

**CAPITAN MUNICIPAL SCHOOL DISTRICT
ATHLETE INFORMATION SHEET**

Name	Home address	School
Birth Place	Date of Birth/Age	Emergency Telephone
Family Physician	Address	Telephone
List any medical problems or allergies student has:		

INSURANCE COVERAGE, EITHER FAMILY OR SCHOOL OFFERED, IS MANDATORY. Please check one of the following:

_____ **Family Insurance** _____ **School Insurance**

Medical and Hospitalization Insurance information:

Company Name	Policy Number

Current medication taken: _____

Noted medical concerns: _____

By signing this form, I certify the following:

1. The student named above has my approval to participate in interscholastic athletics.
2. This student has my consent to travel with the representative of the school on trips necessary for this competition.
3. The above named student does reside with me at the address listed above as the student’s home address, in keeping with the CMS and Athletic policy governing athletic eligibility within this district. I confirm that the above named student is attending the appropriate school within the attendance zone in which he/she lives. If our residence changes, we will make the appropriate change in schools.
4. I understand that falsification of this information may result in the student being ineligible in all sports for 365 days of 24 hours each from the date of the discovery of the false information. This is in accordance with New Mexico Activities Association’s policy concerning student eligibility.
5. I understand and will comply with the medical and insurance requirements for the student’s participation in interscholastic sports. In the event he or she is injured, you are authorized to render first aid and/or secure medical treatment from the physician named above, or if injury occurs outside of Capitan, you are to secure qualified medical treatment from a physician or facility in the area.
6. I, as a parent, and my son/daughter, as a student athlete, are aware that preparation for and participation in interscholastic athletics involves many risks that could result in serious and permanent injury to the student athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity which may involve vigorous physical contact.

I have read completely, fully understand, voluntarily accept and agree to all of the above terms and conditions.

Parent or Legal Guardian: _____ **Signature:** _____

Address: _____ **Phone No:** _____

Signature of Coach: _____