

Registration Instructions and Fee Schedule:

1. Fill out the following forms:

- a. Family Membership
- b. Sports Registration
- c. Medical Form (fill out one form per child)
- d. Concussion Fact Sheet & Parent Waiver
- e. Parents Code of Conduct
- f. Athletes Code of Conduct

2. Use the Registration Checklist to ensure all forms are signed and completed.

2. Mail the completed forms with payment to: AHSA
913 Cuatro Cerros Trail, SE
Albuquerque, NM 87123

Fee Schedule:

AHSA Family Membership - \$20

	Volleyball	Basketball	Track	Soccer
Middle School	\$80	\$80	\$40	N/A
HS Varsity	\$80	\$80	N/A	\$80
HS JV	\$80	\$80	N/A	N/A

Family Cap- Each sport has a cap of \$160 for multiple children. (Example: For 3 children playing Volleyball, you would pay the fees for the first 2 children only.) The cap is per sport. If you have one child playing volleyball, one in basketball and one in track, there would be no cap.

There are scholarships available to those demonstrating financial need.

Questions: ahsahomeschoolsports@gmail.com

AHSA Albuquerque Homeschool Athletic Association

Registration Checklist & Receipt

Name: _____

The following items have been completed:

- Family Membership & Registration Form
- Sport Registration Form (one per child)
Which sport _____
- Medical & Emergency Care Form (one form per student)
- Athlete's Code of Conduct
- Parent's Code of Conduct
- Concussion Fact Sheet & Parent Waiver

Administrative Use Only: To be filled out by Board Member:

Date: _____

I have received the above forms and payment. _____
(Board Member)

Paid by: Cash or Check # _____

Money Received:

Family Registration \$20 _____

Sports Fee _____

Total Amount received: _____

AHSA Albuquerque Home School Athletics Association

Family Membership & Registration

Parent/Guardian _____ / _____ / _____
Last Father Mother

Address: _____

Geographic Area: East Mtn, Abq. Proper, West Side, Other
(Father) (Mother)

Workplace: _____

Phone: _____ hm _____ hm
_____ wk _____ wk
_____ cell _____ cell

Email: _____ Primary email
_____ Secondary email (optional)
_____ Athlete's email (optional)

Name	Grade (only children over 5 th grade)	Sport
Children: _____		

I(We) agree that we have access to a copy of the Parents Code of Conduct, Players Code of Conduct, and Eligibility Requirements (available on website or hard copy). By signing this I state that I understand and will abide by the rules and guidelines found in these documents.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Family Registration Fee - \$20 (annual). Sports fees vary by sport.

AHSA Albuquerque Homeschool Athletic Association
Sport Registration

(Use a separate form for each child.)

First Name _____ MI _____ Last Name _____

Sport(s) _____

Grade _____ Age _____ Birthdate _____ Gender _____

Parent's Primary Email _____

Athlete's Email _____

Uniform Size _____

(Youth S,M,L or Adult S,M,L,XL,XXL)

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Mailing Address for Athletes _____

Geographic Location: West Side Albuquerque Proper East Mountains

Persons other than parent/legal guardian to be contacted in case of emergency. List two.
Must be from local and separate households.

Emergency Contact: _____ Relationship _____

Home phone _____ cell phone _____

Emergency Contact: _____ Relationship _____

Home phone _____ cell phone _____

AHSA

Albuquerque Home School Athletics Association

Medical and Emergency Care

Name: _____

Does your child have any on-going medical problems? No___ Yes___

Please specify and describe the problem(s): _____

In case of headache or minor discomfort, the coach has my permission to administer:

Regular strength Tylenol (acetaminophen) tablets to my child(ren) No___ Yes___

Regular strength Aleve (naproxen) tablets to my child(ren) No___ Yes___

Regular strength Advil (ibuprofen) tablets to my child(ren) No___ Yes___

Please Initial: _____

Insurance Coverage is required.

Insurance Company _____

Policy # _____ Patient ID # _____

Name of Policy Holder: _____

Preferred Hospital: _____

Physician: _____ Phone# _____

Allergies: _____

Additional health related notes: _____

Physician signed physical form: Optional, but strongly recommended by AHSA that athletes receive a physical sports examination each year by a qualified doctor. Please sign that you are aware of this recommendation and that you acknowledge it is the parents' responsibility to have the athlete examined by a medical doctor to determine whether participation in sports is permitted. **Please Initial:** _____

I, _____, parent/guardian of _____, do hereby give my permission for my child(ren) to attend and play in the practices and games of the teams for which I have registered, both in Albuquerque and games in other locations. I agree not to hold AHSA or any of the coaches or parents liable in the event of an accident during any part of a game or practice, including the transportation to and from the site. I also agree not to hold any facility liable in the event of an accident. In the event of an accident, I give the coaches permission to administer first aid and emergency medical care in accordance with my written instructions. I have read the above information and agree to these statements.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

AHSA

Albuquerque Home School Athletic Association

Athlete's Code of Conduct

I will:

1. Be courteous to opposing teams and treat all players and coaches with respect.
2. Be modest in victory and humble in defeat.
3. Demonstrate good sportsmanship before, during, and after games.
4. Will not engage in or encourage any behavior ("horseplay", intentional aggressive play outside of the rules) that would endanger the health and welfare of teammates, opponents, coaches, officials or spectators at any game or practice.
5. Show respect for authority to all officials, whether or not I agree with a call.
6. Respect the privilege of using playing facilities by cleaning up benches, locker-rooms, stands, and grounds after a practice or game.
7. Show up for practice on time, with proper equipment and ready to play.
8. Make reasonable efforts in advance to be excused from any scheduled classes or activities that conflict with playing in tournaments.
9. Communicate to the coach ahead of time when I will miss a practice or game.
10. Dress in a manner that could not be considered offensive or morally suggestive at all AHSA events.
11. Tell the coach of my concerns or problems instead of talking to others about them.

Athlete's Signature _____ **Date:** _____

If more than one athlete per family, please sign below:

Athlete's Signature _____ **Date:** _____

Athlete's Signature _____ **Date:** _____

Athlete's Signature _____ **Date:** _____

Athlete's Signature _____ **Date:** _____

AHSA

Albuquerque Home School Athletic Association

Parent's Code of Conduct

I will:

1. Trust the coach to coach the team.
2. Volunteer to help with team needs whenever possible.
3. Let the officials and umpires call the game, remembering that they too are only human and that rarely is the outcome of a game determined by a "bad call."
4. Demonstrate exemplary sportsmanship at games by using only positive cheers and never laughing at errors or jeering an opponent.
5. Advocate a sports environment that is free of drugs, tobacco, alcohol, and abusive language, and refrain from their use during any AHSA event.
6. Assist their athletes to show up to practice and games on time, with proper equipment, and ready to play.
7. Direct my athlete(s) to communicate to the coach in advance any anticipated missed practices or games.
8. Speak to the coach privately (and not to others) about any issues concerning any aspect of my family or athlete's participation on an AHSA team.
9. Speak to the particular AHSA Athletic Director about any issue not adequately resolved with a coach.
10. Be familiar with the AHSA Eligibility Requirements and notify the coach of any reason my athlete might not qualify to play with AHSA.
11. Fill out the post-season evaluations with truth and love.

Parent Signature: _____ **Date:** _____

Parent Signautre: _____ **Date:** _____



NMAA

New Mexico Activities Association

CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”

Observed by the Parent / Guardian

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It’s better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER THE SB1

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of one week..
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

REFERENCES ON SENATE BILL 1 AND BRAIN INJURIES

Senate Bill 1:

www.nmact.org

-or-

<http://legis.state.nm.us/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/sportsmed.aspx>

www.cdc.gov/ConcussionInYouthSports

www.stopsportsinjuries.org/concussion

<http://www.ncaa.org>



SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date