

ST. MARY'S SCHOOL
OF
OUR LADY OF BELEN PARISH
CHURCH & TENTH STS.
BELEN, NEW MEXICO 87002
505.864.0484 FAX 864.2414
e-mail: smsschool@qwestoffice.net

Rev. Stephen Schultz,
Pastor

Dr. Gayle D. Fortna
Principal

Dear Parent(s)/Guardian(s) of St. Mary's Students:

If your child has shown an interest in any of our extracurricular athletic activities the student must comply with all eligibility requirements.

1. The student must be passing all classes with no D's or F's. The student's eligibility will be checked every week. If ineligible, the student will not be able to participate in any athletic competitions until the next eligibility is checked. However, the student will attend all practices unless, she/he is in any tutoring deemed necessary. This process will continue throughout the athletic season.
2. The attached forms must be reviewed and completed by the parent(s)/guardian(s) and an examining physician before the student is eligible to participate in any athletic practices or competitions.
 - a. The Authorization for Medical Services, Parental Consent/Acknowledgement of Injury Risks Form, and Required Medical Exam are to be completed by the parent(s)/guardian(s), reviewed by examining physician, and returned to the school.
 - b. Please return the physical form completed by the examining physician to the school.
 - c. Proof of Health insurance coverage.
3. A fee of **\$30.00** is required to participate in each sport.

When your student has all completed forms turned in and has met St. Mary's academic requirements, the student may begin practices and athletic competitions.

St. Mary's focus: We aim to promote the spiritual, educational, and social growth of all students. We do this by having an Athletic Activities Program that is dedicated to maintaining the mandatory academic requirements, with the help of dedicated, warm, caring coaches. If you have any interest in helping with any of our scheduled athletic activities please contact the Principal, Athletic Director, or the Coach.

Thank you for your support!

St. Mary's School

Extra Curricular Athletic Activities

Authorization for Medical Services

I/We (Parent(s)/Guardian(s)) request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event we cannot be reached, I/we hereby designate the Athletic Director, Team Coach, or designees to act in emergency because of illness or injuries.

In the event we cannot be reached and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child/ward.

I/we assume financial responsibility for hospitalization and/or medical attention provided.

Parent/Guardian Signature: _____ Date: _____

Family Physician _____ Phone _____
Address _____
Family Dentist _____ Phone _____
Address _____
Hospital Preference _____
Parent(s)/Guardian(s) Phone _____
Emergency Contact Person #1: Name & Phone _____
Emergency Contact Person #2: Name & Phone _____

Student Athlete Personal Medication Notification

For my own protection, I, the student athlete will inform the Athletic Director, the coach, and/or medical doctors if I am taking any medication or using any ointment, liniments, balms, or have a metal implant in my body **BEFORE** receiving therapy or treatment of any kind. Any combination of the above and deep heat therapy could cause serious complication.

Parent(s)/Guardian(s), the student athlete have read and understand the preceding statements. We agree to their content.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____

St. Mary's School
Extracurricular Athletic Activities
Parental Consent/Acknowledgement of Injury Risks Form

Consent

1. I hereby give my consent for _____ to
Student Athlete Name
participate in after school athletics at St. Mary's School - Belen.
2. I authorize St. Mary's School to provide the information on this to the New Mexico activities association or any other binding agency association related to interscholastic athletics.
3. I understand that securing the medical treatment/care of athletic injuries is my responsibility as parent/guardian.
4. I understand that St. Mary's School is not responsible for the treatment of athletic injuries.
5. We have accident insurance with _____.
Name of Insurance Company

Acknowledgement

1. We parent(s)/guardian(s), and student athlete are aware that preparation for and participation in interscholastic athletic involves risk or injury to the student athlete.
2. We understand and acknowledge the danger of these severe injuries as inherent in physical activity, which may involve vigorous physical contact.
3. We parent(s)/guardian(s), and student athlete have completely read, fully understand, and voluntarily accept and agree to all of the above terms and conditions.

Parent/Guardian Signature

Home Phone

Business Phone

Parent/Guardian Signature

Home Phone

Business Phone

Student Athlete Signature

St. Mary's School

Extracurricular Athletic Activities

Required Medical Examination

To be completed by student and parent/guardian

Name of Student _____ Age _____ Grade _____

Address _____

Parent/Guardian Name _____

Home Phone _____ Work # _____ Cell # _____

In order that the best plans may be made for the student, it is necessary that this questionnaire be completed before the student may participate in our extracurricular athletic program. Please initial the athletic activities in which you will permit the student to participate. Thank you.

Basketball _____ Volleyball _____ Flag-football _____ Track _____ Softball _____

Has anyone in your immediate family had:	Yes	No
Diabetes?	_____	_____
Allergies?	_____	_____
Migraines?	_____	_____
Heart Disease?	_____	_____
High Blood Pressure?	_____	_____
Has anyone in your family died suddenly (under the age of 50.)	_____	_____

Have you have or do you now have:	Yes	No
A concussion?	_____	_____
A tendency to pass out/faint?	_____	_____
A skull fracture?	_____	_____
Seizures or epilepsy?	_____	_____
Frequent headaches?	_____	_____
A neck injury?	_____	_____

Have you had or do you now have:	Yes	No
Very bad vision in one eye?	_____	_____
Temporary loss of vision?	_____	_____
To wear corrective lenses?	_____	_____
A hearing loss?	_____	_____
A perforated ear drum(s)?	_____	_____
Recurring ear infections?	_____	_____
Sinus infections?	_____	_____
A broken nose?	_____	_____
Dental plate(s)?	_____	_____
Orthodontics?	_____	_____
	Yes	No

A hernia(s)?	_____	_____
Kidney problems?	_____	_____
Loss of function/absence of testicle (boys)?	_____	_____
Menstrual problems (girls)?	_____	_____
Have you had or do you now have:		
Bone fracture(s)?	_____	_____
Dislocations?	_____	_____
Foot problems?	_____	_____
Back injury?	_____	_____
Knee injury?	_____	_____
Ankle injury?	_____	_____
Joint problems?	_____	_____
Bone infections?	_____	_____
Diabetes?	_____	_____
Tendency to bleed/bruise easily?	_____	_____
Anemia?	_____	_____
Weight problem (under/over weight)?	_____	_____
Asthma?	_____	_____
Hay fever?	_____	_____
Hives or rashes?	_____	_____
Bee sting reactions (allergy)?	_____	_____
Reactions to medication (allergy)?	_____	_____
Do you take any medication regularly?	_____	_____
If yes, name of medication: _____		

Have you had or do you now have:		
Heart murmur?	_____	_____
High blood pressure?	_____	_____
Persistent cough?	_____	_____
Chest pain during exercise?	_____	_____
Dizziness/faintness during exercise?	_____	_____
A recurring rash?	_____	_____
A fungus infection (Athlete's foot)?	_____	_____
Recurring skin infections?	_____	_____

Have you been told to stop athletic activities because of a health problem?	_____	_____
Do you want to talk to your/a doctor about Health problems or injury?	_____	_____
Do you want to discuss an emotional concern with your/a doctor?	_____	_____

Past history of injuries, operations, illnesses, etc. Please include dates and attending doctor's names: _____

St. Mary's School
Extra Curricular Athletic Activities
Required Medical Examination

To be completed by Physician

Student Name _____ Grade _____ Date _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Eyes: Uncorrected R 20/ _____ L 20/ _____ Corrected R 20/ _____ L 20/ _____

	Normal	Abnormal	Comments
Respiratory	_____	_____	_____
Cardiovascular	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia	_____	_____	_____
Muscular skeletal	_____	_____	_____
Neurological	_____	_____	_____
Skin	_____	_____	_____
Urinalysis (Sugar)	_____	_____	_____
Hernia(s)	Yes _____	No _____	_____
Surgical Scars	Yes _____	No _____	_____
Deformities	Yes _____	No _____	_____

I certify that I have, on this date, reviewed the attached medical history and examined the student athlete named above and find him/her physically able to participate in extracurricular athletics.

Please print:

Date of examination _____

Examining Physician's Name _____

Physician's address _____

Physician's phone _____

Physician's Signature _____

Comments: _____

