

2019-2020

Rehoboth Christian School

Athletic Packet (Grades 6 – 12)

Updated 5/14/19

➤ What is it?

- This packet contains different forms needed for your son/daughter to participate in athletics at Rehoboth Christian School. One packet must be filled out for each child and covers the whole year.

➤ When does it need to be completed by?

- Packet must be filled out prior to the first day of practice.
 - If it is not filled out, students will not be allowed to participate:
 - Due Dates for Physicals:
 - Fall Sports – August 12
 - Winter Sports – November 18
 - Spring Sports – Softball and Baseball (TBA), Track (TBA)

➤ Where do I bring it when it is completed?

- Please return the packet in its entirety (all 10 pages) to the Administration Building. If you bring it in the summer, please bring to the Administration Building.
- Incomplete packets will be returned. Please, only submit complete packets!

➤ What about the physical?

- Your physical form is contained in this packet. The physical form must be completed after April 1, 2019. Please turn in the physical form with the completed packet (incomplete packets or individual forms will be returned).

Grade: _____

Student Name _____



Rehoboth Christian Athletic Conduct

Please Read through the handbook in its entirety before signing and initialing this form. The Athletic Handbook is located at the following website: <http://www.rcsnm.org/athletic-forms.cfm>

I have read, understand and agree to the guidelines of the Rehoboth Christian Athletic handbook. _____
(initial here).

Rehoboth Christian School students who participate in athletics represent the school in a distinctive way. These students, therefore, take upon themselves the responsibility of defending and promoting the ideals of the school by their actions and words. Athletes are to behave in a manner consistent with that expected of a Christian and to conduct their lives so as to bring honor and respect upon themselves and their school.

Students are asked to sign the following:

“I realize it is a privilege to represent Rehoboth Christian School in athletic events. I promise not to use tobacco, alcohol beverages, or non prescribed drugs, both during the school year and the summer months.”

“I understand that at Rehoboth Christian School there is a Christian standard of behavior that monitors our words and deeds in the classroom, at athletic activities, and in everyday life. If I seriously violate these standards, I will be subject to discipline.”

“If my actions are such that I am judged to have violated the letter or the intent of the code, I agree to submit to the discipline of the Athletic Discipline Committee.”

“I acknowledge that interscholastic athletics is a privilege and not a right. I am a student before an athlete and if I am not able to uphold academic excellence throughout my seasons of play, I understand my participation in athletics will be negatively impacted.”

Student's Name: _____ **Date:** _____

At least one parent is asked to sign the following:

“As a parent, I will do everything within my power to help my child to live by the code. I also agree to cooperate to the utmost with the coaches and administration of Rehoboth Christian School. Finally, I understand that academics come before athletics.”

Parent/Guardian Signature: _____ **Date:** _____

2019-2020 Rehoboth Christian School Athletic Packet Information Sheet

Student Name: _____ Grade: _____

Student Cell Phone #(if applicable): _____

Sports planning to participate in (please circle):

- | | | | | |
|-----------------|----------------------|-----------------------|--------------------|---------------------|
| Volleyball | Boys Soccer | Girls Soccer | Boys Cross Country | Girls Cross Country |
| Boys Basketball | Girls Basketball | | | |
| Softball | Boys Track and Field | Girls Track and Field | Baseball | |

Parent Name(s): _____

Current Address: _____ Zip: _____

Phone Number(s): _____

Email Address: _____

Siblings attending Rehoboth Christian School:

- | | |
|-------------|--------------|
| Name: _____ | Grade: _____ |
| Name: _____ | Grade: _____ |
| Name: _____ | Grade: _____ |
| Name: _____ | Grade: _____ |

Are you transferring to Rehoboth Christian School from another school? (circle one) Yes No

If yes, please answer the following questions:

School transferred from: _____

School address: _____

School phone number: _____ School fax number: _____

What sports did you participate in and at what level? (JV or Varsity)

Fall: _____

Winter: _____

Spring: _____

Has the student repeated any grade (8th-12th)? Yes No If so, what grade? _____

All students who transfer from another school within the state of New Mexico after the 9th grade (or after varsity participation as an 8th grader) must be petitioned through the NMAA by completing NMAA forms A, B, and C.

Permission to Participate

Student's Name: _____ **Grade:** _____

I hereby give my **consent** for the above-named student to represent his or her school in athletic activities except those indicated on this form by the physician, provided that such athletic activities are approved by the State Association. I also give my permission for the student to accompany the school team on any of its local or out-of-town trips. Rehoboth Christian School will provide basic first aid at games and practices. The parents or guardians understand that the risk of minor injury, significant injury, and even death is assumed by the student and parent when they sign this form. However, in the event physicians, or other persons trained in the rendering of first aid are available as volunteers or otherwise, and they render aid to any student injured during the course of any school activity or travel, the parents do hereby release and forever discharge coaches, and Rehoboth Christian School from any liability arising out of any first aid or immediate treatment of injuries.

As a parent, I also will make sure my son/daughter will notify coaches of any injury sustained either at practice or games or in other events outside of their athletic participation at Rehoboth Christian School.

I hereby state that I agree with the above statements and have provided accurate information on the medical history of this student.

I also give my permission for my son/daughter to be photographed/videotaped for use in promoting RCS athletics.

Parent/Guardian Signature: _____ **Date:** _____

Assumption of Risk

By allowing your son/daughter to participate in athletics at Rehoboth Christian School, know there are a certain amount of risks associated with this participation. Each sport has inherent risks associated with participation in it

- Least Severe - twisted ankles, bruise, charlie horse, pulled muscle
- Severe – broken bones, concussion, torn ligaments
- Very Severe – death, paralyzed, etc.

Coaches will make all efforts to minimize the risks associated with participation in each sport, but know that coaches can't eliminate all risk. You/the athletes are assuming a certain amount of risk by participating. Sign below to recognize that you are aware of this risk and still want your student competing in athletics at Rehoboth Christian School.

Student's Name: _____ **Grade:** _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency Release & Contact Information

In the event that I, _____ parent/guardian of _____, with a birth date of _____, cannot be reached, 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 (food, medication, other) illnesses and medications currently being taken:

Check Here if None

Student's Name: _____ Grade: _____

Parent/Guardian Signature _____ Date: _____

Home#: _____ Work#: _____ Cell#: _____

Doctor's Name: _____ Doctor's Phone#: _____

Preferred Hospital: _____

Name of Insurance Carrier: _____ Phone#: _____

Policy number(s): _____

Parent/Guardian Signature: _____ Date: _____

Local Events Transportation Form

I, _____, as parent/guardian of my child listed below, hereby take responsibility for transporting my child/children to athletic competitions held in the greater Gallup area when no school bus is provided.

I understand that I must take responsibility and be held liable for the safety of my child as he/she travels to these school activities. I will only grant permission for my child to ride with a licensed, responsible driver in a vehicle that has current insurance.

Student's Name: _____ **Grade:** _____

Parent/Guardian Signature: _____ **Date:** _____

Student Transportation Consent Form (For Students with a Driver's License)

Situations may arise when it is prudent or even necessary for a student to transport himself in a personally owned vehicle to a local destination. In situations where the student's activities are being supervised by Rehoboth staff or another adult, students may transport themselves provided:

- The student has a valid driver's license.
- The vehicle being used has adequate insurance coverage.
- The supervisor has given permission for the student to drive.
- The parent or guardian has previously given permission for the student to drive by completing a Student Transportation Consent Form.

The supervisor shall have the responsibility to verify the first, second, and fourth items listed above. If any one of these requirements cannot be verified, the supervisor shall not permit the student to transport himself.

I, _____, as parent/guardian of _____, hereby allow my child to transport him/herself in a personally owned vehicle to a local destination. I am also aware that my child is not allowed to transport others in their vehicle.

Student's Name: _____ **Grade:** _____

Parent/Guardian Signature: _____ **Date:** _____

Concussion Information & Signatures

Please read the following two pages about senate bill 1 and brain injuries. You are asked to be familiar with the state laws regarding concussions, signs and symptoms of concussions, and the steps needed to recover from a concussion. **You and your student must sign at the bottom of this form.**

If you wish to have a copy of this, visit: http://www.nmact.org/file/Facts_4_Families.pdf

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 10 days.
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.

REFERENCES ON SENATE BILL 1 AND BRAIN INJURIES

Senate Bill 1:

www.nmact.org

-or-

<http://legis.state.nm.us/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

- <http://www.nfhs.org/sportsmed.aspx>
- www.cdc.gov/ConcussionInYouthSports
- www.stopsportsinjuries.org/concussion
- <http://www.ncaa.org>

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

Rehoboth Christian School Medical Information Form

This form must be completed by a Parent/Guardian prior to the Physical

Student: _____ Grade: _____ Birth date: _____

Name of Parent or Guardian: _____

Home Address: _____

Phone Number(s) : _____

Pre-Participation Health Record

Has the student had any of the following: **Yes/No**

- 1. Chronic or recurrent illness? _____
- 2. Illness lasting over 1 week? _____
- 3. Hospitalization over night? _____
- 4. Surgery? _____
- 5. Missing organs? _____
- 6. Allergy to any medication? _____
- 7. Problems with heart/blood pressure _____
- 8. Chest pain with exercise? _____
- 9. Fainting with exercise? _____
- 10. Dizziness, fainting, convulsions or frequent headaches _____
- 11. Concussion or unconsciousness? _____
- 12. Heat exhaustion, heatstroke, or other heat problems? _____
- 13. History of Asthma? _____

Does this student:

- 14. Wear eyeglasses or contacts? _____
- 15. Wear dental braces, plates? _____

16. Take any medication? _____

Is there any history of: **Yes/No**

- 17. Injuries requiring MD treatment? _____
- 18. Neck injury? _____
- 19. Knee injury? _____
- 20. Ankle injury? _____
- 21. Other serious joint injuries? _____
- 22. Broken bones (fractures)? _____

Further History:

- 23. Is there any reason why this Student should not participate? _____
- 24. Has any family member less than 40 yrs. of age died suddenly of Causes other than an accident? _____
- 25. Has any family member less than 55 yrs. of age had a heart attack? _____

Do you want to talk to a doctor about a health problem or injury? Yes/No

Do you wish to discuss an emotional problem with a doctor? _____

Have you ever been told to give up sports because of a health problem? _____

Use this space to explain any of the above YES answers or provide additional information.

Rehoboth Christian School Physical Form

This form completed by a Physician Only

Physical must be dated after April 1, 2019

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Eye – Uncorrected R 20/_____ L 20/_____ Corrected R 20/_____ L 20/_____

	NORMAL	ABNORMAL	REMARKS
EENT	_____	_____	_____
Cardiovascular	_____	_____	_____
Abdomen	_____	_____	_____
Hernia-Genitalia	_____	_____	_____
Spine	_____	_____	_____
Muscular skeletal	_____	_____	_____
Neurological	_____	_____	_____
Deformities	_____	_____	_____
Surgical Scars	_____	_____	_____
Skin and lymphatic	_____	_____	_____
Urinalysis (sugar)	_____	_____	_____

Date of last tetanus(lockjaw) shot? _____

YES, I certify that I have on this data reviewed the above history and examined this individual and find him/her physically able to compete in interscholastic athletics. _____ (Physician Initials)

NO, based on the reviewed data and examination, I do not allow this individual to compete in interscholastic athletics. _____ (Physician Initials)

Attending Physician (print) _____ **Date of Examination** _____

Signature of Examining Physician _____ **Phone:** _____

COMMENTS:

This student should have the following health problems evaluated or treated before participating: