

RIO RANCHO MIDDLE SCHOOL PERMISSION TO PRACTICE FORM

Please print when not signing

NOTE: This sheet must be filled out and signed by parents and all fees must be paid prior to an athlete attending any practice. **PLEASE TURN IN THIS FORM WITH PHYSICAL PACKET TO THE ATHLETIC OFFICE PRIOR TO FIRST PRACTICE/TRYOUT.**

NAME OF THE ATHLETE: _____ **GRADE:** _____

ADDRESS: _____ **PHONE:** _____

Circle all sports you will be participating in this school year.

Cheer Volleyball Cross Country Club Basketball
Wrestling Baseball Softball Track

1. PHYSICAL EXAM FORM:

My son/daughter was examined on _____ (date) The Physical form is attached.

2. AWARENESS OF POTENTIAL INJURY;

“I, the parent/ guardian of _____ am aware that participation in sports may be a dangerous activity involving many risks of injury and may even in death.”

Parent / Guardian signature : _____ Date _____

“In the event I cannot be reached, 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 other licensed physicians or dentists concur for the necessity for such surgery.”

Parent / Guardian signature: _____ Date: _____

3. STUDENT ACTIVITY CONDUCT CODE:

Students participating in extra-curricular activities are prohibited from possessing or using tobacco, alcoholic beverages or controlled substances. Violations of rules within any one season of an extra-curricular activity will Result in the following action:

A. Possession or use of tobacco

A student who possesses or uses tobacco will be suspended from participating in 1/6 of the season’s contests and or performance dates for the activity of sport and referral the Student Assistance Team.

Each student violation will result in suspension for ½ of the season’s contest and /or performance dates.

THIS POLICY REPRESENTS THE MINIMUM PENALTY REQUIRED BY THE RIO RANCHO PUBLIC SCHOOL DISTRICT. INDIVIDIAL REAM RULES MAY BE MORE SEVERE AND SUPERCEDE THE ABOVE RULES.

B. Possession or use of alcohol or other controlled substances.

A student who possesses or uses alcohol or other controlled substances will be suspended from participating

In ½ of season’s contests and / or performance dates for the activity or sport and referral to the Student Assistance Team. **THIS POLICY REPRESENTS THE MINIMUM PENALTY REQUIRED BY THE**

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C. The Student Activity Conduct Guidelines.

These guidelines designate exproctations for students who participate in extra-curricular activities such as athletics’ music ensembles, debate. Speech, cheer, Drill squads, drama, academic deception and other school sponsored performances and /or competitions.

POSSESSION OR USE OF ALCOHOL OR OTHER CONTROLLED SUBSTANCES

A student who possesses or uses alcohol or other controlled substances will be suspended from participating in 1/2 of the season's contests and /or performance dates for the activity or sport and referral to the Student Assistance Team. Each subsequent violation will result in suspension from participation and referral to the Student Assistance Team. **THIS POLICY REPRESENTS THE MINIMUM PENALTY REQUIRED BY THE RIO RANCHO PUBLIC SCHOOL DISTRICT. INDIVIDIAL TEAM RULES MAY BE MORE SEVERE AND SUPERCEDE THE ABOVE RULES.**

If there are not a sufficient number of contests or performances remaining the schedule season to fulfill the terms of a suspension for possession or use of tobacco, alcoholic beverages, or controlled substance, the suspension balance will be carried over to the tournament series and to the next season in which the student participates. A season is defined as commencing with the first day of practice and concluding with the last contest or performance.

I HAVE READ AND UNDERSTAND THE INFORMATION/RULES AS STATED ABOVE AND IN THE PARENT/ATHLETE MANUAL.

PARENT / GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

INSURANCE

YES **NO** I wish to insure my student under the Guarantee Trust Life Insurance Co.

If yes, request insurance packet from athletic office.

YES **NO** We, the undersigned, feel we have adequate insurance protection for our son/daughter while practicing or participating in interscholastic sports or other school-sponsored activities.

PARENT / GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

THIS FORM MUST BE COMPLETED ENTIRELY AND TURNED IN WITH THE COMPLETED PHYSICAL PACKET TO THE ATHLETIC OFFICE PRIOR TO ANY PARTICIPATION, WHICH INCLUDES TRYOUTS.