

Albuquerque Aviation Academy

Athletic Participation Consent Form



Student Name: _____ School Year _____ Grade _____

Sport(s): _____

Parent/Legal Guardian: Read the following statements concerning participation in an Albuquerque Aviation Academy (AAA) interscholastic athletic program. A parent/legal guardian is required to review the following information and acknowledge by initialing after each section. Consent is hereby given for the named student to engage in athletics as approved by AAA.

Acknowledgement of Injury Risk: _____ the parent/legal guardian, the named student, and I acknowledge that preparation for and participation in interscholastic athletics involves a risk of serious and permanent injury to a student. We understand and acknowledge the danger of these severe injuries as inherent in the physical activity/contact in all sports. **Initial** _____

Consent to Participate: I, _____ the parent/legal guardian, give consent for the named student to participate in Albuquerque Aviation Academy interscholastic athletics as provided by New Mexico Charter School Athletic Association (NMCSAA) and represent the school listed below as a team member in accordance with the policies and conditions set forth by the school district, school administration and coaches. **Initial** _____

Name of School: Albuquerque Aviation Academy

List any sports that consent to participate is **not** given for named student _____

Financial Responsibility for Medical Care: It is agreed financial responsibility for securing care of athletic injuries is a matter between the parent/legal guardian and the health care provider. AAA will not be liable for payment of health care providers for the treatment of the named student. **Initial** _____

Accidental/Health Insurance is the responsibility of the student's parents/guardians.

Personal Medical Notification: For my own protection, I, the student-athlete, agree to inform the coach at my school and/or all health care providers, BEFORE receiving therapy or treatment of any kind, if I am taking any drugs, medication, supplement, or using any ointment, liniments, balms, or have an implant in my body. We the parent(s)/guardian(s) and student-athlete understand and acknowledge that any combination of the above and certain therapy may cause serious medical problems to the student-athlete. If the student is under the care of a licensed health care professional, a written course of treatment must be on file with the school. **Initial** _____

Insurance: Accident and health insurance is a requirement, prior to tryout, practice or participation in interscholastic athletics. **Initial** _____

Physical Examinations: Physical exams are required by the New Mexico Charter School Athletic Association (NMCSAA) for all athletic participants who wish to participate in tryouts, practices and events. The physical exam must be dated April 1 or later for it to be valid for the following school year. Athletic physical exams dated prior to April 1 of a calendar year will not be valid upon the NMCSAA starting date for sports in the following school year.

Notification of Injuries: Information concerning the care, disposition and treatment of athletic injuries will be shared only with a student's school athletic trainer, school athletic director, treating physician, team physician, school nurse and/or team coach as applicable and on a need to know basis for the time the student is participating at the school. Information released to a third party by school health care providers may only occur with written permission of the parent/legal guardian. **Initial** _____

Transportation Responsibilities: It is agreed that the parent/legal guardian and student will assume the legal responsibilities for the personal safety and action of the named student while traveling to and from practices and games when transportation is not provided by AAA. When transportation is provided by AAA, policy requires students use such transportation to and from practices and games. Any exceptions must be arranged with and approved by the school athletic director/school administration prior to departure and in accordance with established travel policies.

Initial _____

Authorization for Health Care Services: I/We hereby designate the team coach or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention, surgery, and any other health care services as may be recommended in an emergency because of illness or injuries while preparing for or participating in interscholastic athletics. I/We hereby assume all financial responsibility for all health care services provided. **Initial** _____

EMERGENCY CONTACT INFORMATION

Student Name _____ Date of Birth _____
Parent/Guardian Name _____ Phone _____
Parent/Guardian Name _____ Phone _____
Emergency Contact (not listed above) _____ Phone _____
Relationship to the Student _____

Medication(s) Student is Taking: _____

Known Allergies to Medication or Foods: _____

Does your child have any medical conditions that would affect their participation in any physical activity? If yes, please explain: _____

I, _____ the parent/legal guardian, and the student have completely read, fully understand and voluntarily accept and agree with all of the above terms and conditions (pages 1 & 2). We also verify all information provided is correct.

Parent/Guardian Signature _____ Relationship: _____

Date: _____

Student-Athlete Signature: _____ Date: _____