

2014/2015
STUDENT ATHLETE ELIGIBILITY INFORMATION
NEEDED FOR NMAA
PHYSICAL **MUST** BE DATED AFTER 01-APRIL-2014

Student Name: _____ Grade: _____

Sport (Please Circle):

VB	FB	GSOC	BSOC	BXC	GXC
GBB	BBB	GGLF	BGLF	BTR	GTR
GTN	BTN	Bb	Sb	WR	SW
CHEER	DANCE				

Parent Name: _____

Current Address: _____ Zip: _____

Phone #: _____

Siblings Attending RRPS

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Documents Needed:

Front & Back copy of your Athlete's Health Insurance Card

A copy of your Athlete's most recent Report Card

BELOW IS FOR TRANSFER STUDENTS ONLY

School Transferred From: _____

School Address: _____ Zip: _____

School Phone #: _____

Proof of Residency Documents: (Need all 4)

- Utility Bill to support current residence
- Rental Lease/Mortgage Copy of former residence
- Rental Lease/Mortgage Copy of current residence
- Most Recent Transcript

RETURN COMPLETED FORM AND DOCUMENTATION TO RRHS OR CHS ATHLETIC TRAINERS OFFICE
RIO RANCHO ATHLETICS
PRE-PARTICIPATION PHYSICAL EXAMINATION
[NMAA REQUIRES physicals be taken after April 1st](#)

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please Print)

NAME	MALE	FEMALE	DATE OF BIRTH	GRADE
HOME ADDRESS				PHONE #
PARENTS NAME	FAMILY PHYSICIAN			
SIGNATURE OF STUDENT			DATE	

Student Athlete or Parent/Guardian to fill out #1-31 before exam. Parent/Guardian is required to sign on back of the form after examination.

HEALTH HISTORY

	YES	NO	Has this student had any?		YES	NO	Has this student had any?
1.	___	___	Chronic or recurrent illness?	12.	___	___	Illness lasting over a week?
2.	___	___	Hospitalization?	13.	___	___	Rheumatic fever?
3.	___	___	Surgery, other than tonsillectomy?	14.	___	___	Asthma?
4.	___	___	Missing organs (eye, kidney, testicle)?	15.	___	___	Epilepsy?
5.	___	___	Allergy to medications? List _____	16.	___	___	Diabetes?
6.	___	___	Problems with heart or blood pressure?	17.	___	___	Eyeglasses or contact lenses?
7.	___	___	Chest pain with exercise?	18.	___	___	Dental braces, bridges, or plates?
8.	___	___	Dizziness or fainting with exercise?				
9.	___	___	Frequent headaches, convulsions, Dizziness or fainting?	19.	___	___	Is there a history of? Injuries requiring medical
10.	___	___	Concussion at any time? A. When? _____ B. How many? _____ C. Loss of Consciousness? _____ D. How long? _____ E. Medical Attention? _____				
11.	___	___	Heat Exhaustion, heat stroke, or other Heat problems?	20.	___	___	Neck Injury?
				21.	___	___	Knee Injury?
				22.	___	___	Knee Surgery?
				23.	___	___	Ankle Injury?
				24.	___	___	Other serious joint injury?
				25.	___	___	Broken Bones (fractures)
	YES	NO	Further History:				
26.	___	___	Is there any history of family or genetic disease?				
27.	___	___	Has any family member died suddenly at less than 40 years of age of causes other than accident?				
28.	___	___	Has any family member had a heart attack at less than 55 years of age?				
29.	___	___	Are you uncomfortably short of breath after running ½ mile (2 times around the track) without stopping?				
30.	List all medications you are presently taking and what condition the medication is for.						

31. What is the most and the least you have weighed in the past year? Most _____ Least _____

32. Date of last know tetanus (lockjaw) shot: ____/____/____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual periods? _____

2. In the past year, what is the longest time you have gone between menstrual periods? _____ use this space to explain any of the above numbered YES answers to provide additional information:

ATHLETIC OFFICE ONLY
PLEASE TURN COMPLETE PACKET INTO ATHLETIC OFFICE ONLY
 Physical received by: _____ Date: _____

PHYSICAL EXAMINATION RECORD

To be completed by a licensed professional.

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance exams.

NAME	HEIGHT	WEIGHT
PULSE	BLOOD PRESSURE	UA (optional)
	HEMOGLOBIN (optional)	

		NORMAL	ABNORMAL FINDINGS	INITIALS
1.	EYES			
2.	EARS, NOSE & THROAT			
3.	MOUTH & TEETH			
4.	NECK			
5.	CARDIOVASCULAR			
6.	CHEST & LUNGS			
7.	ABDOMEN			
8.	SKIN			
9.	GENITALS-HERNIA			
10.	MUSCULOSKELETAL: ROM, STRENGTH, ETC.			
11.	NEUROLOGICAL			

COMMENTS RE: ABNORMAL FINDINGS: _____

Participation Recommendations:

_____ Full & unlimited participation

_____ Limited participation - May not participate in the following (checked)

___Football ___Volleyball ___Soccer ___Cross Country ___Basketball ___Wrestling ___Swimming ___Baseball/Softball ___Tennis ___Golf ___Cheer

_____ Clearance Pending Documented Follow up of:

_____ No athletic participation

 Licensed Professional's Name (printed)

 Date

 Signature

 Phone

Parent/Guardian Permission & Release:

I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give permission for the team physician, athletic trainer, or other qualified personnel to give first aid treatment to this student at an athletic event in case of injury.

Parent/Guardian Name (printed)

Signature

 Address

 Phone

 Date

ATHLETE INFORMATION SHEET

8th - 12th Grades Only

THE INFORMATION ON THIS SHEET WILL COMPLETE ELIGIBILITY REQUIREMENTS FOR ATHLETIC PARTICIPATION. ALL INFORMATION IS CONFIDENTIAL

PRINT EXCEPT FOR SIGNATURE

NAME: _____ SCHOOL YEAR: _____ GRADE: _____
(FIRST) (MI) (LAST)

STUDENT ID #: _____ GENDER: M OR F

PHONE: _____

COMPLETE CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ BIRTHPLACE: _____

MO & YR FIRST ENROLLED IN 8TH GRADE: _____ 9TH GRADE: _____

MO & YR FIRST ENROLLED AT RRMS: _____ RRHS or CHS: _____

SCHOOL ATTENDED LAST YEAR: _____

IF school attended last year was **NOT** in RRPS District, please give city & state _____

ARE YOU AN EXCHANGE STUDENT? YES NO

THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Athlete Signature Date

Parent Signature Date



**RIO RANCHO PUBLIC SCHOOLS
PARENT WAIVER AND CONSENT TO USE OF STUDENT
INFORMATION AND IMAGES ON THE RRPS WEBSITE**

Many programs, activities, and events taking place in the Rio Rancho Public Schools are of interest to the public. Often civic, athletic, educational, fine arts or other organizations are interested in learning about our students and programs. From time to time, we record digital images of students participating in these events and desire to share these with the community via our website (district or school levels) to provide information to the public about our programs and services.

Given the global nature of the internet, RRPS has policies that prohibit the posting of any student images or identifying information on our website without expressed written permission from the parent. It is our intent to aggressively protect student and family rights to privacy, and endeavor to publish student work and accomplishments on our site only as a means of sharing students' successes with our community. Please visit our website (www.rrps.net) to view our specific policies regarding the protection and sharing of student information (#326, #327) and our web policy (#479).

Consent to Use of Student Information on RRPS District Web Sites

The undersigned parent or legal guardian of (student name) _____,
a student of the Rio Rancho Public School District (RRPS), agrees and consents to the posting of photographs or visual reproductions of the student in connection with regular and extracurricular activities on the district website. The undersigned understands that the use of any image is temporary and will not be stored by RRPS in any permanent archive (digital or otherwise).

The undersigned retains the right to refuse the posting of any particular image and to request the removal of any image at any time.

Signature of Parent or Legal Guardian

Date

RIO RANCHO ATHLETICS
ATHLETE EMERGENCY RELEASE AND CONTACT INFORMATION
RR Sports Medicine Department Copy

In the event that I, _____, parent/guardian of
(Print Full Name)

_____ cannot be reached,
(Print Athlete's First and Last Name) (Date of Birth)

I hereby give my consent to the attending physician, athletic trainer, and/or coaches to secure and administer medical aid and ambulance service for my child. This authorization does not cover major surgery unless the medical options of two (2) licensed physicians/dentists concur for the necessity of such surgery.

Please print any allergies, illnesses and medications currently being taken:

Home, work & emergency phone numbers for parent(s)/guardian(s):

Home: _____ Work: _____ Cell: _____

Doctor's Name & Phone #: _____ Preferred Hospital: _____

Parent/Guardian Signature Date

Parent/Guardian:

This card will be given to and kept with the head coach for emergency information. Please be specific with all information and confirm the information on all 4 documents that must be turned in prior to try-outs. If any of the information given on any form changes, it is your responsibility to contact the Rio Rancho High School Athletics Office at 505-896-5800.

Grade:
School Year:
Sports Indicated:

RIO RANCHO ATHLETICS
ATHLETE EMERGENCY RELEASE AND CONTACT INFORMATION
Coach's Copy

In the event that I, _____, parent/guardian of
(Print Full Name)

_____ cannot be reached,
(Print Athlete's First and Last Name) (Date of Birth)

I hereby give my consent to the attending physician, athletic trainer, and/or coaches to secure and administer medical aid and ambulance service for my child. This authorization does not cover major surgery unless the medical options of two (2) licensed physicians/dentists concur for the necessity of such surgery.

Please print any allergies, illnesses and medications currently being taken:

Home, work & emergency phone numbers for parent(s)/guardian(s):

Home: _____ Work: _____ Cell: _____

Doctor's Name & Phone #: _____ Preferred Hospital: _____

Parent/Guardian Signature Date

Parent/Guardian:

This card will be given to and kept with the head coach for emergency information. Please be specific with all information and confirm the information on all 4 documents that must be turned in prior to try-outs. If any of the information given on any form changes, it is your responsibility to contact the Rio Rancho High School Athletics Office at 505-896-5800.

Grade:
School Year:
Sports Indicated:

RIO RANCHO PUBLIC SCHOOLS ATHLETIC PARTICIPATION CONTRACT

This Participation Contract is entered into between the Rio Rancho Public Schools and _____ (Student) and _____ (Student's Parents/Guardians) and must be signed and returned to the athletic office of the student's school before the student can commence practice or participation in any athletic program.

Participation in the Rio Rancho Public Schools extracurricular activities and athletic programs is not a right. Rather, participation is a privilege granted to the student who adheres to high standards of academic achievement and personal conduct. As a representative of the team, school, and community, the student is expected to uphold District Policies and Student Activity Code of Conduct ("Code"), outlined in the Rio Rancho Public Schools Athletic Handbook, on a year-round (12 month) basis, both on and off campus, as well as fulfill the other requirements outlined in the Athletic Handbook.

By signing this Participation Contract, the student and parent/guardian agree to the following:

Consent to Participate; Release of Liability; Medical Release.

- A. Consent to Participate; Release of Liability.** Participating in athletics comes with inherent risks, especially with contact sports, during which an athlete may be seriously injured. I, the parent/guardian of _____ understand and acknowledge that unknown and unanticipated risks, inherent and otherwise, exist when my student participates in extracurricular athletics the manifestation of which may result in property loss, injury, illness or death. I acknowledge that my student's participation in RRPS athletics is purely voluntary, and I consent to my student's participation in spite and with knowledge of all risks involved.

I hereby release, hold harmless and agree not to sue RRPS, its administrators, employees, agents and contractors ("Released Parties") with regard to any and all claims of injury, disability, death or other loss or damage to persons or property suffered by my student, arising in whole or part from the student's participation in any RRPS athletic practice or competition. I agree further to indemnify Released Parties against any claim by a member of the student's family, co-participant, or any other person, arising in whole or part from any injury or other loss suffered or caused by my student, in connection with an activity of RRPS. These agreements of release and indemnity include claims of negligence of a Released Party, and are intended to be enforced to the fullest extent of the law.

- B. Duty to Notify Coach and Athletic Trainer of Injury.** The student and his/her parent/guardian agree to notify the student's coach and athletic trainer immediately if the student sustains an injury during the course of the season regardless of whether the injury occurs during the student's participation in a scheduled practice or competition or at an off-campus activity.
- C. Medical Release.** In the event that I, (parent/guardian) _____ cannot be contacted, I hereby give my consent to the attending physician, trainer and coaches to secure and administer medical aid and ambulance service. This authorization does not cover major surgery, unless the medical opinions of two (2) other licensed physicians or dentists concur that the surgery is necessary.

I/We acknowledge that I/We understand and agree to the terms of this Participation Contract outlined above in Sections 1.A through 1.C.

Parent/Guardian Signature

Date

Student Signature

Date

Print Name

Print Name

Consent to Physical Examination; Insurance Coverage

A. Physical Examination. The student received a physical examination on _____, and a completed and signed Physical Examination form is attached to this Participation Contract.

B. Insurance. I, the parent/guardian of _____, understand and acknowledge that the student must have adequate insurance coverage while the student participates in RRPS athletic practices or competitions. Please initial one of the following:

_____ My student has insurance through a private carrier, and proof of insurance coverage is attached to this Participation Contract.

_____ I elect to have my student covered by the insurance plan offered by Rio Rancho Public Schools. I agree to pay the nominal fee required to have my student covered by this insurance plan.

Parent/Guardian Signature

Date

Print Name

III. STUDENT ACTIVITY CODE OF CONDUCT

A. Student Activity Code of Conduct

Participation in such activities is a privilege, not a right. Student performances and/or competition in extracurricular activities that contribute to a grade in an academic class are not subject to the provisions of this Code.

This Code is in effect on a year-round (12-month) basis and applies to both on- and off-campus conduct. Students and their parents/guardians are required to sign and submit the Athletic Code of Conduct and Participation Contract ("Participation Contract") as a precondition to the student's participation in extracurricular activities and/or athletics. By signing the Participation Contract, the student and his/her parents/guardians acknowledge and agree to the eligibility requirements set forth in the Athletic Handbook, as well as RRPS Board Policies, the Student Code of Conduct for the school in which the student is enrolled, the NMAA rules and regulations, and other state and local laws and regulations.

In addition to the consequences imposed by this Code, students may be subject to disciplinary action under the Student Code of Conduct for the school the student attends if the prohibited activity takes place at school or in connection with the student's participation in a school-sponsored activity. If the student's conduct violates state or federal law, the student may additionally be subject to prosecution by the appropriate authorities.

Conduct which violates this Code includes, but is not limited to, conduct or behavior in which the student:

1. Possesses uses, consumes or distributes any tobacco products, alcoholic beverages, or other controlled substances (collectively referred to as "Prohibited Substances").
2. Engages in any Prohibited Activities; such as alcohol, illegal drugs, prescription drugs and/or steroids.
3. Engages or participates in conduct or behavior which may result in the arrest or conviction of a misdemeanor or felony. The failure of the legal system to arrest or prosecute a misdemeanor or felony does not preclude disciplinary consequences imposed pursuant to this Code; and
4. Engages in any other conduct or behavior which the student's coach or sponsor, Athletic Director, or Superintendent deems to be in violation of this Code or the spirit of interscholastic competition.

B. Violation Discovery

Conduct violating this contract may be investigated on receipt of a notice from any one or more of the following:

- Police arrest or report
- Identification of the violation by district school personnel
- Self-admission or parent notification of the child's violation
- School investigation based on other reliable source

All violations have consequences that will be imposed. Examples of consequences are on pages 15 and 16.

C. Prohibited Conduct

The types of prohibited conduct and consequences described herein are merely examples and described in order to provide guidance regarding the types of conduct which are prohibited and the types of discipline which may be imposed. Depending on the circumstances, coaches, sponsors, and administrators may impose different and/or higher consequence.

Level 1: Possession, use, consumption, or distribution of tobacco products		
First Offense	Second Offense	Third Offense
One (1) game suspension	Three (3) game suspension	Dismissal from sport

Level 2: Knowingly attending or remaining at parties or events where Prohibited Substances, as defined in this Code, are being consumed. This provision does not apply to a student's mere attendance at family gatherings or social events where the student is under direct supervision of his/her parent or guardian. However, if it is determined that the student has consumed Prohibited Substances, the student will be subject to consequences based on the substance consumed and the provision of the Code.		
First Offense	Second Offense	Third Offense
Ten (10) consecutive activity day* suspension from extracurricular activities beginning on the week of the first competition. It is the discretion of the head coach or sponsor when students may participate in practices and may try out for other sports and activities during the suspension period, but cannot participate in games or competitions.	Forty-five (45) consecutive activity day* suspension from all extracurricular activities, beginning on the week of the first competition. In the discretion of the coach or sponsor students may participate in practices and may try out for other sports and activities during the suspension period, but cannot participate in games or competitions.	One Calendar year suspension from all extracurricular activities (practices and competitions), beginning from the date sanctions are imposed



Level 3: <ol style="list-style-type: none"> Possession, use, consumption or distribution of Prohibited Substances outside of school and not connected to a school-sponsored activity. Engaging in conduct which would constitute a misdemeanor or higher offense, as defined by federal or state law. However, actual arrest, prosecution, or conviction of the student is not necessary in order for the student to be subject to discipline under this Code. 		
First Offense	Second Offense	Third Offense
Twenty (20) consecutive activity day* suspension from extracurricular activities beginning on the Monday of the first competition. At the discretion of the coach or sponsor students may participate in practices and may try out for other sports and activities during the suspension period, but cannot participate in games or competitions.	Forty-five (45) consecutive activity day* suspension from all extracurricular activities, beginning on the Monday of the first competition. At the discretion of the coach or sponsor students may participate in practices and may try out for other sports and activities during the suspension period, but cannot participate in games or competitions.	Permanent suspension from all extracurricular activities or sports. For students in grades 7-8, coaches and sponsors have discretion to modify this consequence after one full year of suspension, starting from the date on which the student was suspended, if the student and parent/guardian can demonstrate that the student has changed his/her behavior and can participate successfully in the sport or activity.
Level 4: <ol style="list-style-type: none"> Driving while intoxicated as defined under state law Possession, use, consumption, or distribution of Prohibited Substances at school or in connection with a school-sponsored activity Weapons possession as defined by federal law and RRPS Policy #347 Engaging in conduct which would constitute a felony, as defined by federal or state law. However, actual arrest, prosecution, or conviction of the student is not necessary in order for the student to be subject to discipline under this Code. 		
First Offense	Second Offense	Third Offense
Forty-five (45) consecutive activity day* minimum suspension from all extracurricular activities, beginning on the week of the first competition. In the discretion of the coach or sponsor students may participate in practices and may try out for other sports and activities during the suspension period, but cannot participate in games or competitions.	One calendar year suspension from all extracurricular activities, beginning from the date sanctions are imposed.	Permanent suspension from all extracurricular activities or sports. For students in grades 7-8, coaches and sponsors have discretion to modify this consequence after one full year of suspension, starting from the date on which the student was suspended, if the student and parent/guardian can demonstrate that the student has changed his/her behavior and can participate successfully in the sport or activity.

*An activity day is a day on which a student is scheduled to participate in practices, rehearsals, meetings, games, performances, competitions, or other events connected to his/her participation in the extracurricular activity.

If there is not a sufficient amount of time remaining in the scheduled season to fulfill the terms of the disciplinary consequence imposed, the penalty carries over to the next sport in which the student would otherwise participate. If a student engages in Prohibited Conduct when school is not in session, or if the student is not currently participating in an extracurricular activity or sport at the time that a student's violation of Prohibited Conduct is determined to have occurred, the disciplinary consequences will be carried over and apply to the next sport in which the student wishes to participate. **It is the student's sole responsibility to notify his/her coach that the violation occurred prior to the start of the season or when school is not in session.**

If a student is disciplined by RRPS for reasons other than conduct that is covered by this Code, the student shall be suspended from his/her extracurricular activity or sport for the same duration as the discipline imposed by the RRPS authority.

The consequences described herein represent the MINIMUM disciplinary consequences imposed by RRPS. Greater disciplinary consequence may be imposed by the athletic coordinator or principal, including expulsion from the extracurricular activity or sport, based upon the severity of the student's violation.

D. Code of Conduct Appeal

Once an investigation is completed the athletic coordinator will meet with the student. The student will be allowed to provide an explanation of his/her conduct. If the athletic coordinator concludes the explanation is not satisfactory, the student shall be suspended from the privilege of participating in extracurricular activities. The student and parents will receive written notification.

If the student or parents of the student are not satisfied with the disciplinary action of the Athletic Coordinator at the school, they may visit with the District Athletic Director. The District Athletic Director's decision is final.

E. Violations of TEAM RULES

Team rules and requirements for individual sports may include additional prohibited conduct and different sanctions than described in this Code of Conduct. Team Rules shall be provided in writing to student team members at the beginning of each sport season. Team rule penalties may be imposed by the team head coach without referral to the Athletic Coordinator for investigation. Prior to imposition of a penalty for violation of a team rule, the team head coach shall allow the student to provide an oral explanation of his or her conduct but no meeting or hearing is required. Penalties imposed for violation of team rules only are not subject to appeal.

Student Acknowledgment:

I, _____, have read, discussed, understand and will abide by this Participation Contract, the District's policies and rules outlined in the RRPS Athletic Handbook, and NMAA regulations and laws of the State of New Mexico. I understand and agree that if I choose to violate the terms of this Participation Contract, District policies, RRPS Athletic Handbook, NMAA regulations or state laws, my privilege to participate in interscholastic athletics, now or in the future, may be suspended or revoked in addition to any other penalties or consequences that may be imposed or result from the violation of District policies, the RRPS Athletic Handbook, NMAA regulations, or any civil or criminal laws.

Student Signature Date

Print Name

Parent/Guardian Acknowledgment:

I/We, the parent/guardian of _____, acknowledge that I/We understand and agree that if my/our son/daughter chooses to violate the terms of the this Participation Contract, District policies, RRPS Athletic Handbook, NMAA regulations or laws of the State of New Mexico, his/her privilege to participate in interscholastic athletics, now or in the future, may be suspended or revoked in addition to any other penalties or consequences that may be imposed or result from the violation of District policies, the RRPS Athletic Handbook, NMAA regulations, or any civil or criminal laws.

Parent/Guardian Signature Date

Print Name



NMAA

New Mexico Activities Association

CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”

Observed by the Parent / Guardian

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It’s better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER THE SB1

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of one week..
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 1 AND BRAIN INJURIES

Senate Bill 1:

<http://www.nmlegis.gov/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/sportsmed.aspx>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/wps/wcm/connect/public/ncaa/Health+and+Safety/index.html>



SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of the New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date