

## Cimarron Municipal Schools

### Interscholastic Participation Form

Note to parents of students participating in Athletics at Cimarron Municipal Schools.

Cimarron Schools strive to provide the best possible athletic programs for its students. It wants athletic participation to be a valuable educational experience at all levels. You are requested to read the following carefully and thoroughly, discuss its contents with your child and present it to your family physician for his/her approval. This form is to be fully completed and filed at school **BEFORE** your child will be allowed to practice and/or compete. This form should be completed only for those who are planning to participate in interscholastic athletics at any level. We require this physical examination to insure that your child is physically able to participate in athletics and in the event an accident should occur, we may notify you in a relatively short period of time.

- 1 **PARENTAL CONSENT:** We want to be sure you consent to your child's participation in interscholastic athletics; therefore, it is necessary that you and your child carefully read and understand the contents of this exam along with the expectations of the sport.
- 2 **MEDICAL HISTORY AND EXAMINATION:** The questionnaire provides a means for the physician to make reference to previous injury, illness or congenital disorder and also to provide the best possible physical exam for the student athlete.
- 3 **MEDICAL AUTHORIZATION:** This section provides information to the school for quick reference regarding the notification of the parents in an emergency situation. Also, it authorizes medical attention in the event the parents cannot be reached.
- 4 **INSURANCE:** 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. It is because of this that Cimarron Municipal Schools must have on file the insurance your family has to cover your child in case of an accident. Cimarron Municipal Schools offers a Student Accident Insurance through a **Student Accident Insurance Company**. This policy is a 24 hour coverage. You may wish to enroll in this through the school. This is strictly on a voluntary basis and is not required if you have sufficient coverage through your own family medical plan. We must have either a form asking for our own school policy of the name of the company through which you are insured.
- 5 **ELIGIBILITY:** Rules governing eligibility are determined by Cimarron Municipal Schools and the NMAA.

**PARENTAL CONSENT**

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

I hereby give my consent for \_\_\_\_\_ (student) to participate in interscholastic athletics at \_\_\_\_\_ (school) and authorize them to provide the information on the form to the NMAA. The financial responsibility for securing care of athletic injuries is a matter between the parent/guardian and the physician or dentist of parents/guardians selection. \_\_\_\_\_ (school) may not pay doctors, dentists, or hospitals for any treatment of my child.

**INSURANCE**

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

**Name of Insurance Company --OR--**

We have accident insurance with \_\_\_\_\_  
**Name of your Insurance Company**

**\*\*\*Please provide proper proof of insurance.\*\*\***

**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 I/we cannot be reached, I/we hereby designate the **Athletic Director, Team Coach, Athletic Trainer, or his/her designee** to act in my/our behalf to authorize 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 I/we cannot be reached and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child/ward. I/we hereby assume financial responsibility for hospitalization, medical attention, and surgery provided. **<PLEASE PRINT>**

**Family Physician:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

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

**Family Dentist:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

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

**Hospital Preference:** \_\_\_\_\_ **City**  
                                    **Name**

**Parent/Guardian:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_



# MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

New Mexico Activities Association  
6600 Palomas NE  
Albuquerque, NM 87109  
[www.nmact.org](http://www.nmact.org)

**NOTE:** The NMAA does not need a copy of this form. Please return to your school's athletic department.

## Emergency Information – Parent/Guardian please fill out prior to examination.

Student Athlete Name (Last, First, M.I.):				
Home Address:				Grade:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
DOB:				AGE:
Name of Parent/Guardian				
Home Address:				Phone:                      Work:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	Cell:
Emergency Contact				Phone:                      Work:
<i>Name</i>	<i>Relationship</i>			Cell:
Address:				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
<b>Participant Insurance: Participants must be covered by accident/injury insurance prior to participation.</b>				
Insurance Carrier		Policy Number		Group ID
<b>SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)</b>				
<b>Sports/Activities</b>				
<input type="checkbox"/> Baseball	<input type="checkbox"/> Cheer	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dance	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track/Field	<input type="checkbox"/> Other _____
Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.				

**COVID-19 ACKNOWLEDGEMENT**

I am aware that there is an inherent risk of injury and/or illness associated with participation in athletic activity and grant permission for my child to participate in NMAA activities during the current COVID-19 pandemic.

Student-Athlete Signature	Date
Parent or Court Appointed Legal Guardian Signature	Date

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

#### GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form.

Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

#### HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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# ■ PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

- Medically eligible for all sports without restriction
- Medically eligible for all sports with recommendations for further evaluation or treatment of \_\_\_\_\_
- Medically eligible for certain sports \_\_\_\_\_
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional \_\_\_\_\_, MD, DO, NP, or PA

## CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances, it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the New Mexico Activities Association (NMAA), \_\_\_\_\_ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/NMAA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, medical/osteopathic physician, physician assistant or nurse practitioner licensed by the state of New Mexico (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by New Mexico law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

### PLEASE PRINT LEGIBLY OR TYPE

"I, \_\_\_\_\_ the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student-athlete at \_\_\_\_\_ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/NMAA may employ or designate QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by New Mexico law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/NMAA."

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







# CONCUSSION IN SPORTS

## A Fact Sheet for Athletes and Parents

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### 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

#### 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.***

CIMARRON HIGH SCHOOL  
EXTRACURRICULAR CODE

These are the rules and regulations that Cimarron High School students will sign and abide by in order to participate in extra-curricular activities. These rules pertain to students from August through May of the current school year.

1. **STUDENTS WILL CONDUCT THEMSELVES WITH CLASS AND SPORTSMANSHIP.** Misbehavior will not be tolerated at any time or place during school hours or extra-curricular activities. Misbehavior may result in your temporary suspension or expulsion from the team/extra-curricular activity.
2. **PROFANITY IS NOT PERMITTED.** You are role models and represent your team, your parents, and Cimarron High School. Be proud of yourselves and of your school. Profanity could result in loss of participation.
3. **STUDENTS WILL STRIVE FOR ACADEMIC EXCELLENCE.** A 70/2.0 GPA is the minimum requirement for participation. We encourage individuals to excel in the classroom and maintain at least an 80/3.0 GPA. All eligibility requirements noted in the Student Handbook apply.
4. **STUDENTS THAT QUIT THE TEAM DURING THE COURSE OF THE YEAR WILL NOT BE REINSTATED THAT SAME SEASON.** Students are discouraged from moving from one sport to another in the same season. The decision to allow students to move will be made by the coaches of those sports and the principal.
5. **STUDENTS WILL NOT POSSESS OR USE ALCOHOL, TOBACCO, OR DRUGS AT ANY TIME.** Students possessing or using alcohol, tobacco, or illegal drugs WILL be dropped from the team and may be suspended from the other extra-curricular activities up to 150 school days on the first offense.
6. **STUDENTS ARE LAW ABIDING CITIZENS.** Students found guilty of a serious crime resulting in law enforcement/probation consequences will be dropped from the team/organization and may be suspended from all extracurricular activities up to 150 school days on the first offense.
7. **FIGHTING AND TRUANCY ARE NOT PERMISSABLE.** Students found guilty of fighting and/or truancy may be suspended and/or terminated from the team/extracurricular activity.
8. **STUDENTS WILL EXHIBIT EXEMPLARY BEHAVIOR ON ACTIVITY BUS TRIPS INCLUDING THE SHUTTLE BUS.** The first offense may result in the loss of bus privileges.
9. **INSUBORDINATION TOWARDS A TEACHER, COACH, OR ANY SCHOOL PERSONNEL WILL NOT BE TOLERATED.** Students suspended for such an offense will also be suspended or terminated from the team and extracurricular activities.
10. **STUDENTS WILL NOT RECEIVE A LETTER OR AWARD UNTIL ALL ISSUED EQUIPMENT HAS BEEN RETURNED OR PAID FOR.**
11. **STUDENTS ARE EXPECTED TO RIDE THE ACTIVITY BUS TO AND FROM ALL EVENTS UNLESS THEY HAVE A SIGNED FORM FROM PARENTS/GUARDIANS.** Students will only be released to parents and guardians (*or other adults with appropriate paperwork on file in the administration office*).

ADMINISTRATION OF DISCIPLINE IN RESPONSE TO SERIOUS CODE INFRACTIONS WILL BE DECIDED BY THE COACHES/SPONSORS/ATHLETIC DIRECTOR IN COORDINATION WITH THE BUILDING ADMINISTRATOR.

As a team member/parent/guardian, I have read and fully understand the guidelines, which are required for the participation in athletic or extracurricular activities at Cimarron High School.

\_\_\_\_\_  
Cimarron High Student

\_\_\_\_\_  
Parent/Guardian of Student

**NOTE:** In addition to suspension from the club or team, you will also be subject to school penalties under the section title "Policies and Guidelines for Student Conduct at CHS" and any other contract obligations affiliated with the team or organization.