineligible to participate in the next scheduled contest. Three violations of this policy during the season will result in dismissal from the team. If an athlete is absent from school the day before a contest, day of or the day after, he/she may not be able take part in athletic activities that fall within the immediate time frame unless prior arrangements or a doctors excuse (required for an absence the day after an activity) are made with the coach and athletic director. More than nine unexcused absences from school in one semester will result in the athlete not being able to participate in extracurricular activities.
2. Without exception athletic participants must turn in to the coach or Athletic Director a completed Medical Eligibility Form, with physician's signature. No athlete may participate in practice or competition until this form is completed and submitted.
3. Athletes are financially responsible for all school equipment furnished to them. Student will not participate in ANY extra-curricular activities until equipment is returned or paid in full. Seniors will not be cleared to graduate until all equipment is turned in or paid for. The student's family will be billed for any items not returned at the end of the season.
4. Athletes are to be dressed in the official team uniform when representing Animas High School in an athletic contest. These uniforms are to be worn only for athletic competitions and not for physical education classes, or recreational use. However, wearing these uniforms on a game day is permissible on special occasions.
5. Athletes may NOT transfer from one sport to another in the same season, unless authorized by the Athletic Director.
6. School personnel will make every effort to keep the locker rooms secure: however the student-athlete is responsible for issued school equipment as well as his/her own personal belongings.
7. The locker area is to be kept neat and clean, and any athlete using school towels must turn them in to be cleaned.
8. Training supplies are very expensive and must be used wisely and carefully. Tape and pre-wrap are for care and prevention of injuries ONLY.
9. Players and coaches are to travel as a team to and from contests, unless special arrangements have been made with parents, coach and Athletic director in writing with all three signatures.
10. Athletic practice and play areas will be specifically scheduled for teams. A team is to have exclusive use of its facility during the assigned time, and all members are to leave at the end of the time.
11. Students and coaches are responsible to know and meet the eligibility requirements of the NMAA.
12. Students involved in several activities should know their schedules so conflicts can be resolved early. This might include athletics, music, community service, drama, college entrance exams etc.
13. All student athletes are valuable members of their respective teams. If students have concerns regarding their position on the team, the issues should first be taken up with their coach. If necessary, the Athletic Director may also become involved in order to resolve the issue/s.
14. Students who are placed on academic probation may remain on their athletic team as long as they abide by the contract they establish with their counselor. If the contract is broken, the student may not participate in any team activities for one week. If the contract is broken a second time during the season, the student will be dismissed from the team.
15. In the interest of safety and fairness, students on athletic teams must practice five days before being eligible for competition. Practice is important and the coach must be notified if an athlete is not going to be there and the same for a game. Consequence for unexcused athletic absences is at the Coaches 'discretion.
16. Proper warm up is essential before activity takes place.
17. Players should hydrate themselves frequently during practice and games and follow the coaches' directions on hydration prior to and following practices and games.
18. Notify the coach if you are injured and if the injury is serious you will need a doctor's release to practice and play again after the injury.
19. Commitment is important. Therefore, unless there are extenuating circumstances, any student who fails to complete the entire season will not be eligible to participate in any NMAA sanctioned sport or activity during the next season.
20. School policy will be followed at all times –for example attendance, dress code, grievance process, substance abuse, etc.

The above information has been explained to me and I understand the list of rules, safety regulations/warnings, and procedures. I also understand the necessity of using the proper techniques while participating in the Animas Athletics.

Date

Athlete's Signature

Date

Signature of Parent/Legal Guardian



PARENT/GUARDIAN PERMISSION OF STUDENT ATHLETE PARTICIPATION FORM

Student Name

Birth date

School Year

Circle the sport in which student has been approved to compete.

FOOTBALL VOLLEYBALL BASKETBALL TRACK

I have read and understand the Animas Panther Extra-Curricular Participation Contract and regulations for participation and I will abide by them. I have received a physical examination since June 1 and have filed this Examination Form with the athletic department and my coach. I understand there is some danger in all types of athletics and injuries can and do occur. The School District has issued appropriate protective equipment to me. I assume personal responsibility to prevent the occurrence of injuries.

Student Signature

Date

PARENT/GUARDIAN PERMISSION EXTRA-CURRICULAR PARTICIPATION CONTRACT

I hereby give my consent for the above-named student to represent his/her school in the athletic activities circled above, and to accompany any school team of which he/she is a member on any local or out-of-town trip. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or travel. (NOTE: The school will make every attempt to make use of the health and injury information card.) I also agree not to hold the school, and anyone acting in its behalf, responsible for any injury occurring to the above-named student in the course of such athletic activities or travel. I have read the Athletic Code of Conduct and regulations of participation and fully understand them. I further understand that should there be a time whereby either my child or the school is not in compliance with these guide lines, I may request conference within 3 calendar days of such time with school personnel - Athletic Administrator, Principal and/or Coach to discuss the matter further.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



PARENT AUTHORIZATION OF STUDENT ATHLETIC EQUIPMENT RESPONSIBILITY FORM

1. It is the responsibility of every athlete to be familiar with the training regulations. It is the responsibility of each head coach and/or sponsor to make certain that every squad member has been fully informed of the training regulation and/or any additional standards of conduct and performance pertaining to his/her sport.

2. Each athlete and parent will assume the responsibility for caring for all equipment and supplies issued to the athlete by the coach or his representative(s) and for turning all such supplies and equipment in to the coach at the conclusion of each season. Parents and athletes will be charged the replacement value for any lost or damaged equipment. We have read and understand the training regulations and agree to comply.

Print Athletic Name

Athlete

Signature Date

Print Parent/Guardian Name

Parent/Guardian

Signature Date



INSURANCE VERIFICATION FORM

I, the parent/guardian of _____
Student Name

have Insurance with _____
Insurance Company Name

Policy Number _____ to pay for the medical or surgical expenses that result from any injury, major or minor, that the above-named student may receive as a result of practicing or performing in athletics at _____ School.

This insurance also covers the above-named student while traveling to/from practice sessions or scheduled performances.

(PLEASE PROVIDE COPY OF INSURANCE CARD TO ANIMAS PUBLIC SCHOOL FOR RECORDS)

Since parent/guardian of the above-named student, have an insurance policy which provides adequate financial coverage for any type of injury/injuries, or whatever might result there from, I agree to release the Animas Public Schools or any part thereof, from any obligation as pertains to financial responsibility in these matters for the _____ school year or any period of the time thereafter.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

MEDICAL RELEASE FORM

P.O. Box 85
Animas, NM 88020
575-548-2296

StudentName_____

We give permission to have the sponsor in charge arrange for medical treatment for our son/daughter if injury or illness occurs while on a school-sponsored trip. We give our permission to have our son/daughter treated as necessary at the nearest medical facility. We also release Animas High School and sponsors from personal obligation concerning the illness or injury.

Parent/Guardian Name_____

Address_____

Phone Number_____

My child is allergic to the following medication:

My child is taking the following medication:

Please list any additional comments:

Parent or Guardian Name (print)_____

Signature _____ Date _____