

# Bataan Military Academy™

8001 MOUNTAIN ROAD PLACE NE  
ALBUQUERQUE, NM 87110  
(505) 292-5588, FAX (505) 232-3230  
www.BataanMilitaryAcademy.org

## ATHLETICS APPLICATION

Cadet Name: \_\_\_\_\_  
(last, first)

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



### ATHLETICS

Team(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Email address: \_\_\_\_\_

List any athletic team cadet is prohibited from participating in: \_\_\_\_\_

#### Commitments of the cadets:

Each and every cadet that wishes to participate on an athletic team accepts and understands that there are specific commitments that must be made. Commitments to oneself, commitments to the coaches, and most importantly commitments to the team.

Commitments to oneself include; keeping your grades above minimum accepted grade levels, keeping yourself healthy with proper nutrition and adequate rest.

Commitments to the coaches include; being prepared and ready for practice each day, and a willingness to learn.

Commitments to the team include; active participation each and every practice to help the team increase readiness for game day.

#### Commitments of the parents:

Commitments of the parents include; ensuring your child has adequate academic time, nutrition, and rest. Ensuring your child is picked up promptly after practice. Participating in the team fund raising events. Supporting your child and the team by attending as many of the games/events as possible.

#### Commitments of the coaches:

Commitments of the coaches include; providing a safe and positive practice environment for the growth opportunity and development of every cadet on the team.

#### Playtime is determined at, and by practice time.

#### There is no excused absence or tardiness!

The logic in this is straightforward. The player that has not missed practice will be better conditioned, have participated in more training drills, should be better prepared to help the team during game time, and rewarded for upholding their commitment made to the team.

**I fully understand the commitments and expectations required for participation in BMA athletic programs. As a cadet in the BMA athletic programs, I will conduct myself in the manner of a school leader and set an example of Honor, Courage, and Commitment at all times.**

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

\_\_\_\_\_  
Date

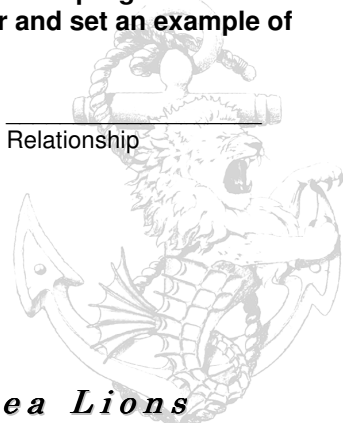
\_\_\_\_\_  
Relationship

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

\_\_\_\_\_  
Date

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### ATHLETICS

## Bataan Military Academy Athletic Code of Conduct

**Cadets participating in athletics at Bataan Military Academy will uphold Sportsmanship in its highest regard at all times.**

The parent/guardian and student Cadet do hereby fully and completely accept by this agreement, the responsibilities related to the following statement of prohibited activities. Infractions of the following rules can lead to suspension or expulsion from athletic participation along with other possible consequences.

1. Cadet shall not by any conduct, act, force, or threat deprive another of the exercise of personal rights and responsibilities, not engage in any conduct which causes disruption of any lawful mission, process, or function of the school.
2. Cadet shall not intentionally cause or attempt to cause damage to school or private property or steal or attempt to steal school or private property. If a student should cause willful damage to school property, the school will seek restitution from the student and the parent/guardian.
3. Cadet shall not intentionally cause or attempt to cause physical injury to any person or behave in such a way, as could reasonably cause physical injury to another person.
4. Cadet shall not possess, handle, or transmit any object that could reasonably be considered a weapon.
5. Cadet shall not possess, use, transmit, or be under the influence of any controlled substance as defined by the Bataan Military Academy Cadet Behavior Handbook at any time.
6. Any violation of local or state laws, or of the Bataan Military Academy Cadet Behavior Handbook on school trips or activities will be subject to disciplinary action by school authorities, the Office of the Commodore or his agent, possibly subject to removal from the school, and other liability.
7. Cadets will maintain a minimum of a 2.0 GPA throughout the season, with no more that one failing grade. Cadets with a failing grade will be expected to attend tutoring. Grade checks will be performed weekly.
8. Cadets that miss more than two practice sessions in a week will not participate in the following team event. Cadets that miss practice excessively will be dropped from the team.
9. Cadets will not fight with any other team members at any time.
10. Cadets will not disrespect any coach, referee, or other official at any time.

**I the parent/legal guardian of the student-athlete have read and understand the above requirements and authorize my child to participate in the above-described activity, fully understanding the requirements of such.**

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

\_\_\_\_\_  
Date

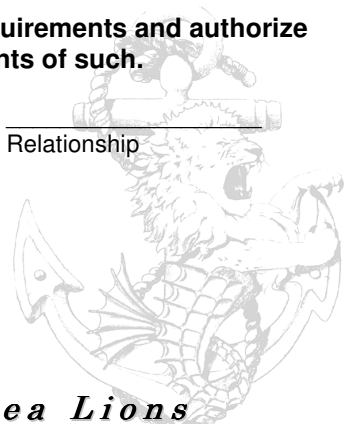
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Student-Athlete Signature

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

### ATHLETICS

## Bataan Military Academy Athletic Participation Requirements

Parent(s)/Legal Guardian(s) and Student-Athlete Participating in Athletics:

PLEASE READ THE FOLLOWING STATEMENTS CONCERNING PARTICIPATION IN INTERSCHOLASTIC ATHLETIC PROGRAM AND RESPOND WITH YOUR SIGNATURE (S).

**Athletic Team:** \_\_\_\_\_ **School Year:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

List any athletic team cadet is prohibited from participating in: \_\_\_\_\_

### Consent to Participate

Consent is hereby given for the named student to engage in interscholastic athletics and represent Bataan Military Academy as a team member.

### Financial Responsibility for Medical Care

It is agreed that financial responsibility for securing care of athletic injuries is a matter between the parent(s)/legal guardian(s) and the health care provider. BMA cannot pay health care providers for the treatment of any students.

### Transportation Responsibilities

It is further agreed that the parent(s)/legal guardian(s) and student will assume the legal responsibilities for the personal safety and action of the above named student while traveling to and from practices and games when transportation is not provided by BMA. When transportation is provided by BMA, policy requires students' use such transportation to and from. Any exceptions must be arranged with the school prior to departure.

### Acknowledgement of Injury Risk

We the parent(s)/legal guardian(s) and the student-athlete are aware that preparation for and participation in interscholastic athletics involves a risk of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity. We hereby release Bataan Military Academy from all liability resulting from injury or death of my child while participating in school sponsored activities.

### Notification of Injuries

In the event of an accident, requiring emergency medical care, a reasonable effort will be made to notify the parent/guardian. In order to protect the student-athlete at all times, BMA athletic coaches will share information concerning the care, disposition, and treatment of athletic injuries only with the treating physician, team physician, athletic trainer, and coaches on a need to know basis only.

### Physical Examinations

Physical exams are required by the NMAA (6.12) for all athletic, and cheer team participants. The physical exam must be dated April 1 or after 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 during that following school year.

**I grant authorization for my child to participate in the above described activity, to receive appropriate medical care and treatment, and to be transported to and from activities related to this team sport.**

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

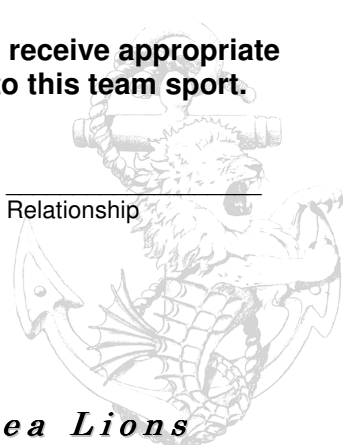
\_\_\_\_\_  
Date

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Relationship

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

\_\_\_\_\_  
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### ATHLETICS

Student-Athlete Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_ Grade \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

#### Authorization for Health Care Services

I, the parent/guardian, hereby designate the team coach or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention, surgery, and any other health care services as may be recommended in an emergency because of illness or injuries while preparing for or participating in interscholastic athletics. A reasonable attempt will be made to make contact with parent(s)/legal guardian(s) prior to making any decision if at all possible without prolonging care for the student-athlete. I, the parent/guardian, hereby assume all financial responsibility for all health care services provided.

#### Accidental/Health Care Insurance:

**Accidental/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 BMA at a nominal rate. Please contact your school for the application. **BMA does not cover athletic injuries and will not assume the financial responsibility for health care services.**

#### Above named Student - Athlete is covered for accidental/health care insurance through:

- School offered Health/Accident Insurance carrier:  
We have applied for such insurance at \_\_\_\_\_ on \_\_\_\_\_  
School Date
- Private Health/Accident Insurance Carrier \_\_\_\_\_  
(Name of Carrier)

#### EMERGENCY CONTACT INFORMATION

Student-Athlete Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/ Legal Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Medication(s) Student-Athlete is Taking: \_\_\_\_\_

Known Allergies to Medication or Foods: \_\_\_\_\_

Known Medical Problems: \_\_\_\_\_

**We the parent(s)/legal guardian(s) and the student-athlete have completely read, fully understand, and voluntarily accept and agree with all of the above terms and conditions (pages 3 & 4). We verify all information is correct.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

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

**A copy of this page will be with a coach at all events**

*Home of the Fighting Sea Lions*

