

Volcano Vista High School – Athletic Information Sheet

Please be certain that all of the information below is filled in legibly and accurately or it will be returned.

Name: _____ Male: _____ Female: _____ Grade: _____ Sports: _____

Student ID#: _____ Date of Birth: _____ Place of Birth (City & State): _____

Entered 8th Grade (Month/Year): _____ Enrolled This School Year (Month/Year): _____

School Attended Last School Year: _____

School Attending Now (If other than VVHS): _____

Parent/Guardian Name(s): _____

Present Address: _____

Home Phone: _____ Alternate Phone: _____ Email: _____

_____ I presently live in the Volcano Vista High School attendance area with a parent or legal guardian.

_____ I do not live in the Volcano Vista High School (VVHS) attendance area. I have an approved Albuquerque Public Schools (APS) transfer on file at VVHS as required by APS in order to attend. Athletic eligibility must be petitioned in order to be eligible, as per New Mexico Activities Association (NMAA) and APS. Eligibility must be approved in writing from the NMAA prior to competing in any athletic competition.

_____ I transferred from (School Name, City and State): _____

_____ I currently live out of District but am a previously petitioned student athlete at Volcano Vista High School.

_____ I am enrolled at Volcano under Family Living with family and have a Family living with family on file at VVHS.

If yes, is the family living with the family or just your student living with the family? _____

By signing below - I agree that all of the above information is true and accurate to the best of my knowledge. If any of the above information changes at any time, I agree to contact the VVHS athletic director (890-0343 x 37188 or [brown ben@aps.edu](mailto:ben@aps.edu)) or athletic coach immediately.

Student/Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Concussion Management

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 New Mexico's Senate Bill 137; Concussion Law.

Student/Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____