

East Mountain High School Athletic Agreement



Student Name _____

School Year _____

By initialing for the following, I agree that I have received, read, and understand the information and will follow the policies and procedures as written. I understand any violation of this contract will result in sanctions imposed by EMHS and/or the NMAA.

Student Initials - Parent Initials Title

_____ _____ I understand and agree to the *East Mountain Athletic Substance and Tobacco Use Policy*.

_____ _____ I agree to pay the East Mountain Athletic Fee.

_____ _____ I have received and reviewed the *NMAA's Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and understand the risks of brain injuries associated with participation in school athletic activity, and am aware of the State of New Mexico's Senate Bill 1; Concussion Law.

_____ _____ I have read the *EMHS Athletic Handbook and the Sportsmanship Code*. I fully understand and agree to the terms.

_____ _____ I have seen a medical doctor and have been cleared to participate in sports medically. My physical is up-to-date and on file with the EMHS Athletic Department.

_____ _____ The athlete has current health insurance that would cover injuries and understands that EMHS is not liable for injuries.

_____ _____ I understand that it is **mandatory** to attend the EMHS pre-season meeting, held before each sport season (fall, winter, spring) to learn of EMHS, NMAA, and team rules.

In signing this form, I agree that I have received, read, understand, and will follow to the best of my ability all the East Mountain High School, New Mexico Activities Association (NMAA), and team policies and procedures. I understand any violation of this contract will result in sanctions imposed by EMHS and/or the NMAA.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

EMHS Athletics Emergency Information Sheet

Athlete's Name: _____

Home Address: _____

Guardian's Name: _____ Guardian's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact if guardian is *not* available.

Name _____ Phone Number _____

Emergency procedure if no contact can be reached: _____

Hospital Preference: _____

Are there any medical conditions that we should be aware of: _____

Additional Instructions: _____

EMHS SPORTSMANSHIP CODE

1. Be courteous to opponents, fans, coaches, referees, school officials, and cheerleaders.
2. Promote good sportsmanship within the home at all times through positive behavior.
3. Be representative in your behavior toward everyone present at all times.
4. Comply and respect rules and decisions made by coaches and referees.
5. Exercise self-control at all times; never boo an official, coach, cheerleader or player.
6. Display positive character in your every action.
7. Learn to win with character and lose with dignity.
8. Display appreciation for a good performance or play regardless of the team.
9. Promote the major goal of EMHS Athletics: to provide students the opportunity to develop to his/her maximum potential personally, socially, and physically.

I have read the EMHS Athletic Handbook and the above Sportsmanship Code. I fully understand and agree to the terms. I understand any violation of this contract will result in sanctions imposed by EMHS and/or the NMAA:

Athlete's Signature

Date

Guardian's Signature

Date

ATHLETIC SUBSTANCE ABUSE AND TOBACCO POLICY

The athlete and their parents/guardians must sign this contract. The penalties for breaking this contract will be strictly enforced by East Mountain High School.

*Students and Parents should be aware that law enforcement will be notified and criminal charges could be filed. School sanctions will also apply.

Offense #1: Student is immediately suspended from all participation at any level in a sport or activity. The student will be suspended from athletic and/or activity participation for a minimum of two weeks and must see the social worker for evaluation. The social worker, coach, Principal and AD will meet to determine the course of action. Next, the parents and athlete will be informed of the plan and potential for student to return to participation. The administration will later meet to determine if the athlete has met requirements and can return to participation, if applicable.

School discipline sanctions will also apply.

Offense #2: Student is immediately suspended from participation at any level in sport or activity. Student will be suspended from athletic and/or activity participation for the duration of the season, and may be suspended for the duration of the year. Social worker will make last recommendation to all involved parties for a final decision regarding student's participation in any extracurricular activities at EMHS. A decision will be made by the AD, Principal and Social Worker regarding the student's future participation in athletics.

*After any offense a student may be put on a contract for further participation. This will be agreed upon by the Principal, AD, Athlete and Parent.

The student athlete and parent/guardian agree to abide by this policy:

Student Athlete _____ Date _____

Parent/Guardian _____ Date _____

Interpretation:

- 1) Policy takes effect first day or organized practice regardless of sport or activity
- 2) Controlled Substance: any drug, alcohol, tobacco, or intoxicant

Athletic Handbook and Mandatory Pre-Season Meeting Agreement

In signing this agreement, the student athlete and parent/guardian are taking full responsibility for reading and understanding all information in the Athletic Handbook located online on the East Mountain High School website. Also by signing, we agree to abide by all rules and regulations contained in the handbook in order to operate the team/group. We also assume full responsibility to attend the mandatory pre-season meetings held at EMHS prior to the start of Fall, Winter, and Spring practice. If the student athlete and the parent/guardian are not present, they are responsible for the information provided at the meeting.

Signature of Participant	Date	Signature of Parent/Guardian	Date
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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 one week.
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 1 AND BRAIN INJURIES

Senate Bill 1:

<http://www.nmlegis.gov/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/sportsmed.aspx>

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

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

<http://www.ncaa.org/wps/wcm/connect/public/ncaa/Health+and+Safety/index.html>



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