

**PORTALES MUNICIPAL SCHOOLS
INTERSCHOLASTIC ATHLETIC PARTICIPATION FORM**

Name of Student _____ Date _____

Grade classification next school year _____

Date of Birth _____ Birth Place _____

I. NOTE TO PARENTS

Portales 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.

II. 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, and C) Achieved a grade point average of 2.0 or better.

Note #1: Provision "C" may be satisfied by substituting the students 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.

III. 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 fifteen (15) days per semester and no class may be missed in excess of fifteen (15) times per semester.

IV. 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.

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

We will apply for student accident insurance through Portales Junior High or Portales High School, for the current school year. Yes _____ No _____

OR

We have accident insurance through _____

Name of Company

Medicaid # (if applicable) _____

Have you had or do you now have:

Diabetes (high blood sugar in blood or urine)?	_____	_____
Tendency to bleed or bruise easily?	_____	_____
Anemia ("tired blood")?	_____	_____
Weight problem (under or over weight)?	_____	_____

Have you had or do you now have:

Asthma?	_____	_____
Hay Fever?	_____	_____
Hives or rash?	_____	_____
Bee sting reactions (allergy)?	_____	_____
Reaction to medication (allergy)?	_____	_____

Do you:

Smoke?	_____	_____
Take any medication regularly?	_____	_____
If yes, NAME _____	_____	

Have you or do you now have:

Heart trouble or murmur?	_____	_____
High blood pressure	_____	_____
Persistent cough?	_____	_____
Chest pain with exercise?	_____	_____
Dizziness or faintness with exercise?	_____	_____

Have you or do you now have:

Recurrent rash?	_____	_____
Fungus infection?	_____	_____
Athlete's foot?	_____	_____
Recurrent boils (skin infection)?	_____	_____

Do you wish to discuss an emotional problem with the doctor?

Have you ever been told to give up sports because of a health problem?	_____	_____
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Parent/Guardian signature: _____ Date: _____

PHYSICIAN'S STATEMENT

Student/Athlete Name _____

Medical Examination (Physician Only)

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	_____	_____	_____
Musculoskeletal	_____	_____	_____
Neurological	_____	_____	_____
Deformities	_____	_____	_____
Surgical Scars	_____	_____	_____
Skin	_____	_____	_____
Urinalysis	_____	_____	_____

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.

Attending Physician(s) [Please Print]

Date of Examination _____

Signature of examining Physician(s) _____

