

**LAS CRUCES PUBLIC SCHOOLS
ATHLETIC DEPARTMENT**

CONDITIONS FOR ATHLETIC PARTICIPATION

Student participation in interscholastic is governed by rules and regulations established by the Public Education Department, the New Mexico Activities Association, and the Las Cruces Public Schools.

Prior to participating in any practice session, in-season or off-season workout session, summer work out session, or Athletic Period, each student-athlete

MUST:

1. Be **officially enrolled** in the school in his or her designated Attendance Area or have obtained a LCPS Open Enrollment Transfer to the school of his or her choice.
2. **Attend** the high school in his or her designated Attendance Zone or approved Open Enrollment Choice.
3. Be **eligible** in all areas of athletic eligibility according to the rules and guidelines of the NMAA and the LCPS Athletic Department.

AND

As a condition of athletic participation in the LCPS Athletic Programs, each student-athlete and parent or guardian **MUST** read and agree to the attached rules and regulations. This information has been developed to provide for the safety and welfare of each student-athlete. After reading this information each parent or court appointed legal guardian and student-athlete **ARE REQUIRED TO SIGN** the following documents and return these documents to the high school's Head Athletic Trainer.

A student-athlete may not participate until all items have been completed and the Head Athletic Trainer has cleared the student-athlete to begin participation.

**MUST BE COMPLETED AND SIGNED BY THE STUDENT-ATHLETE
AND PARENT OR COURT APPOINTED LEGAL GUARDIAN**

1. Acknowledgement of Rules and Terms for Athletic Participation Safety and Welfare Statement:
 - A. Permission To Participate In Interscholastic Athletics
 - B. Acknowledgement Of Injury Risks
 - C. Assumption Of Injury Risks
 - D. Personal Medication Notification
 - E. Medical Insurance Coverage

**TO BE COMPLETED AND SIGNED BY PARENT OR COURT APPOINTED
LEGAL GUARDIAN**

1. Emergency Information Card.
2. Medical History and Physical Examination Form completed by a licensed New Mexico Medical Doctor.

STUDENT-ATHLETE
CODE OF ETHICS AND CONDUCT
IN SUPPORT OF PURSUING VICTORY WITH HONOR
CONDITIONS OF ATHLETIC PARTICIPATION

Participation in athletics is a **privilege** that carries with it certain responsibilities and commitments. It is the **RESPONSIBILITY** of the student-athlete and his/her parent(s) or court appointed legal guardian(s) to be familiar with the standards and consequences for student-athlete conduct, residency requirements, and eligibility guidelines.

STUDENT CONDUCT

- 1 Refrain from the use or possession of alcohol, drugs, steroids, or tobacco at all times.
- 2 Refrain from any form of **hazing** of fellow student-athletes.
- 3 Avoid the use of foul language, on and off the field of competition.
- 4 Model - "Pursuing Victory With Honor."
- 5 Refrain from the commission of criminal or delinquent acts, whether at school or during non-school hours.
- 6 Submit all "Participation Forms" with accurate information to the Head Athletic Trainer.
- 7 Will not attempt to change schools because of a conflict with a coach, for lack of playing time, or for being "cut" during tryouts.
- 8 Will not circumvent any rules or guidelines of the Las Cruces Public Schools or the New Mexico Activities Association.
- 9 If under indictment for a crime, the student-athlete will be ineligible until adjudicated.

STUDENT RESIDENCE REQUIREMENT

- 1 Attend the high school in the student's designated attendance zone. The attendance zone is based on the primary residency of the student's parent(s) or court appointed legal guardian. The word parent refers to parent(s) who hold court appointed legal custody of the student-athlete. Court appointed legal guardian refers to a person who has been appointed by a court of competent jurisdiction. If the student receives an Open Enrollment Transfer, the student-athlete will follow the eligibility guidelines of the Open Enrollment Transfer process.
- 2 Reside with parent(s) or the court appointed legal guardian at the primary legally documented residence address.

STUDENT- ATHLETE AGREEMENT

The student-athlete agrees to:

- 1 Abide by the "Student-Athlete's Code of Ethics." and "Pursuing Of Victory With Honor."
- 2 Pledge to be positive about his or her athletic experience and accept responsibility for his or her actions.
- 3 Seek academic help if grades are poor.
- 4 Maintain scholastic eligibility (Comply with NMAA Guidelines).
- 5 Create, maintain, and promote team morale and high ideals of sportsmanship.
- 6 Be sincere, loyal, and committed to the school, team, and community.
- 7 Be a positive role model for others.
- 8 Dress properly at school, observe proper etiquette, and respect others.
- 9 Be responsible for all issued equipment and return equipment at the end of the season.
- 10 Encourage parents to be involved with your team and your athletic experience in a positive and supportive manner.

It is understood that it is impossible to have a regulation for every circumstance. Discretionary judgment will be used in situations not covered by a specific written rule or guideline. A student-athlete or his or her parent(s) may obtain an explanation of any part of the Student-Athlete's Code of Ethics from a coach, the school's Athletic Coordinator, or the school district's athletic administrative office.

STUDENT-ATHLETE AGREEMENT

I, the student-athlete, acknowledge that I have read the terms of this Code of Ethics. I agree to conduct myself according to the terms of this Code of Ethics. I also understand and agree that if **I CHOOSE** to violate any of the terms of the Code of Ethics, **my CURRENT or FUTURE participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under LCPS school district rules and policies or under civil or criminal laws.**

Student-athlete's Signature: _____ Date: _____

PARENT AGREEMENT

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

Parent or Court Appointed Legal Guardian Signature: _____
Date: _____

PARENT OR COURT APPOINTED LEGAL GUARDIAN
CODE OF CONDUCT
IN SUPPORT OF "PURSUING VICTORY WITH HONOR"
CONDITIONS OF ATHLETIC PARTICIPATION

The purpose of the Parent or Court Appointed Legal Guardian Code of Conduct is to develop positive parental support and positive role modeling for our student athletes and athletic programs. Parents and court appointed legal guardians; you are an integral part of this process.

PARENT OR COURT APPOINTED LEGAL GUARDIAN CONDUCT

1. Provide positive support encouragement to my student-athlete, his or her team, coaches, and school.
2. Provide positive support and encouragement to the visiting team, their coaches, and school.
3. Display positive behavior and attitude at all athletic contests, regardless of the outcome.
4. Respect the position, professionalism, and decision-making of the game official(s).
5. Refrain from the use of foul language.
6. Refrain from yelling or criticizing any student-athlete, coach, or team.
7. Refrain from interfering with the coach.
8. Willing to let the coach be responsible for my son or daughter during practice, games, and team related activities.
9. Avoid making derogatory comments to players, other parents, game officials, or school administrators.
10. Assist in providing for student safety and welfare.
11. Sign and submit, with accurate information, all required "Participation Forms" to the Head Athletic Trainer.
12. Will not allow my son or daughter to change schools because of a conflict with a coach.
13. Will not circumvent rules or guidelines of the Las Cruces Public Schools or the New Mexico Activities Association.

PARENT OR COURT APPOINTED LEGAL GUARDIAN AGREEMENT

The parent or guardian agrees to:

1. Abide by the "Parent or Court Appointed Legal Guardian Code of Conduct" and the tenants of "Pursuing Victory With Honor."
2. Encourage my son or daughter to abide by the "Student-Athlete Code of Ethics" and the tenants of "Pursuing Victory With Honor."
3. Encourage good sportsmanship by demonstrating positive support for all players, coaches, and game officials.
Be supportive of my son or daughter's athletic program.
4. Ask my son or daughter to treat other players, coaches, fans, and officials, with respect regardless of race, sex, creed, or ability.
5. Encourage my son or daughter to attend all classes on a regular basis and to excel academically.
6. Inform my son or daughter of the dangers and discourage the use of illegal drugs, alcohol, steroids, or tobacco.
8. If my son or daughter is injured, assure that he or she does not participate until he or she has been released by the treating physician **and** the Head Athletic Trainer.

It is the policy of the Las Cruces Public Schools Athletic Department that grievances should not be addressed during or immediately after any practice or athletic contest. If a situation arises where a parent or guardian wishes to meet with a coach or address a specific issue or complaint, the following steps should be followed: (1) request a meeting at school with the coach; (2) if the problem is unresolved, arrange an appointment with the school's Athletic Coordinator and the coach; (3) arrange a meeting with the Principal and Athletic Coordinator; (4) if the problem is still unresolved, contact the Las Cruces Public Schools Athletic Director's office.

I/we, the parent(s) or court appointed legal guardian of the student-athlete, acknowledge that I/we have read the terms of this Parent/Court Appointed Legal Guardian Code of Conduct. I/we agree to conduct myself/ourselves according to the terms of this Code of Conduct. I/we also understand that if I/we choose not to follow the terms of this Code of Conduct that we may be banned from any further athletic activities. I/we also understand and agree that, if my/our son or daughter CHOOSES to violate any of the terms of the Student-Athlete's Code of Ethics, his/**her** **CURRENT or FUTURE participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under LCPS school district rules and policies or under civil or criminal laws.**

Parent or Court Appointed Legal Guardian Signature: _____ Date: _____

8.7 VIOLATION OF LOCAL SCHOOL DISCIPLINE PLAN FOR STUDENT BEHAVIOR

A. Shall be in effect

1. During the school year (consequences adhere to LCPS Policy).
2. During organized summer activities that are supervised by school district personnel.

B. Consequences for violation

DURING SCHOOL YEAR OR ORGANIZED SUMMER ACTIVITIES

First Offense

- | | |
|--------------------------------|--|
| Tobacco - | Suspension from participation - 30 school days |
| Alcohol/Drugs -
or Steroids | Suspension from participation - 45 school days
Insight Program Completion
School Conference with parent or court appointed legal guardian and student |

Second Offense

- | | |
|--------------------------------|--|
| Tobacco - | Suspension from participation - 45 school days |
| Alcohol/Drugs -
or Steroids | Suspension from participation - 90 school days
School Conference - upon reinstatement after suspension |

Third Offense

- | | |
|--------------------------------|--|
| Tobacco - | Suspension from participation - 90 school days |
| Alcohol/Drugs -
or Steroids | Suspension from participation - 180 school days |

8.8 USE OF STEROIDS AND DIETARY SUPPLEMENTS

A. Steroids

Due to the nature of performance enhancement, serious health dangers, and detection issues, these controlled substances warrant additional coach/student/parent or court appointed legal guardian education and surveillance. A concise education program should be coordinated by the Head Athletic Trainer with assistance from the Principal, Athletic Director, and Athletic Coordinator to insure that coaches, student-athletes, and parents are aware of the dangers and signs.

B. Supplements

Dietary supplements unregulated by the FDA (e.g. creatine, excessive caffeine, etc.) may contain potentially harmful ingredients. The LCPS subscribes to the National Federation of State High School Associations' position: "All student-athletes and their parents or court appointed legal guardians should consult with their physicians before taking any supplement product. In addition, coaches and school staff should not recommend or supply any supplemental product to student-athletes."

I have read the LCPS Athletic Department policy regarding the use of tobacco products, alcohol, steroids, and illegal drugs. I understand the policy and the consequences as stated above, and I agree to follow and support the policy and consequences as stated above.

Student-Athlete: _____
Signature

Parent or Guardian: _____
Signature

Date: _____

Date: _____

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

HISTORY

Medical History – Parent/Guardian please fill out prior to examination

Name: _____ Age: _____ Grade: _____ DOB: _____
 (Please Print) Last First MI
 Place of Birth: _____ Last School Attended: _____
 City State School City State
 Mailing Address: _____ Home Phone: _____
 Street City State Zip
 Name of Parent/Guardian: _____ Work / Cell Phone: _____

Explain "Yes" answers below

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	1	1
2. Do you have an ongoing medical condition (like asthma or diabetes)?	1	1
3. Are you currently taking any prescription or nonprescription medications or pills?	1	1
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	1	1
5. Have you ever become dizzy or passed out During or After exercise?	1	1
6. Have you ever had chest discomfort, pain or pressure during or after exercise?	1	1
7. Do you get more tired than your friends during exercise?	1	1
8. Has a doctor ever told you that you have: (check all that apply)	1	1
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur		
<input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol		
9. Has a doctor ever ordered a test for your heart? (ECG, echocardiogram)	1	1
10. Has anyone in your family ever died of no apparent reason?	1	1
11. Does anyone in your family have a heart condition starting under the age of 50?	1	1
12. Has a family member or relative died of heart problems or sudden death before the age of 50?	1	1
13. Have any of relatives ever had one of the following conditions? Hypertrophic cardiomyopathy, Marfan's syndrome, Long QT syndrome or a significant heart arrhythmia	1	1
14. Have you ever had racing of your heart or skipped heart beats?	1	1
15. Have you ever spent the night in a hospital?	1	1
16. Have you ever had surgery?	1	1
17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? (if Yes, circle below)	1	1
18. Have you had any broken or fractured bones or dislocated joints? (if yes, circle below)	1	1
19. Have you ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections rehabilitation, physical therapy, a brace, a cast or crutches?	1	1
Head Neck Shoulder Upper arm Elbow		
Calf Hand Chest Upper back Lower back		
Forearm Thigh Knee Ankle Foot Toe		
20. Have you ever had a stress fracture?	1	1

	Yes	No
21. Have you ever been told that you have or have had an x-ray for atlantoaxial (neck) instability?	1	1
22. Do you regularly use a brace or assistive device?	1	1
23. Has a doctor ever told you that you have asthma or allergies?	1	1
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	1	1
25. Is there anyone in your family with asthma?	1	1
26. Have you ever used an inhaler or taken asthma medicine?	1	1
27. Were you born without or are you missing a kidney, an eye or testicle, or any other organ?	1	1
28. Have you had a severe viral infection such as infectious mononucleosis (mono) or myocarditis in the last month?	1	1
29. Do you have any rashes, pressure sores or other skin problems?	1	1
30. Have you had a herpes infection?	1	1
31. Have you had a head injury or concussion?	1	1
32. Have you been hit in the head and been confused or lost your memory?	1	1
33. Have you ever had seizure?	1	1
34. Do you have headaches with exercise?	1	1
35. Have you ever had numbness or tingling or weakness in your arms or legs?	1	1
36. Have you ever been unable to move your arms or legs after being hit or fallen?	1	1
37. When exercising in the heat, do you have severe muscle cramps or become ill?	1	1
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	1	1
39. Have you had any problems with your eyes or vision?	1	1
40. Do you wear glasses or contacts?	1	1
41. Do you wear protective eyewear such as goggles or a face shield?	1	1
42. Are you unhappy with your weight?	1	1
43. Are you trying to gain or lose weight?	1	1
44. Has anyone recommended you change your weight or eating habits?	1	1
45. Do you limit or carefully control what you eat?	1	1
46. Do you have concerns that you would like to discuss with the doctor / health care provider?	1	1
FEMALES ONLY:		
47. Have you ever had a menstrual period?	1	1
48. How old were you when you had your first menstrual period? _____		
49. How many periods have you had in the last 12 months? _____		

Explain "Yes" answers here:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS VALID AND CORRECT:

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

I VERIFY THAT I HAVE REVIEWED THE ABOVE INFORMATION

Physician Signature _____ Date _____

ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM **PHYSICAL EXAMINATION**

Athlete Name _____ Gender _____ DOB _____
 Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____/_____, (_____/_____, ____/____)
 Vision: R 20/____ L 20/ _____ Corrected: Y _____ N _____ Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal
Findings/Comments		
Appearance		
(any physical finding of Marfan’s syndrome)		
Eyes/Ears/Nose/Throat (<i>if indicated</i>)		
Hearing (<i>if indicated</i>)		
Heart (<i>auscultation should be done supine and standing- abnormal findings require referral for further evaluation</i>)		
Murmurs		
Pulses		
Lungs: Auscultation		
Abdomen:		
Genitourinary (<i>only if indicated</i>)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

NOTES: _____

Student MAY participate in the following types of sports (CHECK ALL THAT APPLY):

- ALL FORMS OF SPORTS**
- CONTACT/COLLISION
- NON-CONTACT/STRENUOUS
- LIMITED CONTACT NON-CONTACT/NON-STRENUOUS
- STUDENT CLEARED FOR PARTICIPATION PENDING (explanation) _____
- STUDENT NOT CLEARED FOR PARTICIPATION (explanation) _____

Name of Physician/Provider (print/type) _____ **Date** _____

Signature of Physician /Provider _____

Student’s Primary Physician/Provider (for follow up, if necessary): _____

Sport Concussion Information Paper

A concussion is a disturbance in the function of the brain caused by a blow to the body or head, occurring in any sport or activity

Signs to watch for:

- Headache
- Nausea
- Dizziness
- Problems with Memory
- Balance problems

Problems could arise over the first 24-48 hours. You should not be left alone and must go to a hospital at once if you:

- Have a headache that gets worse
- Are very drowsy or can't be awakened (woken up)
- Can't recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused, are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Are unsteady on your feet; have slurred speech

Remember: it is better to be safe: **Consult your doctor after a suspected concussion.**

Remember, concussion should be suspected in the presence of ANY ONE or more of the following:

- Symptoms (such as a head ache), or
- Signs (such as loss of consciousness), or
- Memory problems

Any athlete with a suspected concussion should be monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle.

Return to play:

Athletes should not be returned to play the same day of injury.

When returning athletes to play, they should follow a stepwise symptom-limited program, with stages of progression. For example:

1. Rest until asymptomatic (physical and mental rest)
2. Light aerobic exercise (e.g. stationary bike)
3. Sport-specific exercise (running, jogging, lateral movement)
4. Non-contact training drills (start light resistance training)
5. Full contact training after medical clearance
6. Return to competition (game play)

There should be approximately 24 hours (or longer) for each stage and the athlete should return to stage 1 if symptoms recur. Resistance training should only be added in the later stages. Medical clearance should be given before return to play, and the athlete must have NO symptoms

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

.....

Student-Athlete Signature

Parent or Court Appointed Legal Guardian Signature

Date

Date