

2020-2021

Rehoboth Christian School

Athletic Packet (Grades 6 – 12)

Updated 4/15/20

➤ 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 10
 - Winter Sports – November 16
 - 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, 2020. Please turn in the physical form with the completed packet (incomplete packets or individual forms will be returned).

Student Name

Grade: _____



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: <https://www.rcsnm.org/admissions/schools/athletic-website.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:** _____

2020-2021 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:** _____



NMAA 2020-2021 PREPARTICIPATION EXAMINATION WAIVER FORM

*As a result of the COVID-19 pandemic, the following form may be used to waive the annual preparticipation examination requirement for returning student-athletes. This form will only be accepted for the 2020-2021 school year.

NAME (Last, First, MI): _____ AGE: _____ GRADE: _____ DATE OF BIRTH: ___/___/___

SCHOOL: _____ SPORTS: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ OTHER(S): _____

Check YES or NO boxes for each question.

Date of Last Sports Physical

	YES	NO
1. Did you receive a preparticipation examination (sports physical) on or after April 1, 2019?	<input type="checkbox"/>	<input type="checkbox"/>

Medical Risk Questions

2. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last year, have you passed out or nearly passed out <i>during</i> or <i>after</i> exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained death before age 35 (including an unexplained drowning or unexplained car accident)?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has anyone in your immediate family tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been in close contact with anyone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

Parents or Legal Guardians: Please note any health concerns, medications, allergies that may be important for the athletic/activities director and/or coaches to know.

"I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities. Additionally, 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."

Parent or Legal Guardian Signature _____

Date _____

Student Signature _____

Date _____

For School Use Only

School Personnel Review

- 1. Question 1: NO – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf
- 2. Question 2-4: YES – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf
- 3. Questions 5-10: YES – Student requires written clearance from an approved HCP.

NOTES: _____

CLEARED FOR SPORTS: YES NO

NEW MEXICO ACTIVITIES ASSOCIATION

6600 PALOMAS AVE. NE
ALBUQUERQUE, NM 87109
PHONE: 505-923-3110
FAX: 505-923-3114



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

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.

RETURN TO PLAY GUIDELINES UNDER SB38

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (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.

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

REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES

Senate Bill 38:

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

For more information on brain injuries check the following websites:

<https://nfhslearn.com/courses/61059/concussion-for-students>

<http://www.nfhs.org/resources/sports-medicine>

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

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

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



SIGNATURES

By signing below, parent/guardian and athlete acknowledge the following:

- ◆ Both have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*.
- ◆ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
- ◆ Athlete has received brain injury training pursuant to Senate Bill 38.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date