

GADSDEN INDEPENDENT SCHOOL DISTRICT

ATHLETICS DEPARTMENT

CONDITIONS FOR ATHLETIC PARTICIPATION

The Gadsden Independent School District sponsors a comprehensive athletic program for all students enrolled in our high schools. Student participation in interscholastic athletics is governed by rules and regulations established by the Gadsden Independent School District and the New Mexico Activities Association.

Prior to participating in any practice session, in-season or off-season workout session, summer workout session, or athletic period, each student-athlete **MUST**:

1. Be officially enrolled in the high school in his or her designated Attendance Area or obtained a school district Open Enrollment Transfer to the school of his or her choice.
2. Attend the high school in his or her designated Attendance Zone or Open Enrollment choice.
3. Be eligible in all areas of athletic eligibility according to the rules and guidelines of the New Mexico Activities Association and the Gadsden Independent School Districts Athletic Department.

As a condition of athletic participation in the Gadsden Independent School Districts, each student-athlete and parent or guardian **MUST** read and agree to the attached rules and regulations. This information has been developed to provide for the safety and welfare of each student-athlete. After reading this information each parent or guardian and student athlete **IS REQUIRED TO SIGN** the following documents and return these documents to the high school's Athletic Trainer. A student-athlete cannot participate until all items have been complete.

TO BE COMPLETED AND SIGNED BY THE STUDENT-ATHLETE AND PARENT OR GUARDIAN

1. Student-Athlete – Code of Conduct
2. Violation of Code of Conduct – Consequences
 - A. Tobacco Products, Alcohol, Drug Guidelines
 - B. Criminal Statues
3. Acknowledgement of rules and terms for athletic participation
4. Statement of Health and Well Being
 - A. Permission To Participate In Interscholastic Athletics
 - B. Acknowledgement Of Injury Risks
 - C. Personal Medication Notification
 - D. Medical Insurance Coverage

TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN

1. Parent or Guardian – Code of Conduct
2. Emergency Information Card
3. Medical History and Physical Examination Form with a Doctor's approval

“DEVELOPING CHAMPIONS FOR A LIFETIME”

GADSDEN INDEPENDENT SCHOOL DISTRICT

ATHLETIC DEPARTMENT

**ACKNOWLEDGEMENT OF RULES AND TERMS OF
ATHLETIC PARTICIPATION**

We, the student-athlete and parent or guardian of the student-athlete, acknowledge that we have read and understand the terms, rules, and information presented in the attached documents:

1. Conditions for Participation Information
2. Student-Athlete – Code of Conduct
3. Code of Conduct – Consequences
 - A. Tobacco Products, Alcohol, Drug Guidelines
 - B. Criminal Statutes
4. Parent or Guardian – Code of Conduct
5. Acknowledgement of Rules and Terms of Athletic Participation
6. Statement of Health and Well Being
7. Medical History and Physical Examination Information
8. Emergency Information Card

We acknowledge:

1. Our family’s primary residence address is, _____.
2. This address is in _____ High School’s attendance area; and,
3. The student-athlete lives with the parents or court appointed legal guardian at this primary residence address.

We acknowledge that we have a signed copy of these documents for future reference:

1. Student-Athlete Code of Conduct
2. Code of Conduct – Consequences
 - A. Tobacco Products, Alcohol, Drug Guidelines
 - B. Criminal Statutes
3. Parent or Guardian Code of Conduct

We agree that these rules and terms of athletic participation are important for the safety and well being of our student-athlete. We agree to abide by these rules and terms of athletic participation and to conduct ourselves accordingly.

Signed: _____
Student-Athlete **Date** **Parent or Guardian** **Date**

PARENT OR GUARDIAN CODE OF CONDUCT

The purpose of the Parent or Guardian Code of Conduct is to develop parental support and positive role models for our athletic program. In the tradition of excellence, one purpose of our athletic program in the Gadsden Independent School District is to promote the physical, moral, mental, social, and emotional well being of each student and for our student-athletes. Parents and guardians are an integral part of this process.

PARENT OR GUARDIAN CONDUCT

1. Pledge to provide positive support, care, and encouragement to my student-athlete and his or her team, coaches, and school.
2. Pledge to provide positive support and encouragement to the visiting team, their coaches, and school.
3. Maintain positive behavior and attitude at all athletic contests.
4. Respect the position and professionalism of the game official.
5. Refrain from the use of foul language.
6. Refrain from yelling criticism at any student-athlete, his or her coach and team, and the opponent's players or coaches.
7. Refrain from interfering with the coach.
8. Willing to let the coach be responsible for my son or daughter during practice, games, and team related activities.
9. Refrain from making derogatory comments to players, parents, games officials, or school administrators.
10. Assist in providing for student safety and welfare.
11. Sign and submit, with accurate information, all required "Participation Forms" to the Athletic Trainer.
12. Will not attempt to change the school of my son or daughter because of a conflict with a coach.
13. Will not attempt to circumvent any rules or guidelines of the Gadsden Independent School District or the NMAA.

PARENT OR GUARDIAN AGREEMENT

The parent or guardian agrees to:

1. Abide by the "Parent or Guardian Code of Conduct".
2. Encourage my son or daughter to abide by the "Student-Athlete Code of Conduct".
3. Encourage good sportsmanship by personally demonstrating positive support for all players, coaches, and game officials.
4. Be involved in my son or daughter's athletic program.
5. Ask my student-athlete to treat other players, coaches, fans, and officials, with respect regardless of race, sex, creed, or ability.
6. Encourage my student-athlete to attend school on a regular basis and strive to excel academically.
7. Inform my student-athlete of the dangers of using and discourage the use of illegal drugs, alcohol, or tobacco.
8. If my son or daughter is injured, assure that he or she does not participate until the student-athlete has been released by the treating physician or the athletic trainer.
9. Provide unconditional love, acceptance, and emotional support from my student-athlete, regardless of the game's outcome.

It is the policy of the Gadsden Independent School District Athletic Department that grievances should not be addressed during or immediately after any practice or athletic contest. If a situation arises where a parent or guardian wishes to meet with a coach or address a specific issue or complaint, the following steps should be followed: (1) request a meeting at school with the coach; (2) if the problem is unresolved, arrange an appointment with the school's athletic director; (3) if the problem is still unresolved, contact the school's principal

I/we, the parent(s) or legal guardian(s) of the student-athlete, acknowledge that I/we have read the terms of this Parent/Guardian Code of Conduct. I/we agree to conduct myself, ourselves according to the terms of this Code of Conduct. I/we also understand and agree that, if my/our son or daughter **CHOOSES** to violate any of the terms of the Student-Athlete's Code of Conduct, his/her **CURRENT** or **FUTURE** participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under GISD district rules and policies or under civil or criminal laws.

Signature of: Parent or Guardian

Date

Signature of: Parent or Guardian

Date

**GADSDEN INDEPENDENT SCHOOL DISTRICT
ATHLETIC DEPARTMENT
STATEMENT OF HEALTH AND PHYSICAL WELL BEING**

Student's Name: _____ Age: _____ Date of Birth: _____
School Name: _____ Grade: _____ Place of Birth: _____
Parent/Guardian Name: _____ School last Attended: _____
Address: _____ Zip Code: _____ Phone Number: _____

The athletic staff of the Gadsden Independent School District has a deep concern for the health and well being of its athletes. We feel this form is essential for providing assurance to the athletes, parents, and the school that each individual is physically capable of playing athletics.

Therefore, it is of utmost importance that this form is completely filled out by both the student-athlete and parent or court appointed guardian and returned to the school. This is just one step in our aim to aid each athlete in achieving a successful academic and athletic career in our school district. Parents assume full responsibility for notifying the school of any changes of information that may occur.

PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

_____ has my permission to participate in interscholastic athletics in the Gadsden Independent School District under the supervision and responsibility of licensed coaches. I have familiarized myself with the benefits and limitations of the school district insurance program or my individual insurance program and will not hold the G.I.S.D. responsible for liability if an accident should occur. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from such activities. I do hereby release, absolve, indemnify, and hold harmless the G.I.S.D., the event organizers, sponsors, coaches, athletic trainers, and supervisors and/or all of them. In case of injury to my son or daughter, I hereby waiver all claims against the organizers, sponsors, coaches, athletic trainer, and supervisors and/or all of them. Any information, when needed to determine athletic eligibility, shall be released to the New Mexico Activities Association.

ACKNOWLEDGEMENT OF INJURY RISKS

We, the student-athlete and parent or guardian, are aware that participation in interscholastic athletics involves risks of serious and permanent injury to the athlete. We understand and acknowledge the danger and risk of these severe injuries as inherent to the participation of interscholastic activities.

We, the student-athlete and parent or guardian, acknowledge that we have completely read, fully understand, and voluntarily accept and agree to the above terms, conditions, and statements.

INSURANCE

Please check one:

_____ NO, I do not wish to purchase Student Accident & Athletic insurance, as I have other insurance that will cover medical expenses as a result of any accidental injury incurred.

Name of Insurance Company _____ Policy Number _____

_____ YES, I wish to purchase the Student & Athletic Insurance coverage and am remitting the proper payment.

We, the student-athlete and parent or guardian acknowledge and agree that we have read, understand, and will abide by the above stated conditions.

Home Phone

Business Phone

Student-Athlete Signature

Date

Parent or Guardian Signature