

**ALBUQUERQUE PUBLIC SCHOOLS  
ATHLETIC PARTICIPATION CONSENT FORM**

COMPLETE FORM IN BLUE/BLACK INK ONLY

Student Name \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Sport(s) \_\_\_\_\_

**Parent/Legal Guardian: Read the following statements concerning participation in an Albuquerque Public Schools (APS) interscholastic athletic program. A parent/legal guardian is required to review the following information and acknowledge by initialing after each section.**

**Acknowledgement of Injury Risk:** I, the parent/legal guardian, and the named student 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 APS interscholastic athletics as provided by APS 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 \_\_\_\_\_

List any sports that consent to participate is **not** given for the 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. APS will not be liable for payment of health care providers for the treatment of the named student. Initial \_\_\_\_\_

**Insurance:** Accident and health insurance is a requirement, prior to tryout, practice or participation in interscholastic athletics. Insurance can be purchased from a private carrier or from a carrier contracted through APS at a nominal rate. Please contact your school for the application. Initial \_\_\_\_\_

**Physical Examinations:** Physical exams are required by the New Mexico Activities Association (NMAA) 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 NMAA starting date for sports in the following school year. Initial \_\_\_\_\_

**Notification of Injuries:** Information concerning the care, disposition and treatment of athletic injuries will be shared only with a student's high 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 APS. When transportation is provided by APS, 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 \_\_\_\_\_

**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.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date