

Carlsbad Municipal School District No. 20
PARENT PERMISSION FORM
School Year _____

School:	_____ AV
	_____ P. R. Leyva
	_____ Carlsbad High School
Sex:	_____ Male _____ Female

Athlete's Name: _____ Grade: 7 8 9 10 11 12
(Last) *(First)*

Birthdate: _____ Place of Birth: _____ SS#: _____

Parent/Guardian Name: _____

Address: _____

Telephone: Home _____ Work _____

If parent/guardian is not available, please contact:

Name: _____ Phone: Home _____ Work _____

In consideration of the Carlsbad Municipal School District No. 20, permitting _____ to participate in athletics sanctioned by the New Mexico Athletic Association, we hereby give permission and consent to participate in such activity, including participation in all out-of-town contests pertaining to such activity, and further agree as follows:

1. **AUTHORIZATION FOR MEDICAL SERVICES**

I/We request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event I/we cannot be reached, I/we, parent(s)/guardian(s) hereby designate the Athletic Director, Team coach, Athletic Trainer or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by my/our child/ward while participating in school athletics. In the event I/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 hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

2. **PLEASE CHECK THE APPROPRIATE INSURANCE DECLARATION**

_____A. I/We have purchased the group activity insurance plan which the Carlsbad Municipal School District No. 20 recommends, and have paid all insurance premiums required for my/our child/ward to have insurance coverage and protection.

_____B. We are insured with _____ Policy No. _____, and agree to maintain this coverage for the tenure of his/her participation in any school activity.

3. I/We hereby waive any claims or causes of action against the Carlsbad Municipal School District No. 20, which may arise by reasons of injuries to our child because of such participation and agree that said school district is released, and forever acquitted from all and any claims of liability to me/us or our child/ward, or both, for injuries sustained by our child because of such participation, excepting any claim for injury which may arise as the sole result of negligence on the part of said school district. I/We further agree to hold harmless and to indemnify said School District of and from any and all actions, causes of action, claims liabilities, costs and expenses, including attorney fees, on account which may arise as the sole result of negligence on the part of said School District.

4. **STUDENT BEHAVIOR CONTRACT**

All students participating in athletics must have on file in the Athletic Office a behavioral contract for each sport signed by both the athlete and his/her parent/guardian.

5. **ELIGIBILITY**

An athlete must meet the following scholastic requirements to be eligible for athletics. The New Mexico Athletic Association and the State Board of Education established these requirements.

- A. An athlete must have at least a 2.0 grade point average for the previous grading period or semester.
- B. An athlete must pass four (4) classes and not have failed more then one class the previous grading period.
- C. Athletes may practice after school while ineligible to participate in athletics.

6. I/We have read the above and understand these requirements for athletics in the Carlsbad Municipal School District No. 20.



WITNESS our hands and seals this _____ day of _____, 20_____

Parent/Guardian Signature: _____



(STATE OF NEW MEXICO)
(COUNTY OF EDDY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____
(Parent/Guardian)

Notary Public: _____
My Commission Expires: _____