



# Gallup McKinley County Schools



## Athletic Participation Form

All Athletes must have their physicals on or after April 1<sup>st</sup> and they will be good through the following school year.

STUDENT ID \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DOB \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ LAST SCHOOL ATTENDED \_\_\_\_\_

GRADE (you will be in when the next sports season begins) \_\_\_\_\_ GENDER: Male  Female

CHECK (✓) THE SPORTS IN WHICH YOU PLAN TO PARTICIPATE

- |  |                                     |                                   |                                    |                                       |
|--|-------------------------------------|-----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Track      | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming  | <input type="checkbox"/> Other: below |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer     | <input type="checkbox"/> Golf     | <input type="checkbox"/> Tennis    |                                       |

GALLUP MCKINLEY COUNTY SCHOOLS strives to provide the best possible interscholastic and intramural experience for their students. The school district wants athletic participation to be a valuable education experience at all levels. You are requested to read the following carefully and share its contents with your child. The attached forms are to be fully completed and filed at the school before your child will be allowed to practice and/or compete. The school district requires a physical examination by a licensed medical physician, medical practitioner, physicians assistant or chiropractor to insure that your child is physically able to participate in athletics and in the event that an accident should occur, we may notify you in a relatively short period of time. If there are any questions please notify you principal or athletic director.

Attached you will find:

1. PARENTAL CONSENT: We want to be sure you consent to your child's participation in interscholastic and intramural athletics. It is necessary that you and your child carefully read and understand the contents of this document and with the expectations of the sport.
2. INSURANCE: The financial responsibility for securing care of athletic injuries is a matter between the parent/guardian and medical personnel of the parent's selection. The New Mexico Activities Association requires all athletes to have insurance before participation may begin. The school offers a student accident insurance, 24 hour coverage with enrollment at your local site. The school insurance is strictly on a voluntary basis and is not required if you have sufficient coverage through your own family medical plan. We must either have on file our own school policy or the name of the company through which you are insured.
3. MEDICAL AUTHORIZATION: This section provides information to the school for quick reference regarding notification of the parents in an emergency situation. Also, it authorizes medical attention in the event the parents cannot be reached.
4. MEDICAL HISTORY AND EXAMINATION: This questionnaire provides a means for the medical personnel to make reference to previous injury, illness or congenital disorder and also to provide the best possible physical exam for the student athlete.
5. ELIGIBILITY: Rules governing eligibility are governed by the New Mexico Activities Association, Gallup McKinley County Schools and the NCAA (see the appropriate handbooks for info). **Athletes should contact their School Counselor for information concerning the NCAA Clearinghouse for athletic eligibility at a College or University.**

**TO PARENTS/GUARDIAN AND STUDENT-ATHLETE:**

Please read the following statements concerning the participation of your child/ward in interscholastic athletics or intramurals. Respond below with your signature.

**PARENTAL CONSENT**

I hereby give my consent for \_\_\_\_\_ to participate in interscholastic athletics/intramurals in the Gallup McKinley County Schools and authorize Gallup McKinley County Schools to provide the information on this 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 and physician or dentist of parent's/guardian's selection. Gallup McKinley County Schools may not pay doctors, dentists or hospitals for any treatment of any child.

**INSURANCE**

We have applied for student accident insurance through \_\_\_\_\_ School:

Yes \_\_\_\_\_; No \_\_\_\_\_. (or)

We have accident insurance with \_\_\_\_\_ (Name of Company)

**AUTHORIZATION FOR MEDICAL SERVICES**

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 Team Coach or his/her designee to act in my/our behalf to authorized 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 athletics. In the event we cannot be reached, and the situation calls for medical attention, we recognized and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest my/our child/ward. I/We hereby assume financial responsibility for hospitalization, medical attention and surgery provided.

Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Family Dentist \_\_\_\_\_ Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Hospital Preference \_\_\_\_\_

Parents/Guardian Telephone #: Work \_\_\_\_\_ Emergency \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Phone #: Work \_\_\_\_\_ Home \_\_\_\_\_

GALLUP MCKINLEY COUNTY SCHOOLS

**VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

We the parent(s)/guardian(s) and student athlete are aware that preparation for participation in interscholastic athletics and intramurals involves many risks of serious and permanent injury to the student athlete. We understand and acknowledge that by their very nature, these activities pose potential dangers to individuals who participate in such programs.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District. I understand and acknowledge that in order to participate in these activities. I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities. I understand, acknowledge and agree that the District, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated in preparing for and/or participating in this activity.

**MATURITY STATEMENT:**

Statistics indicate that there is an increase in the number of sport injuries with students who are not of a comparable maturity level as other participants. If you feel that your student might be subject to potential injury because of his/her state of development, please discuss this with them.

**OFF-CAMPUS:**

In addition to extracurricular competition, there are occasions where practice sessions for various programs are conducted off campus. This may consist of conditioning drills conducted off campus or involve students transporting themselves to nearby facilities.

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/Guardian's Signature

\_\_\_\_\_  
Emergency Telephone

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Athlete's Signature

A signed voluntary activities participation form must be on file with the District before a student will be allowed to participate in the above extracurricular/curricular activities. THIS FORM MUST BE IN THE POSSESSION OF THE COACH ON ALL OUT OF TOWN TRIPS, AND KEPT ON FILE.

**GALLUP MCKINLEY COUNTY SCHOOLS  
ATHLETICS/ACTIVITIES TRAINING RULE POLICY**

**PHILOSOPHY:** Athletics and Activities are an integral part of the educational process providing students with the opportunity to further develop their unique capabilities, interests and needs beyond the classroom environment. Participation in these programs is a PRIVILEGE offered to and earned by students. Because participants are representative of their school and community, their conduct is expected to exemplify high standards at all times.

1. TRAINING RULE POLICY:  
VIII.12.5 ATHLETIC/ACTIVITY DRUG AND ALCOHOL POLICY (K-12).  
(Usage/Possession/Sale or Distribution)

The following applies when students, who are members of district's athletic or activity programs are in violation of the usage, possession, sale or distribution of the district's drug and alcohol policy. The policy applies to participants during each sport/activity season. This policy requires twenty-four (24) hour compliance, on and off campus.

NOTE: "Confirmed Offense" is defined as an eye witness report by a school district employee, information substantiated by a police report, a statement of self-incrimination of other credible evidence.

- 1st Offense:
- a. Parent-participant-coach-sponsor-administrator conference.
  - b. Students involved in an athletic/activity program will forfeit their privilege of participation for the duration of the current sport/activity season or a thirty (30) school day period, whichever is longer. Students will also forfeit their eligibility for all relevant awards, honors, or letters. Any suspension will automatically cease at the conclusion of the school year.
  - c. "On Campus" violations or infractions occurring "to, from or at" extracurricular events will result in a referral to the appropriate law enforcement agency or juvenile authorities and then a referral of the student to the Hearing Authority. Appropriate discipline recommendations will be made consistent with substance abuse policies, VIII.12.0 f (1), (2), (3) and (4).
  - d. Students will be required to abide with district drug and alcohol counseling program requirements.

- 2nd Offense:
- a. Parent-participant-coach-sponsor-administrator conference.
  - b. Students involved in an athletic/activity program will forfeit their privilege of participation in all extracurricular programs for a period of one (1) year from the date of the second offense. Students will also forfeit their eligibility for all relevant awards, honors, or letters.
  - c. "On Campus" violations or infractions occurring "to, from or at" extracurricular events will result in notification to the appropriate law enforcement agency or juvenile authorities and then a referral of the student to the Hearing Authority. Appropriate discipline recommendations will be made consistent with substance abuse policies, VIII.12.0 f (1), (2), (3) and (4).
  - d. Students will be required to abide with district drug and alcohol counseling program requirements.

We have read and understand the policy governing controlled substances and the consequences involved. The student agrees to abide by these regulations and the parent/guardian supports this policy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

GALLUP MCKINLEY COUNTY SCHOOLS

**MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS AND INTRAMURALS**

**MEDICAL HISTORY:** (Parent or guardian prior to examination)

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Home Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Telephone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

**NOTE TO PARENTS:** In order that the best plans may be made for your child, it is necessary that we have your cooperation in filling out this questionnaire accurately before he/she can participate in interscholastic/intramural competition sports. After conferring with your child, please initial after each sport in which you permit him/her to participate.

Football _____	Volleyball _____	Cross Country _____	Gold _____	Track _____	Softball _____
Baseball _____	Wrestling _____	Basketball _____	Soccer _____	Tennis _____	Other _____
					YES      NO

Do you want to talk to a doctor about a health problem or injury? .....	_____	_____
Has anyone in your close family ever had:		
Diabetes (high sugar in blood)? .....	_____	_____
Allergies (hay fever or asthma)? .....	_____	_____
Migraine Headaches? .....	_____	_____
High Blood Pressure? .....	_____	_____
Has anyone in your family under age 50 died suddenly?	_____	_____
Have you had or do you now have:		
Brain concussion (head injury)? .....	_____	_____
Tendency to lose consciousness? .....	_____	_____
Skull fracture?.....	_____	_____
Convulsions or epilepsy? .....	_____	_____
Neck injury? .....	_____	_____
Have you had or do you now have:		
Hearing loss?.....	_____	_____
Perforated ear drum? .....	_____	_____
Recurrent infections? .....	_____	_____
Sinus infections? .....	_____	_____
Broken nose? .....	_____	_____
Dental plate? .....	_____	_____
Orthodontia? .....	_____	_____
Have you had or do you now have:		
Hernia? .....	_____	_____
Kidney problems? .....	_____	_____
(Boys) loss of function or absence of testicles? .....	_____	_____
(Girls) menstrual problems? .....	_____	_____
Age of onset menstruation? .....	_____	_____

Have you had or do you now have:

- Bone fracture? .....
- Joint dislocation? .....
- Foot problems? .....
- Pins, staples or wires in any part of your body? .....

Have you had or do you now have:

- Back injury or frequent headaches? .....
- Knee injury (sprain) or recurrent pain? .....
- Ankle injury (sprain) or recurrent pain? .....
- Other joint trouble? .....
- Bone infection? .....

Have you had or do you now have:

- Diabetes (High 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 had 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 had 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? .....

Past history of injuries, operations, illnesses, etc. (include date and doctor):

I hereby state that I have reviewed the medical history of my child and find the answers to the questions to be correct to the best of my knowledge. (Required for legal minors).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MEDICAL EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Eye: Uncorrection: R - 20/      L - 20/      Corrected: R - 20/      L - 20/

	NORMAL	ABNORMAL	REMARKS
EENT	_____	_____	_____
Cardiovascular	_____	_____	_____
Abdomen	_____	_____	_____
Hernia Genitalia	_____	_____	_____
Musculoskeletal	_____	_____	_____
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/intramural athletics.

Attending medical personnel: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Signature of Examining Medical Personnel: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**COMMENTS:**

We parent(s)/guardian(s) and student athlete have READ and UNDERSTAND the preceding statements and medical evaluation and agree to their content.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8<sup>TH</sup> GRADE PARTICIPATION  
AT THE HIGH SCHOOL LEVEL  
(NMAA Bylaw 6.4.1 A2)**

NMAA Bylaw 6.4 (Open Enrollment Choice) states "an eighth grade student who participates in high school athletics, at any level of competition, will make his/her open enrollment choice at the eighth grade level." Athletic Directors must submit this form to the NMAA, with indicated signatures, **prior to** the eighth grade student participating at the high school level. Eighth grade students are ineligible to participate at the high school level until the NMAA has confirmed receipt of this form.

School District: \_\_\_\_\_

High School Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Athletic Director Name: \_\_\_\_\_

My parents and I, \_\_\_\_\_ have been made  
(Student)

aware and fully understand that if I participate at the high school level (freshman, c-team, junior varsity or varsity) during my 8<sup>th</sup> grade year, I will be utilizing my open enrollment choice at that time. Should I then choose to transfer to another school (even back to my home district) during the remainder of my 8<sup>th</sup> grade year or anytime thereafter, I will no longer have an open enrollment choice. I will then be ruled a transfer student, and be subject to all NMAA rules and regulations currently in effect.

\_\_\_\_\_  
Parent date

\_\_\_\_\_  
Parent date

\_\_\_\_\_  
Student date

\_\_\_\_\_  
Coach date

\_\_\_\_\_  
Athletic Director date

\_\_\_\_\_  
High School Principal date



GALLUP MCKINLEY COUNTY SCHOOLS

**CONTRACT HEALTH SERVICE INFORMATION  
FOR NATIVE AMERICAN STUDENTS**

The Contract Health Service eligibility factors are set forth in Federal Regulations 42 C.F.R. 36, the Indian Health Manual, Part 2 Chapter 3 and the Navajo Area C.H.S. Medical Priority Policy. Copies are available from the Contract Health Service Specialist at any Indian Health Service Unit Hospital or Clinic.

The following information must be as complete as possible:

**PLEASE PRINT OR TYPE ONLY!**

Athlete: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ HIS: \_\_\_\_\_

SS# \_\_\_\_\_ Sex \_\_\_\_\_ Tribe \_\_\_\_\_ Census# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location of Home \_\_\_\_\_

Name & Address of Parents Employer or Income Source: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMEMBER:** Permission must be granted from the local Indian Health Service Director or duty within 72 Hours, otherwise, payment for services rendered becomes the responsibility of the athlete and/or parents.

IHS TEEN HEALTH CLINIC  
Parent Permission Form  
For  
Student Participation in IHS Teen Health Clinic

Student's Name \_\_\_\_\_

Student's Chart Number \_\_\_\_\_

This permission form has been signed only after understanding and considering all of the following:

I understand that the Indian Health Service (IHS) and the Gallup McKinley County school District recognize that there are unmet health needs among many Native American school aged students and that, therefore, IHS will offer services to address these unmet needs at \_\_\_\_\_ High School. Services will begin \_\_\_\_\_ school year to enhance the well being of Native American students. This will serve as consent for the utilization of School Based Health Clinic services for the duration of the students' high school years.

I further understand that the IHS Teen Health Clinic is operated by the Indian Health Services and not by the Gallup McKinley County School District.

The services provided are as follows:

- A. Health promotion to include coordination between healthcare providers and school counselors/nurses.
  - 1. Weight management and nutrition education
  - 2. Substance use prevention
  - 3. Injury prevention
  - 4. Supplemental classroom presentations and resources support for comprehensive health education.
  - 5. Abstinence based sexuality education
  - 6. Parental involvement in health.
  
- B. Immunizations
  
- C. Health assessment/physical exam
  - 1. Routine physicals and health appraisals.
  - 2. Sports physicals.

- D. Laboratory services – limited onsite with specimens submitted to the \_\_\_\_\_ Health Care Center as needed.
- E. Diagnosis and treatment of acute illnesses or injuries (for example; colds, sore throats, sprains, cuts, sexually transmitted diseases).
  - 1. Acute illnesses
- F. Follow-up or referral for:
  - 1. Chronic Diseases (seizures, asthma, acne, etc.).
  - 2. Mental health issues.
  - 3. Substance abuse
- G. Initial evaluation and referral for:
  - 1. Dental diseases
  - 2. Pregnancy
- H. Pharmaceutical services-short term medications for minor illnesses; long-term therapy for selected chronic illnesses.(See F 1).

By New Mexico statute, students may legally consent without parental permission to the following confidential services: a) examination and treatment for sexually transmitted diseases; b) examination and diagnosis of pregnancy; c) receipt of family planning services; d) emergency conditions; e) mental health services.

The clinic will refer the following services: x-rays and treatment of complex medical or psychological conditions.

The \_\_\_\_\_ Advisory School Council will provide a liaison relationship between school, community, and the health providers. The Advisory School Council will reflect the community's concerns, values and resources and promote communication and problem solving ideas relating to the health issues of our students.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Gallup McKinley County Board of Education, the individual members, agents, employees and representatives thereof, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known, or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the IHS Teen Clinic or the rendering of emergency medical procedures of treatment, if any.

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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Address \_\_\_\_\_

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Telephone Number \_\_\_\_\_