

#### TRANSPORTATION WAIVER

Conditions warrant that some athletes must practice at facilities away from their school building. Under these conditions, I understand that my son/daughter will be responsible for transportation to and from these facilities. I also waive any and all claims which I may have by reason of any injury or injuries sustained by my son/daughter while traveling to or from these facilities.

#### ACKNOWLEDGMENT OF INJURY RISKS

We, the parents/guardians and students/athletes are aware that preparation for and participation in interscholastic athletics involves many risks of 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. We waive any and all claims that we may have by reason of any injury sustained by our son/daughter while participating in any interscholastic sport. I the parent/guardian have completely read, fully understand and voluntarily accept and agree to all of the items, terms and conditions listed.

# Hobbs Municipal Schools Athletic Participation Form

#### Sport participating in: PLEASE CIRCLE

**Tennis   Football   Cross Country   Soccer   Volleyball   Swim   Basketball  
Wrestling   Track   Baseball   Softball   Golf   Cheerleading**

ATHLETE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

Sex: M   F   STUDENTS SCHOOL I.D. NUMBER \_\_\_\_\_

DOB \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ OFFICE # \_\_\_\_\_

#### Person to Contact in Case of Emergency—Outside Immediate Family

NAME: \_\_\_\_\_ PHONE # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

I hereby state that I have completely read, fully understand and voluntarily accept and agree to all of the items, terms and conditions listed and to the best of my knowledge, my answers are correct. I grant the Hobbs Municipal Schools permission to release any information pertaining to my son/daughter's medical history or status to

#### PARENT CONSENT FORM

In compliance with the rules of the NMAA, we must ask you to sign this form which grants your son/daughter permission to participate in interscholastic athletics for the current school year. In the event Hobbs Municipal Schools pay any of the hospital or doctor expenses, it shall not be considered as an admission of liability for any injury. Parents/students giving false information to the school on matters affecting eligibility: "The student shall be ineligible in ALL sports for 365 days of 24 hours each from date of discovery of the false information." I hereby grant the Hobbs Schools permission to release any needed information to the NMAA pertaining to my son/daughter's eligibility.

#### \*\*\*REQUIRED BEFORE PARTICIPATING\*\*\*

#### MUST HAVE ONE OF THE FOLLOWING:

**INSURANCE INFORMATION:** Students must have school accident insurance or be covered by their Parent/guardian's accident insurance. If Insurance lapses it will be the responsibility of the parent/guardian to purchase the necessary school accident insurance if needed.

NO, I do not wish to purchase school accident insurance, as I have other insurance which will cover any medical expenses as a result of any injury incurred by my child.

**NAME OF INSURANCE COMPANY** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

YES, I wish to purchase accident insurance offered by the schools.

#### Signed before a Notary

This \_\_\_\_\_ day of \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

#### PRINT NAME OF PARENT/GUARDIAN

Signature of parent/Guardian

Date

Notary Public

Commission Expires



**Return this form to  
High School Athletic Office**

#### EMERGENCY MEDICAL CONSENT

In the event of illness or injury necessitating medical treatment in any form, I hereby consent to the administration of necessary procedures by the attending physician and his/her assistants and request that they proceed with any necessary procedures for the well being of the named student.

In the event that a medical emergency arises during practice/game, permission is also granted to the team physician and his/her staff and/or the certified athletic trainer to provide necessary emergency treatment as he/she deems necessary to the named student prior to admission to a medical facility. I further understand that a reasonable effort will be made to contact the parents/guardians at the earliest possible time should such an emergency arise.



## Hobbs Athletic/Activities Code of Conduct



As a student of the Hobbs Municipal Schools athletic/activity program, it is extremely important that I maintain a good public image as well as set a good example. I will contribute my best effort to the success of our program during the school year. I agree to conduct myself according to the Hobbs Athletic/Activity Code of Conduct.

I agree that students who are involved in athletics/activities are held to a higher standard of behavior because they are representatives of their school and serve as role models for other students.

I realize that participation in all athletics/activities is a privilege and may be withdrawn on the basis of failure to adhere to the higher standards of personal conduct.

### Quitting a Team

A student who quits or is dismissed from a team, will not be allowed to participate in any sport until the end of the season of the sport he/she is leaving. If both coaches are in agreement to release the athlete to the next sport, the athlete can then participate in the next sport.

1. *I will represent the school in a positive manner, promoting good sportsmanship. I will be respectful and courteous to opponents and their supporters as well as any guest.*
2. *I will not use tobacco products of any kind.*
3. *I will be on time whenever time is involved.*
4. *I will meet all eligibility standards.*
5. *I will be responsible for all equipment entrusted to my care and return it to the school in the best possible condition .*
6. *I will dress in accordance with the school dress code.*
7. *If I am removed from the squad for disciplinary reasons, or quit the squad, I will not be allowed to participate in another activity until completion of the activity for which I am removed. The head coach/director of the activity the student quit may at his/her discretion, release the student to another activity.*
8. *I should notify the coach/director prior to missing practice. I understand missing practice for un-excused reasons will result in disciplinary actions.*
9. *I will ride with the team in school provided transportation to and from all athletic/activity events. Only extenuating circumstances will alter this.*
10. *If I am involved in fighting before, during or after a contest, I will be suspended from the next contest. If I leave the bench/sideline when a fight occurs, I may be suspended from the next contest or dismissed from the squad.*
11. *I will adhere to the rules in our Student Handbook.*

### Attendance

A Student is expected to attend a minimum of one-half day of school to participate in a competition (activity or performance.) The principal can make an exception, if there is prior approval.

### Hobbs Municipal Schools Drug/Alcohol Policy For Athletic and or Activities

A student involved in extracurricular activities may not use or have possession of drugs or alcohol (actual or **constructive**) at any time during the school year. The school year is interpreted as the first day of fall practice through the last day of school. The term constructive is defined as being **in the company of** or any person who is involved in the sale, distribution, transportation, use of, or possession of alcohol or illegal drugs.

#### **INFRACTIONS ON SCHOOL PROPERTY, SCHOOL TRIPS, OR SCHOOL FUNCTIONS:**

**FIRST VIOLATION:** Will result in 45 day suspension from all extracurricular school activities as well as school discipline measures.

**SECOND VIOLATION:** Same as below.

#### **INFRACTIONS AWAY FROM SCHOOL:**

**FIRST VIOLATION:** The student will not be eligible for any extracurricular activities for **FIFTEEN SCHOOL DAYS**. The punishment will begin the Monday of the first competition. The student may participate in practice during this fifteen day time period.

**SECOND VIOLATION:** Will result in the student becoming ineligible to participate in any activities for **365 DAYS** from date of offense. If a student is an underclassman, the suspension will carry over into the next school year if not completed within the current school year.

\* The School administration may require the student to visit with a counselor in a local drug abuse program.

### STUDENT PLEDGE

*I understand the Hobbs Municipal School Policy regarding alcohol/drugs and the consequences of the violations. I will not use, have possession of any controlled/illegal substances. I will not be in the company of any person(s) who are or may be involved in the sale/distribution of/transportation of/possession of alcohol or illegal drugs. (Constructive possession)*

**I HAVE READ THE ABOVE INFORMATION AND HEREBY GIVE MY APPROVAL/CONSENT FOR  
TO PARTICIPATE IN THE HOBBS MUNICIPAL SCHOOLS EXTRACURRICULAR PROGRAMS. (Name of Student) PRINT**

PARENT/GUARDIAN

(Date)

STUDENT

(Date)

Revised: 5/23/07



LEA REGIONAL MEDICAL CENTER

**Lea Regional Medical Center  
Rehabilitation Services**

**Authorization And Disclosure of Protected Health Information**

Name of Student: \_\_\_\_\_

School: Hobbs Municipal Schools

School Year: \_\_\_\_\_

***I understand that:***

1. The Hobbs Municipal Schools contracts with Lea Regional Medical Center's (LRMC'S) Rehabilitation Services for Sports Medicine/Athletic Training Services.
2. As A student athlete, my son/daughter will receive sports medicine and athletic Training services from LRMC's Rehabilitation Services.
3. I have the right to know that LRMC may use and disclose health information about my son/daughter.
4. Information about LRMC's disclosures are provided in the Notice of Patient Privacy Practices. A copy of the notice is available to me upon request by calling 492-5170.
5. LRMC needs my authorization to use or disclose information about my son/daughter for any purpose other than treatment.

Therefore, I hereby authorize LRMC and it's athletic trainers, physical therapists, physical therapist assistants and occupational therapists the use and disclosure of my son's/daughter's protected health information to Hobbs Municipal School's Coaches and Administrators as needed to communicate his/her health and medical information as related to his/her status as a student athlete. I further authorize LRMC and the Athletic Trainers the use and disclosure of my son's/daughter's protected health information to other health care providers for emergency or follow-up treatment. I also grant permission to the athletic training staff to employ such established treatments and therapy as may be deemed necessary, advisable, or beneficial in the assessment, treatment and rehabilitation of any and all injuries/illnesses that my child may incur while involved with athletics with Hobbs Municipal Schools.

**I understand that this authorization for use and disclosure of my son's/daughter's identifiable health information will be effective from the date I sign this document until this authorization expires at the end of the school year or until I revoke this authorization. I understand that I may revoke this Authorization at any time by giving LRMC notice in writing at LRMS Rehab Services, 5419 N. Lovington Highway, Hobbs, NM 88240. This Authorization will expire at the end of the school year listed above.**

Name of Parent (please print): \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Grade \_\_\_\_\_

## HOBBS MUNICIPAL SCHOOLS

## Extra-Curricular Activity Drug and/or Alcohol Testing Consent Form

Each student participating in an extra-curricular program shall be provided with a copy of the "Extra-Curricular Activity Drug and/or Alcohol Testing Policy" and the "Extra-Curricular Activity Testing Consent Form" which shall be read, signed and dated by the student and parent/custodial guardian before the student shall be eligible to participate in any extra-curricular activities. The consent shall be to provide a urine and/or breath sample as chosen by the random selection basis and at any other time requested, based on reasonable suspicion, to be tested for drugs and/or alcohol. No student shall be allowed to participate in any extra-curricular program until the student has returned a properly signed Extra-Curricular Activity Drug and/or Alcohol Testing Consent Form.

**Student's Last Name**      **First Name**      **Middle Initial**      **Student School ID #**

I have read and understand the "Extra-Curricular Activity Drug and/or Alcohol Testing Policy" and the "Extra-Curricular Activity Drug and/or Alcohol Testing Consent Form." I understand that, out of concern for my safety and health, the Hobbs Municipal School District enforces the rules applying to the use of drugs and/or alcohol. I realize that the personal decisions that I make daily regarding the use of drugs and/or alcohol impact my health and well-being, as well as the safety of those around me. I understand these decisions reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use of drugs and/or alcohol, I understand that I will be subject to the penalties outlined in the Extra-Curricular Activity Drug and/or Alcohol Testing Policy.

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\_\_\_\_\_  
Student Signature \_\_\_\_\_ / \_\_\_\_\_ Date

We have read and understand the Hobbs Municipal School District's "Extra-Curricular Activity Drug and/or Alcohol Testing Policy" and the "Extra-Curricular Activity Drug and Alcohol Testing consent Form". We desire that \_\_\_\_\_ participate in extra-curricular activities offered

We desire that \_\_\_\_\_

by the Hobbs Municipal School District, and we hereby consent to testing and analysis of specimens collected for the purpose of screening for drugs and/or alcohol. We further consent to the reporting of the results of any testing as provided in the Policy.

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Parent/Legal Guardian Signature / Date



## HOBBS MUNICIPAL SCHOOLS EXTRA-CURRICULAR ACTIVITY DRUG AND ALCOHOL TESTING POLICY

### **I. Purpose of Drug and/or Alcohol Testing for School-Sponsored Extra-Curricular Activities**

- A. Recognizing an increase in the use of drugs and alcohol by Hobbs Schools students, a program will be instituted as a pro-active approach to a truly drug and alcohol free school. Evidence of a problem in Hobbs has come to our attention by way of information about increased referrals through the Hobbs Police Department, Secondary Discipline Reports and the HMS Violence and Vandalism Report.
- B. Through their participation in school sponsored, extra-curricular activities and athletics, students using drugs and alcohol pose a threat not only to themselves, but to the health and safety of all students. This program was adopted in the interest of the health and safety of all students.
- C. To undermine the effect of peer pressure by providing an additional legitimate reason for students to refuse to use drugs and alcohol.
- E. To encourage students who use drugs and alcohol to participate in drug and alcohol treatment programs. It is designed to create a safe, drug-free environment for students that participate in extra-curricular activities and assist them in getting help when needed.

### **II. Objective**

- A. To provide a deterrent to the use of drugs and/alcohol by students participating on athletic teams or school sponsored activities.
- B. To give students an additional legitimate reason to resist peer pressure to use drugs and alcohol.
- C. To protect the health and safety of our students from the use and abuse of drugs and alcohol.
- D. To provide any student found to be using or abusing drugs and/or alcohol with assistance in overcoming this use or abuse.
- E. To ensure that students involved in extra-curricular activities set an appropriate example for their fellow students, for whom they are often role models.

### **III. Testing Procedures**

Students in grades 8 – 12 who participate in any school-sponsored, extra-curricular activities and athletics will be subject to random drug testing. The Hobbs Municipal Schools athletic program is sponsored by the NMAA (New Mexico Activities Association) and sanctioned by the Hobbs Municipal Schools Board of Education. All Hobbs High School activities are sanctioned by the Hobbs Municipal Schools Board of Education.

No student shall be allowed to practice or participate in any extra-curricular program until the student has returned a properly signed Extra-Curricular Activity Drug and/or Alcohol Testing Consent Form. Refusal to cooperate with the requirements of this policy including failure to provide a urine and/or breath sample will be treated as a resignation from all extra-curricular activities for one calendar year beginning from the date of the refusal.

### **IV. Violation Procedure**

A parent/legal guardian, coach or sponsor, program director and site administrator conference will be required when a student commits a first violation.

## SUBSTANCE VIOLATION

### First Violation

1. The student will be suspended from participating for fifteen (15) consecutive school days beginning from the date of verification of the first violation.
2. The student will miss a minimum of 20% from games, contests and/or performance (\*See Chart)
3. The student will be required to attend their extra-curricular activities scheduled at home (sit with group, not in uniform). The student will not be allowed to attend out-of-town events.
4. Following a first violation, the student will be immediately suspended from attending after-school practices, rehearsals or meetings of their activity. This suspension will last for the duration of their suspension from their activity. However, the student will continue to attend practices, rehearsals or meetings of their activity which take place during the school day for which they receive credit.
5. As a condition of continued participation in extra-curricular activities, the student must attend a mandatory drug and alcohol education program or drug and alcohol counseling at the student's expense. The counseling or drug education program must last a minimum of four (4) weeks and the student must attend the program a minimum of one (1) hour per week. Students are required to submit verification of attendance before resuming participation in extra-curricular activities.
6. As a condition of continued participation in extra-curricular activities, upon the student's reinstatement to their activity, the student will submit to bi-weekly drug and/or alcohol tests on random days for the next four (4) weeks. A positive result will be considered a second violation. Bi-weekly submissions will be provided at the expense of the Hobbs Municipal School District.
7. Following a first violation, the student will sign an acknowledgement of the consequences of a second offense.

### Second Violation

1. Following a second violation, the student will be suspended from all extra-curricular activities for one (1) calendar year.
2. As a condition of continued participation in extra-curricular activities, the student must successfully complete a drug and alcohol education or drug and alcohol counseling program at the student's expense. This program must be approved by the Superintendent or designee.
3. As a condition of continued participation in extra-curricular activities, the student must provide, at the student's expense, results of drug and/or alcohol use tests on a monthly basis. A positive result will be considered a third violation.
4. Following a second violation, the student will sign an acknowledgement of the consequences of a third offense.

### Third Violation

1. The student will be suspended from participation in all school-sponsored extra-curricular activities and athletics for as long as he/she attends the Hobbs Municipal Schools.

### Appeals

A student may appeal a suspension under this policy to the Superintendent by filing a written notice within five (5) days of the positive report or drug and/or alcohol use. The student will remain suspended from their activity pending an appeal. The Superintendent shall conduct an investigation to determine whether or not the original finding and suspension from their activity were justified. The Superintendent's decision may be appealed in accordance with the existing school policy.

\*Game Suspension Table

<b>Number of Regular Season Games, Contest, and Performances</b>	<b>20%</b>
<b>9 or less</b>	<b>1</b>
<b>10-14</b>	<b>2</b>
<b>15-19</b>	<b>3</b>
<b>20-23</b>	<b>4</b>
<b>24-26</b>	<b>5</b>

Purpose

Students who voluntarily come forward to ask for help with drug or alcohol problems should be given help. Coaches and sponsors occupy special roles in the lives of their students. Often a student will choose to talk about a personal problem with his or her coach or director while at the same time that student may feel uncomfortable discussing the same problem with a parent or other important adult in their life. Our coaches, sponsors and directors want to maintain this position so that students feel free to come to them if there is a drug or alcohol problem. This policy allows the student to voluntarily come forward to ask for help.

Informing Athletes about the "Self Referral Policy"

The coach or sponsor will advise the students at the beginning of the season that if they have a problem with drugs or alcohol, they should talk with a coach or sponsor. The coach or sponsor will also let the students know that there are others they can talk to about drug or alcohol related problems such as the athletic trainer, athletic director, school nurse or any other administrator. The students will also be given a copy of the self referral policy at the first meeting or practice or the activity.

Participation in the Self Referral Program

The coach or sponsor will first meet with the student to discuss the problem. With the consent of the student, the coach/sponsor will meet with the parent or guardian. Together, they will arrange drug and alcohol education or drug and alcohol counseling. A list of agencies will be provided to the family. They will select an agency and begin the program. The student must submit to a drug and alcohol test, at the District's expense, to begin participation in the self referral program. A positive result for drug or alcohol use **WILL NOT** be considered a violation of the Extra-Curricular Activity Drug and/or Alcohol Testing Policy.

The student will be required to attend a minimum of four (4) hours of drug and alcohol education or counseling. If the student discontinues their participation in the drug and alcohol education or counseling program prior to attending four (4) hours of the program, the student must submit to a drug and/or alcohol use test. A positive result for drugs and/or alcohol use **WILL** be considered a violation of the Extra-Curricular Activity Drug and/or Alcohol Testing Policy. If all other requirements have been completed, a negative result will be considered successful completion of the self-referral program. The student will then return to the random testing pool.