



NEW MEXICO MILITARY INSTITUTE

101 West College Boulevard
Roswell, New Mexico 88201-5173
575-624-8400
Fax: 575-624-8459



COMMANDANT OF CADETS
DEAN OF STUDENTS

1 June 2016

Subject: Checklist for documents that must be signed and returned.

Prior to matriculation, all cadets/parents/guardians must complete this paperwork.

These forms are to be signed and updated every year without exception.

Parents/Guardians, this checklist is provided for your convenience to ensure we receive all required signed documents. **We recommend you make copies of all signed documents for your records.**

- _____ Parent/Cadet Contract
- _____ Serious and Critical Offense Statement
- _____ Acknowledgement of Policy Letters and Tuition Fees
- _____ Emergency Contact Information
- _____ Furlough Designation Form
- _____ Trip and Medical Authorization Form
- _____ Leadership Reaction, Ropes Course and Rappel Tower Release Form
- _____ SROTC Covenant Not to Sue (Junior College Students Only)
- _____ JROTC Privacy Act Statement (High School Students Only)
- _____ Institute Drug Free Youth Paperwork
- _____ Health & Consent Form
- _____ Waiver for Paintball/Scuba/Self-defense/Martial Arts/Boxing/Bataan
- _____ Vehicle Request Forms
- _____ Medical Release Form - **Return to Athletic Department upon return to NMMI**
- _____ Returning Cadet Physical Form - **Return to Athletic Department upon return to NMMI**
- _____ "Concussion in Sports" Fact and Acknowledgment Sheet - **Return to Athletic Department upon return to NMMI**

Please return this checklist with the required documents:

Cadet Name (Please Print)

Cadet Number

Parent/Guardian Name (Please Print)



NMMI Parent/Cadet Contract - Academic Year 2016-2017



At New Mexico Military Institute adherence to established standards is at the core of each cadet's leadership and character development; the standards must be met in order to remain a Cadet.

1. A cadet's Troop Leadership Advisor (TLA), Squadron Leadership Advisor (SLA), Academic Advisor, coach, and/or counselor, are available to speak with parents and guardians during normal working hours Monday-Friday, 0730-1630 (7:30 AM – 4:30 PM). Parents and guardians are encouraged to first contact and communicate with their cadet's TLA as that person will be the most knowledgeable about the cadet. Parents should make every effort to contact the appropriate NMMI representative and make an appointment prior to their arrival on campus to ensure that the individual is present to discuss or review the issues or concerns identified. If the TLA and other advisors are unavailable, parents and guardians should contact the Commandant's Office. Parents may always contact NMMI in an emergency anytime day or night and may receive immediate assistance by calling the TLA Command Post at (575) 624-8478 or (575) 624-8163, or the NMMI Campus Police office at (575) 624-8421. After-hours calls should be of an emergency nature only, e.g., death or illness of a family member.

Cadet/Parent Initial

2. Visitors to the NMMI campus are always welcome, and must sign in at the TLA Command Post or Admissions (Lusk Hall) upon arrival. Campus tours may be scheduled during the week through the Admissions office (575) 624-8653. A safe campus environment requires that access to the academic halls and barracks areas be restricted to only faculty, staff, cadets, and officially sanctioned tours. Only during specified events such as, Family Weekend and Homecoming are parents/guardians and visitors provided the opportunity to visit cadets in the classrooms or barracks areas.

Cadet/Parent Initial

3. The NMMI day is **a highly regimented environment**. During the academic day, 0715 – 1545 [7:15 AM – 3:45 PM], during Night Study Hall (NSH) (Sunday-Thursday evening from 1900-2130 [7:00 PM – 9:30 PM]), and every night after TAPS/Lights Out at 2200 [10:00PM] Sunday through Thursday, and 2300 [11:00 PM] , Friday and Saturday, cadets are not permitted to use their cell phones, computers or electronic media for entertainment and/or social purposes, which include calling, texting or emailing, or otherwise contacting home or anyone else. Cadets should use these times for academic pursuits, and the time after TAPS for sleep. Our efforts to reduce or eliminate distractions during these times will require your adherence to this policy.

Cadet/Parent Initial

4. Cadet accountability (whereabouts) is maintained at all times. Cadets are required to attend all classes, physical fitness training, and all cadet formations. Unexcused absences may result in disciplinary sanctions up to and including suspension. All cadets must properly sign out and in from all furloughs, special permits, and holiday breaks. Failure to sign out or in at the required time will result in disciplinary action. Barracks are not open during extended holiday breaks, and cadets may not stay on campus. Early departures and late arrivals will not be allowed.

Cadet/Parent Initial

5. Cadets **will not** be permitted to miss class in order to leave early on furlough. The Commandant will only grant an exception to the policy with written parental permission. Cadets who leave early without proper approval **may not** be able to make up missed work which may include tests/exams for that class. (Refer to the Blue Book)

Cadet/Parent Initial

6. The Cadet Blue Book (Regulations for the Corps of Cadets) provides rules and regulations pertaining to daily operations and support, cadet behavior, personal appearance, accountability, training, and other issues. Strict adherence to the rules specified in the Blue Book is expected of each Cadet. Cadets are responsible for complying with the NMMI disciplinary and deportment requirements, and may be assigned demerits and punishment (tours) for violations of the regulations. Cadets may also be suspended or dismissed for violations of the regulations. Parents may not participate in the disciplinary process but may provide input if the Cadet chooses to appeal a disciplinary decision.

Cadet/Parent Initial

7. The NMMI Cadet Honor Code and Honor System has been in place since 1921 and is maintained and administered by the Corps of Cadets through the Cadet Honor Board. Cadets may be dismissed, suspended or provided remediation with sanctions for their first offense. Honor code violations are taken very seriously with punishment imposed as outlined in the Cadet Honor Manual. Parents may not participate in the honor process but may provide input if a Cadet chooses to appeal the applied sanctions.

Cadet/Parent Initial

8. Repeated/Excessive stays in the Infirmary may trigger a performance or medical review board, possibly resulting in disenrollment.

Cadet/Parent Initial

NMMI Parent/Cadet Contract - Academic Year 2016-2017

9. The NMMI Drug and Alcohol Policy as outlined in the Blue Book, is designed to proactively deal with behavior that is strictly prohibited at NMMI and against New Mexico State laws. Violations of this Policy may result in disciplinary sanctions up to and including dismissal. All cadets are encouraged to enroll in the Institute's Drug Free Youth voluntary random urinalysis program. This program is designed to allow cadets to demonstrate their commitment to staying drug free. However, all cadet High School and Junior College athletes are subject to mandatory random urinalysis. Cadets are prohibited from using any synthetic marijuana, SPICE, bath salts, hallucinogens, or any substance banned by law.

Cadet/Parent Initial

10. NMMI is a tobacco-free campus (all tobacco products and e-cigarettes!). The NMMI Tobacco Policy is designed to proactively deal with the behavior that is strictly prohibited at NMMI, a State Educational Institution. Violation of the NMMI Tobacco Policy will result in disciplinary sanctions up to and including suspension.

Cadet/Parent Initial

11. Cadets are required by law to provide for their own medical/health insurance. Medications that have been prescribed by a Cadet's personal physician, the NMMI Nurse Practitioner or the NMMI Contracted Health Services provider, must be logged in, maintained, and dispensed at the Infirmary. Cadets failing to properly take prescribed medications may be required to appear before a medical review board, possibly resulting in suspension. Misuse, abuse or unauthorized possession of prescription or over-the-counter drugs are a violation of the NMMI Drug Policy, and could result in sanctions up to and including dismissal. The Infirmary is required to destroy all expired prescriptions.

Cadet/Parent Initial

12. Every effort is made to ensure a safe, healthy and secure environment at NMMI and that cadets avoid "high risk behavior." Cadets engaged in bullying, hazing, sexual misconduct, sexual assault, gang-related activity or found possessing weapons (inclusive of but not limited to rifles and handguns (including pellet, air soft, BB, and "look alike" weapons), knives, multi-tools, and other cutting tools, or explosive devices) may be immediately suspended from the Institute. Rooms, personal belongings, and vehicles may be inspected at any time by the Commandant's staff.

Cadet/Parent Initial

13. Cadets are reminded that their computer, cell phone, and social media activity are neither private nor secure. Cadets are not invisible when they are on the Internet or on the phone. What Cadets do on their computers or cell phones could jeopardize their reputations, compromise their integrity, and make them, and their fellow Cadets, targets of unlawful activity. Cadets will be held accountable for their behavior while using social media, and on the phone. Any activity that degrades NMMI's internet capacity or brings discredit to NMMI, to include unethical, dangerous, or illegal activities, comments, photographs or videos, or hacking social media sites, may result in disciplinary action up to and including dismissal.

Cadet/Parent Initial

14. Maintaining a vehicle at NMMI is a privilege and a very small percentage of Cadets are allowed, or need, a vehicle. Vehicle privileges are governed by the NMMI Vehicle Policy. Failure to follow the vehicle policy may result in immediate loss of all vehicle privileges.

Cadet/Parent Initial

15. NMMI is a State Educational Institution and does not provide insurance for repair or replacement of Cadet's personal property or vehicles. The safekeeping of a Cadet's personal property is the sole responsibility of the Cadet. Cadets are expected to provide their own personal property and vehicle insurance, and any damages that may occur to their property or vehicle is at their expense. New Mexico State Law and the NMMI Vehicle Policy require that all vehicles must be insured by the vehicle owner.

Cadet/Parent Initial

16. Tuition and fees are expected to be paid on time. Failure to pay tuition on time will result in immediate disenrollment, and possible legal action.

Cadet/Parent Initial

I have read and understand the above requirements and by signing below and initialing, agree to abide by the rules and regulations contained above and those enumerated in the Cadet Blue Book, Policies, and Cadet Honor Manual.

Cadet Signature

Date

Cadet Name (Printed)

Cadet #

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)

New Mexico Military Institute
SERIOUS AND CRITICAL OFFENSE STATEMENT

CADET'S NAME: C/ _____ **Cadet #** _____

1. We, parent and cadet, understand cadets may be **sanctioned, suspended or dismissed** at the discretion of the New Mexico Military Institute (NMMI) Commandant of Cadets, if found guilty of any of the following serious and critical offenses. **Further we understand cadet rooms, vehicles and belongings are subject to search by NMMI staff at anytime.** If dismissed, cadet will not be permitted to return. **If suspended, cadet will have to reapply for admission after sitting out one complete semester.**

Serious Offense: 16-32 (1 Demerit = 1 Tour), includes but is not limited to: suspension, dismissal, reduction in rank or other sanctions as directed by the DCO/CMDT.

- | | |
|---|--|
| (1) Absent without leave (AWOL) (16) | (14) Staying in an unauthorized location/area off Post (32) |
| (2) Absent bed check (16) | (15) Trespassing (16) |
| (3) Absent Post while on restriction/probation (24) | (16) Vandalism (32) |
| (4) Barracks Policy Violation(Male/Female) (24) | (17) Fraternalization (24) |
| (5) Conduct unbecoming (16) | (18) Malicious use of digital photography/email/videos/unofficial school publications (24) |
| (6) College Cadet dating High School Cadet (24) | (19) Any type of gang related activity/involvement or possessing/displaying gang related material (32) |
| (7) Disorderly conduct/prohibited conduct on and off Post (16) | (20) Unauthorized possession of keys/master key to any place (on Post) (32) |
| (8) Disrespect, defiance or disobedience/insubordination to staff or faculty (16) | (21) Vehicle policy violation/unauthorized possession/improper use of vehicle (16) |
| (9) False fire alarms (16) | (22) Violation of computer policy/inappropriate use of computer, hacking another cadet's computer, or inappropriate online/social media behavior. (16) |
| (10) Provoking a conflict, Escalating a conflict or Fighting (16) | (23) 2nd Tobacco Policy Violation (24) |
| (11) Indecent exposure/streaking (24) | (24) 3rd Tobacco Policy Violation (32) |
| (12) Manifest Indifference (Reserved for Staff/Faculty) (32) | |
| (13) Possession of candles, incense or other burning materials in room (including matches and lighter) (16) | |

Critical Offense (possible violations of criminal law): 41-99

(1 Demerit = 1 Tour), reduction in rank, suspension, dismissal or other sanctions as directed by the DCO/CMDT.

- | | |
|---|---|
| (25) Alcohol Policy Violation (64) | (34) Extortion (64) |
| (26) Activities involving "Hate" crimes (64) | (35) Honor Code violations. (no less than 36) |
| (27) Arson (64) | (36) Physical/verbal/mental hazing or bullying or "Cyber-Bullying" (64) |
| (28) Assault (36) | (37) Possession of weapons (includes look-alikes) /firearms/explosives/ ammunition/fireworks/live or inert ammo/knives (36) |
| (29) Battery (64) | (38) Prescription drug policy violation (36) |
| (30) Bomb threats (99) | (39) Self-endangerment (36) |
| (31) Breaking/entering/possession of lock picking tools (64) | (40) Sexual misconduct/Assault/Harassment (64) |
| (32) Drug policy violation –to include paraphernalia (e-cigs, pipes, etc.) (64) | (41) Steroid use/Possession (36) |
| (33) Endangering another cadet (64) | |

Violations of the state law may be reported to the appropriate law enforcement officials.

2. Please acknowledge you have read this information with signature.

Cadet Signature

Date

Parent/Guardian's Signature

Date

New Mexico Military Institute
ACKNOWLEDGMENT OF POLICY LETTERS

CADET'S NAME: C/ _____ Cadet # _____

I have read and fully understand the following policies (provided in the information portion of the Parent Pack):

- Policy #1 Emergency Contact and Routine Correspondence/Contact during Duty/Non-Duty Hours
- Policy #2 Required, Authorized, Unauthorized and Issue Items
- Policy #3 Computer Standard Operating Procedures and General Information
- Policy #4 Storage, Handling and Distribution of Prescription Medications
- Policy #5 Abandoned Property

Note from Business Office:

Please see the Business Office packet that will be mailed to you for more financial information. If you have any questions call the Business Office at (575) 624-8079 or your financial advisor listed on the Business Office letter.

Be advised that new cadets are required to pay \$3,025.00, unless otherwise specified by the Business Office, on or before 4 August 2016. All junior college cadets must pay for their own textbooks (textbook costs are comparable to other colleges).

Be advised that returning cadets are required to pay \$975.00, unless otherwise specified by the Business Office, on or before 15 August 2016. ***Returning cadets with outstanding balances must also pay the amounts due in order to matriculate.*** All junior college cadets must pay for their own textbooks (textbook costs are comparable to other colleges).

To create an online payment plan or to make a one-time payment of tuition and fees or to add money to your cadet account, go to <http://www.nmmi.edu/business/index.htm>

Please ensure that all forms are filled out, front and back.

Please retain a copy of all policies and signed forms for your records

Cadet Signature

Date

Parent/Guardian Signature

Date

New Mexico Military Institute
EMERGENCY INFORMATION

CADET'S NAME: C/ _____ **Cadet #** _____

Please fill out the following information completely:

Cadet Information:

Date of Birth _____

Hair _____ Eyes _____ Sex _____

Height _____ Weight _____ Race _____ Religion _____

Wear Glasses ___ Yes ___ No Wear Contacts ___ Yes ___ No

Cell Phone: () _____

Email: _____ Alternate: _____

Any distinguishing marks or features (scars, etc.)? _____

Parent/Guardian Information:

Parent/Guardian to be notified in an emergency: _____

Address: _____
(Street or mailing address – City, State, Zip)

Home Phone: () _____ Cell Phone: () _____

Business phone(s): () _____

Email: _____

If parent or guardian is unavailable, notify instead: _____

Relationship: _____

Home Phone: () _____ Cell Phone: () _____

Business Phone(s): () _____

Email: _____

Parent/Guardian Signature _____

**Please remember to call the Commandant's Office or the Registrar if your
information changes during the school year.**



NEW MEXICO MILITARY INSTITUTE

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COMMANDANT OF CADETS
DEAN OF STUDENTS

1 June 2016

Parents and Guardians,

One of our most important responsibilities is cadet accountability. We have established very specific rules and procedures for cadets requesting furloughs. A furlough is an authorized overnight absence during periods longer than those specified for a pass or permit, normally for extended stays away from NMMI for part or most of a weekend. Travel distance from Roswell is unrestricted. The process is outlined in the Blue Book and requires the cadet to plan ahead and not wait until the last minute to request a non-emergency furlough. Cadets must be in good standing, and in compliance with the Plan of the Day and the Corps Training Schedule. There are three major furloughs during which all cadets must leave (regardless of status) NMMI: Thanksgiving, Winter and Spring breaks. The barracks are closed during these periods.

Cadets on academic, disciplinary, or honor probation are not authorized furloughs, except during the time periods listed above. All full furloughs must be approved by the Deputy Commandant for Operations (DCO) by 1200 on Wednesday prior to the weekend. Full furloughs start after a cadet's Physical Development training class on Friday. Mini-furloughs start as indicated in the Corps Training Schedule. All furloughs end at 1700 on Sunday. When authorized to start a furlough, cadets will sign out and in with a Troop Leadership Advisor (TLA) or at the TLA Command Post. If a late return is expected the cadet must contact his or her TLA, the TLA Command Post or the Commandant's (CMDT's) office as soon as possible. A cadet cannot sign out on furlough, come back to Post, and then return to their furlough status. Furlough cancellation is at the discretion of the Commandant.

Furlough plans sometimes conflict with critical character/leadership development experiences conducted outside the classroom that cannot be made up. **Always consult with your cadet's TLA.**

Additionally, any time a planned furlough might cause a cadet to miss class(es), the cadet must inform their teachers, and provide written approval from parents/guardians (high school cadets) or written request (junior college cadets) to their TLAs. Once approved, the Commandant's office will place the approved request in cadet's file.

All local hotels and motels are off limits to all cadets whether visiting (pass or permit) or staying overnight (furlough) unless the cadet's parents or guardians are present. Cadets will indicate, during sign out, what establishment they and their parents or guardians are staying at. If a cadet will be staying at another cadet's home or at an Ambassador family's home, a written invitation and parental permission is required and can be faxed to 575-624-8459 no later than noon of the Monday prior to the requested furlough date. **Staying in Roswell without permission may result in the loss of all remaining furloughs for the school year and disciplinary action.** If you have any questions concerning the process, please contact your cadet's TLA.

Jonathan K. Graff, Jr.
Lieutenant Colonel, US Army, (Ret)
Commandant of Cadets/Dean of Students

New Mexico Military Institute
FURLOUGH DESIGNATION

Academic Year: 2016

CADET'S NAME: C/ _____ **Cadet #** _____

I, parent/guardian of above cadet, grant him/her permission to take earned furloughs in accordance with NMMI regulations when authorized by the Commandant of Cadets under one of the following stipulations:

(Please ONLY choose one)

CATEGORY "H" (Home) (Only sign out to home address)

_____ My cadet may sign out only to his/her home address, unless I write/email/fax (575) 624-8459 the Commandant's Office authorized otherwise, by the Monday before the weekend my cadet wishes to take a furlough. I understand if I do not write/email/fax, my cadet's furlough will be disapproved without exception.

CATEGORY "O" (Other) (No parental permission required to other address)

_____ My cadet may sign out to his/her home address or the following address without obtaining my permission. If my cadet wishes to take a furlough to an address other than the listed addresses, I must write/email/fax the Commandant's Office authorizing otherwise by the Monday before the weekend of the furlough or it will be disapproved without exception.

Address – Street, City, Zip: _____

Home Phone: () _____ Cell Phone: () _____

CATEGORY "P" (Parent Permission) (Must have parental permission)

_____ My cadet must obtain my permission with every furlough request. I must write/email/fax (575) 624-8459 the Commandant's Office by the Monday **before** the weekend my cadet wishes to take a furlough. I understand if I do not write/email/fax, my cadet's furlough will be disapproved without exception.

CATEGORY "B" (Blanket) (Not authorized for cadets under 18)

_____ I authorize my cadet to have blanket status whereby he/she is not required to obtain my permission, or include a specific address upon sign-out.

NOTE: Cadets over age 18, unless specified otherwise by the parent, are assumed to be in Category "B."

This completed form must be returned by the parent/guardian to the Commandant's Office. **DO NOT RETURN TO YOUR CADET.**

When requesting furlough and when signing out, they are required to list an address and/or phone number based on the Category chosen. **All New Mexico Military Institute rules still apply while on furlough.** The Institute will exercise its authority for a cadet using alcohol or drugs, or if a Police Department releases the cadet to the Institute for punishment. Please note an improper furlough request and/or address/phone number is a violation of the Honor Code.

A cadet following the appropriate procedures, having your permission and signing out on furlough, is responsible for going to the destination approved by this form. New Mexico Military Institute assumes **NO LIABILITY** for a cadet not going to the approved destination. I understand the furlough request procedure, approve the terms of the selected category, and acknowledge the "non-liability" clause as stated above.

Parent/Guardian's Signature

Date

New Mexico Military Institute
TRIP/MEDICAL AUTHORIZATION

CADET'S NAME: C/ _____ **Cadet #** _____

TO: Parents of Cadets (under the age of 18)

Please fill out this form completely and return it to the Commandant's Office. **DO NOT LEAVE ANY ITEMS BLANK UNLESS ABSOLUTELY NECESSARY.** This form gives us permission to take your cadet on authorized trips and to have your cadet treated by qualified professionals in case of emergency while on a trip.

Date of Birth _____ Age _____ Sex _____

List any allergies or medical conditions that might be important when receiving emergency care:

Parents or Guardian Name and Social Security Number (if two people, please give both names and numbers):

(Parent or Guardian #1's Full Name) (Parent or Guardian #1's best contact number)

(Parent or Guardian #2's Full Name) (Parent or Guardian #2's best contact number)

(Street Address) (City, State, and Zip Code)

Home Phone: () _____ Business Phone: () _____

Cell Phone: () _____ Emergency Phone: () _____

Name of Insurance Company _____

Policy Number _____ Policy Holder _____

I authorize my cadet to participate in authorized trips sponsored by New Mexico Military Institute. I further give permission for my cadet to receive medical treatment in case of accident, injury or illness, including hospitalization. I do hereby release all organizations and individuals of any responsibility what so ever for any injury that may occur as a result of said minor taking part either as a member or being present on the ground while other events are taking place, except for such coverage as may be provided by the NMMI Group Accident Insurance Policy.

Parent or Guardian #1 Signature Date

Parent or Guardian #2 Signature Date

New Mexico Military Institute
RELEASE FORM
LEADERSHIP REACTION COURSE/ROPES COURSE/RAPELLING TOWER

INSTRUCTIONS: Complete the following **Release Form** in their entirety. This form is mandatory for attendance / participation. Type or print legibly in Dark Ink.

PART A – PARTICIPANT STATEMENT OF UNDERSTANDING

(Youth under 18 must have parent signature)

In consideration of being allowed to participate in any way in leadership activities or events sponsored through the New Mexico Military Institute's (the "Institute") Daniels Leadership Center and/or program-related events and activities, including those of the Yates Leadership Challenge: Ropes Course and/or Leadership Reaction Course, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees (as hereafter defined) or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will voluntarily remove myself from participation and bring such to the attention of the nearest official immediately.

The laws of the State of New Mexico shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this agreement shall be in the courts of the State of New Mexico.

PART B – PARTICIPANT RELEASE OF LIABILITY

(Youth under 18 must have parent signature)

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and covenant not to sue and agree to hold harmless the Regents of New Mexico Military Institute and the New Mexico Military Institute, their officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I acknowledge that there may be physically strenuous activities. I herein provide approval to participate in all activities and/or events for which was contracted between the contracting organization and the Institute, from this date until this agreement is revoked in writing by the President/Superintendent.

I hereby voluntarily assume full responsibility for any and all risk of loss, property damage or personal injury including death that may be sustained by the participant as a result of participating in said activity.

New Mexico Military Institute
RELEASE FORM
LEADERSHIP REACTION COURSE/ROPES COURSE/RAPELLING TOWER

I further agree to indemnify and hold harmless New Mexico Military Institute of any loss, liability, damage, or costs including court costs and attorney fees that may occur as a result of participation in said activity.

PART C – NORMATIVE DATA RELEASE

(Youth under 18 must have parent signature)

I understand that the participant may be invited to participate in Institute, State, or national assessments that yield normative data for purposes of establishing comparisons of statistical norms, and/or they may yield data that is specific to the participant, and that may become a part of the participants personal guidance file(s) for purposes of advising them in character or leadership development.

I further understand that information that is generated by the participant in the course of these activities, events, or formal assessments is intended to provide insight into the characteristics or levels of their leadership or character development, and that such information shall be included, as appropriate, in order to better advise and encourage the participant in purposeful leadership or character development.

Having been advised of the provision of Public Law 93-380, “Family Education Rights and Privacy Act of 1974” (a.k.a. FERPA), and in the connection with participation in the above named activities, I hereby authorize the release of any and all records maintained by the Daniels’ Leadership Center, and/or program-related events and activities, to any professional staff of the Institute or the contracting organization who is/are deemed “appropriate” by the Superintendent, the Dean, the Commandant, the Principal, and/or the contracting organization.

PART D – TALENT, PHOTO, AND VIDEO/AUDIO RECORDING RELEASE FORM

(Youth under 18 must have parent signature)

I authorize the Institute and its agents to record my appearance (and/or my property), likeness and participation on videotape, audiotape, film, photograph, digital, electronic or any other medium to use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for any purpose that the Institute deems appropriate. I do hereby release to the New Mexico Military Institute all rights to exhibit this work publicly or privately, including but not limited to posting it on the NMMI website and simulcasting.

I release the Institute, its successors and assigns, its agents and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings. I understand that all such recordings, in whatever medium, shall remain the property of the Institute.

New Mexico Military Institute
RELEASE FORM
LEADERSHIP REACTION COURSE/ROPES COURSE/RAPELLING TOWER

CONFIDENTIAL PARTICIPANT MEDICAL INFORMATION

The experiential education programs related to the Daniels Leadership Center at the New Mexico Military Institute require participation in physical exercises that are, by their nature, physically demanding. Reasonable steps have been taken to minimize risk and our staff places its highest priority on your "safety" and well-being on the course. However, it is also important for our staff to know of any medical and/or physical restrictions that would affect your ability to perform or otherwise engage fully in any of the events. In order to be aware of any restrictions that might compromise your ability to participate in all events, please complete the following medical information survey. Your responses shall be known to the staff in order to accommodate your needs, but otherwise shall be kept confidential. NMMI reserves the right to deny participation to anyone for any reason.

Signing below indicates that you have read this liability and assumption of risk agreement, fully understand its terms, understand that you give up substantial rights by signing it, and sign it freely and voluntarily.

In addition I understand that, unless specifically provided by the contracting organization or other governing body, the State of New Mexico, the Board of Regents, and New Mexico Military Institute do not provide medical coverage if the participant is injured while participating in this event. Any medical costs incurred as a result of this activity will be my responsibility to pay fully. The information provided herein by me is a complete and accurate statement of the physical factors that may affect my participation in the above said ropes course and its various events and activities. I realize that failure to disclose such information, or providing false information, could result in serious harm to fellow participants and/or to me. Furthermore, I give permission to NMMI's staff, administration, and/or medical staff, to provide medical treatment and/or transportation that may be deemed necessary to insure the well-being of the names participant.

Print Participant's Full Name

Print Parent/Guardian's Full Name
(If under 18 years of age as of today date)

Print Participant's Date of Birth

Print Participant's age as of today's date

Sign Participant's Full Name

Sign Parent/Guardian's Full Name
(If under 18 years of age)

Date of Signature

Date of Signature

New Mexico Military Institute
PRACTICAL FIELD TRAINING COVENANT NOT TO SUE
SENIOR RESERVE OFFICER TRAINING CORPS (SROTC)
CADET COMMAND (PAMPHLET 145-4)
(College Cadets Only)

Academic Year 2016 - 2017

CADET'S NAME: C/ _____ Cadet # _____

STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: Title 10, US Code 2102.2. PRINCIPLE PURPOSE(S): To release the U.S. Government, the host institution and the state in which the host participating in voluntary off campus training programs, practical field and high risk training. 3. ROUTINE USES: Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death and investigations of accidents resulting from such voluntary off-campus training, practical field and high risk training. 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify ROTC Cadet from participating in specific voluntary off-campus exercise.

I, _____ residing at New Mexico Military Institute, Roswell, New Mexico, do hereby agree that in consideration for being allowed to participate in rappelling, bivouacs, etc., conducted by New Mexico Military Institute Army SROTC Instructor Group, and Army supervised activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being fully aware of the risks adhering to this type of training, I hereby RELEASE and DISCHARGE FOREVER, the United States Army, the State of New Mexico and New Mexico Military Institute and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or any injury to me which may occur from any causes of during said activity or continuances thereof; and I do further covenant and agree to hold the Government of the United States, the State of New Mexico and New Mexico Military Institute blameless for any and all damage which I may cause either intentionally or through my negligence.

Parent/Guardian Name (Printed)

Cadet/Student Name (Printed)

Parent/Guardian Signature

Cadet/Student Signature

Relationship to cadet

Date

Date

Witness 1

Witness 2

| | | | |
|---------------------------|---|--------------------------------|-----------|
| | New Mexico Military Institute 101 W. College Blvd Roswell, NM 88201 | HIGH SCHOOL CADETS ONLY | Let Level |
| | | | Period |
| Last Name, First Name, MI | School Name/Address | Date Entered JROTC | Sch Grade |

TITLE OF FORM: **PRIVACY ACT STATEMENT**

PRESCRIBING DIRECTIVE: AR 145-2

AUTHORITY: Title 10 USC 2031

PRIMARY PURPOSE: To Maintain a record of leadership training progress and extracurricular activities as a Junior ROTC cadet.

ROUTINE USE:

Used to comply with U.S. Army requirements to provide a chronological record of the cadet's progress in Junior ROTC.

Information is used to prepare the following: school transcripts, promotion/reduction orders, awards and decorations. It is also used as a record of positions held, extracurricular activities parental permission, and physical condition.

Information is used as the basis for preparing Cadet Command Form 226-R (Certificate of Training)

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:

Disclosure of some information is voluntary, other is mandatory; failure to provide mandatory information would result in disenrollment from the program.

A COPY IF THE PRIVACY ACT STATEMENT WILL BE MADE AVAILABLE UPON REQUEST

I have this Privacy Act Statement. I further agree to accept responsibility for safeguarding, maintaining and accounting for any government property issued to me. If applicable to this unit, I have also been briefed and understand my responsibilities when in possession of Marksmanship Program equipment.

(Signature if parent or guardian also required if cadet is under the age of 18)

| | | | | | |
|------------------------------|-----------|------|---------------|-----------|------|
| PARENT/GUARDIAN (Print Name) | Signature | Date | CADET (Print) | SIGNATURE | DATE |
|------------------------------|-----------|------|---------------|-----------|------|

HEALTH STATEMENT

My (Our) Son/Daughter: _____ has no medical condition or impairment (except as noted below) that would preclude his/her full participation in the Army Junior Reserve Officers' Training Corps, and has my (our) permission to participate in any and all JROTC sponsored classes, training and activities.

LIMITATIONS: _____

TYPED OR PRINTED NAME OF PARENT OR GUARDIAN (Health Statement)

SIGNATURE OF PARENT OR GUARDIAN (Health Statement)



NEW MEXICO MILITARY INSTITUTE

101 West College Boulevard
Roswell, New Mexico 88201-5173
575-624-8400
Fax: 575-624-8459



OFFICE OF THE COMMANDANT

1 June 2016

Dear Parents and New Cadet:

I am the coordinator of the Institute Drug Free Youth (IDFY) Program. Participation in IDFY recognizes your cadet as one who is drug free and proud to prove it through random testing.

The program has proven effective at NMMI and rewards our youth for being drug free. Some local stores and restaurants give discounts throughout the school year for their participation.

The most important aspect of IDFY is that there are no losers; only winners. The cadet gains a positive feeling by being able to say he/she is drug free. There are no ramifications if a cadet chooses not to belong. Furthermore, the city of Roswell and our Nation win because NMMI cadets are participating in a program to help eliminate one of America's most serious problems. Encouraging your cadet to volunteer for this program is another way to team with NMMI staff and faculty to ensure the safety and wellbeing of our cadets.

If your cadet joins the program, he/she will be subject to random urinalysis and be issued an IDFY sticker for his/her ID card. The random testing is strictly confidential, and parents will not be notified of the results. Should the test be positive, the cadet will report to the Cadet Counseling Center and undergo a required intervention program with a certified Counselor for alcohol and drug counseling. The intervention program has a zero tolerance – zero use agreement. A positive test result while in the intervention program will result in parents being notified and cadet dismissal.

An initial, one-time \$25.00 fee, will cover the cost of the program. This amount will be withdrawn from your cadet's account. THE DEADLINE FOR THE FALL SEMESTER IS SEPTEMBER 2, 2016. Please fill out the application and release forms, and mail or bring them with you to matriculation as follows:

All athletes are required to participate, and must fill out the paperwork. College cadets on AGA scholarship are covered by their scholarship, however all other cadets will be charged the \$25 fee.

Cadets need:

Membership Application (IDFY form 1)

Parental Consent – General Release Form, if under the age of 18 (IDFY form 2)

Thank you for your time and support. If you need further information, please contact me at (575) 624-8404, or the administrative assistant at (575) 624-8403.

Sincerely,

Jeffrey E. Cunningham
Lieutenant Colonel, USA (Ret)
Deputy Commandant for Support

Encl: IDFY Form 1 Membership Application
IDFY Form 2 Cadet/Parental Consent

IDFY (Institute Drug Free Youth) PROGRAM Q&A

The IDFY Program is a voluntary program that rewards cadets for being alcohol and drug free. The IDFY program encourages positive peer pressure for healthy living and habits.

HOW DO I JOIN?

Fill out the membership forms at matriculation and a one-time \$25.00 fee will be taken out of the cadet account at the end of the registration period. If you sign up after Matriculation, see the Commandant's Administrative Assistant before the deadline of September 2, 2016. **If you are under 18, you must fill out the membership application and your parents must fill out the parental consent general release form.** If you are 18 and older you must fill out the membership application form and a cadet consent general release form.

IS THIS PROGRAM MANDATORY?

IDFY is a program used to meet the requirement for mandatory random urinalysis's for **all cadet athletes. They must join the program and fill out the paperwork in order to participate in sports.**

HOW DOES THE TESTING WORK?

After enrollment in the program each cadet will get an IDFY sticker to go on his or her ID card. At this point cadets will be subject to random testing and no cadet will know when he or she might be tested.

WHAT DOES IDFY TEST FOR?

The test will detect use of alcohol, marijuana, cocaine, opiates, PCP, amphetamines, barbiturates, methadone, and benzodiazepines.

WHAT IF THE TEST IS POSITIVE?

A positive test result will be strictly confidential. The cadet and Director of the Cadet Counseling Center will be informed of the results. The cadet will have to report to the Cadet Counseling Center to participate in an intervention program that includes more frequent testing.

WHAT IF THE TEST IS POSITIVE WHILE IN INTERVENTION?

A second positive test result while in counseling and intervention will result in dismissal. Parents are notified of the test results and dismissal of their cadet.

WHAT ARE THE BENEFITS?

Various stores and restaurants in Roswell are pledging support by offering discounts for IDFY members. On Wednesdays (as approved by the Commandant) cadets in the IDFY program can leave campus for supper. Yearling and Old cadets can begin receiving IDFY privileges after they report to the Commandant's Administrative Assistant, by 2 September for their IDFY sticker for their ID. New cadets in the program can begin receiving IDFY privileges after the 10 week mark. They must also report to their TLA for the IDFY sticker.

New Mexico Military Institute
IDFY MEMBERSHIP APPLICATION

Institute DFY (Drug Free Youth) Program

The testing procedure used for IDFY is a urine drug screen. The cadet will be notified to report to the infirmary to provide a urine sample. The cadet's number will be placed on the sample bottle and the drug test will be performed by a qualified official at NMMI. One test will be made on the sample. This test will detect alcohol, marijuana, cocaine, opiates, PCP, amphetamines, barbiturates, benzodiazepines and methadone.

In the event a cadet's **random test** sample is positive, the cadet will be notified privately of the test results. The primary purpose of this program is to rid cadets of drug use. Testing of drugs or narcotics in the cadet's system is in no way an investigative tool of a law enforcement agency. Positive **random test** results will not result in criminal prosecution. It is the ultimate goal of NMMI-IDFY to abolish drug abuse instead of prosecuting. Any cadet who fails a **random test** will be involved in a drug intervention program, forfeiting their sticker and privileges until the program is completed. Positive test results while in the intervention program will result in disciplinary action as per the current Blue Book.

Parents/Guardians will be notified if a cadet is tested for cause based on suspicion of drug use. In this case, the cadet will be dismissed if the directed test result is positive.

Cadets will be periodically retested to maintain the integrity of the program. Retesting will be on a random basis, and will not be announced in advance.

There is a \$25.00 membership fee. DO NOT SEND MONEY - This amount will be taken out of the cadet account after the deadline.

Dated this _____ day of _____ 20____.

Cadet Name (Printed)

Cadet Number

Cadet Signature

New Mexico Military Institute
PARENTAL CONSENT – GENERAL RELEASE FORM

Institute DFY (Drug Free Youth) Chapter

READ THIS DOCUMENT CAREFULLY
IT CONTAINS A RELEASE OF LIABILITY

The Institute Drug Free Youth Program has been developed in connection with law enforcement agencies to provide NMMI cadets with a voluntary organization that rewards them for being drug free, and to influence cadets who abuse drugs to reject them through the use of positive peer pressure. Although specific test results will be kept confidential, a positive test will result in a cadet being unable to continue participation in the program until completing a Drug Intervention Program administered by the Cadet Counseling Center. Peers and parents will be able to determine that such cadet is not participating in the program because he or she will not be able to produce the sticker on their identification card. Therefore, a cadet and parents should enter the program realizing that a cadet will have a very limited ability to maintain privacy and confidentiality if he or she has tested positive for drugs.

PARENTS WILL NOT BE NOTIFIED OF THE TEST RESULTS. Random test results will not be used to develop any criminal prosecution or for disciplinary actions. However, positive results while in the intervention program will result in disciplinary action per the current Blue Book.

If under the age of 18 and desiring to participate in the Institute Drug Free Youth Program (IDFY), we the undersigned parents/I the parent and managing conservator/I the legal guardian, (circle one) of cadet _____ age, _____, give consent to collect and have tested a sample of urine to determine whether or not my system shows free from drug use, and agree to subsequent random testing to determine continued qualification for the program. As partial consideration for such testing, we/I release NMMI and their employees, the Board of Regents, and the testing facility from any and all liability and agree to indemnify and hold harmless these from any claim that might be made virtue of such test and the results hereof. This release is intended to be a general release and releases such persons and entities from any liability of claims including, but not limited to, claims and liability for personal injury, defamation, or the invasion of privacy. The test will not be given through this program to a cadet under the age of 18 without the consent of both the cadet and the parents or guardian. The results of the tests will be kept confidential and will not be used to develop any criminal prosecution.

If over the age of 18 and desiring to participate in the Institute Drug Free Youth Program (IDFY), I the undersigned, being of legal age, _____, give consent to collect and have tested a sample of urine to determine whether or not my system shows I am free from drug use, and agree to subsequent random testing to determine continued qualification for the program. As partial consideration for such testing, I release NMMI and their employees, the Board of Regents, and the testing facility from any and all liability and agree to indemnify and hold harmless these from any claim that might be made virtue of such test and the results hereof. This release is intended to be a general release and release such persons and entities from any liability of claims including, but not limited to, claims and liability for personal injury, defamation, or the invasion of privacy. The results of the tests will be kept confidential and will not be used to develop any criminal prosecution.

Dated this _____ day of _____ 20__.

Cadet Name (Printed)

Parent/Guardian (Printed) (Required if under 18)

Cadet Signature

Parent/Guardian Signature (Required if under 18)

New Mexico Military Institute
PARTICIPANT WAIVER AND HOLD HARMLESS FORM
Paintball/SCUBA/Self-Defense/Martial Arts/Boxing/Bataan Activities

1. In consideration for receiving permission to participate in Cadet Paintball Activities (herein referred to as **ACTIVITY**), which is organized by New Mexico Military Institute (herein referred to as **Institute**), I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes, NMMI, the Board of Regents for New Mexico Military Institute, and their officers, servants, agents, volunteers, or employees (herein referred to as **RELEASEES**) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned, leased, or used by **RELEASEES, INCLUDING INJURIES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF RELEASEES**. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.
2. I am fully aware that there are inherent risks involved with **ACTIVITY**, including but not limited to loss of sight, and/or hearing, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity **INCLUDING INJURIES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF RELEASEES**. I further agree to indemnify and hold harmless the **RELEASEES** for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.
3. I assure officials of the Institute and **RELEASEES** that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity.
4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of New Mexico.
5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

SIGNED this _____ day of _____, 20 _____.

Participant Signature: _____

Printed Name: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Witness Signature: _____

Witness Printed Name: _____

New Mexico Military Institute
REQUEST FOR VEHICLE ON POST

Academic Year: _____

CADET'S NAME: C/ _____ Cadet# _____

1. I request permission to possess and operate a vehicle on post based on one of the following criteria.

_____ I am a college cadet, **not a new cadet or yearling**, with a _____ GPA and a _____ in department.

_____ I am a member of the National Guard or Reserve and require a vehicle to attend drill periods.

_____ I am a second semester 3rd class cadet, **not a new cadet or yearling**, with a _____ GPA and a department grade of _____.

_____ I am a first semester 3rd class cadet, **Squad Leader or Above**, with a _____ GPA and a department grade of _____.

_____ I have special circumstances which require me to possess a vehicle.

Explanation of special circumstances:

2. PGF 16 Vehicle Use and Registration Form has been signed and completed.

3. I have provided the NMMI Police Department proof of ownership, authorization to operate the vehicle, proof of vehicle insurance, and a valid driver's license recognized by the State of New Mexico.

4. I understand the cadet parking fee is \$25 per school year.

5. I have read and fully understand Section 3.14 of the Blue Book which outlines the rules under which I am permitted to maintain a vehicle at NMMI.

6. I understand that if approved, specific instructions and guidance for possessing and operating a vehicle must be strictly followed.

Cadet Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)

Cadet is 18 years of age or more: _____ Yes _____ No

New Mexico Military Institute
VEHICLE USE AND REGISTRATION FORM

Academic Year: _____

CADET'S NAME: C/ _____ Cadet# _____

I certify that said vehicle is insured according to the laws of the state in which it is registered; further, that this insurance will be in force while at NMMI. I agree to indemnify and hold harmless NMMI and its representatives in cases where property damage, injury and/or death results from the negligent or reckless use of the vehicle and in cases where the vehicle is improperly insured or uninsured. I understand that NMMI assumes no responsibility for damage or loss to any vehicle operated or parked on campus.

I have read the policy concerning possession/use of a vehicle at NMMI. I fully understand the rules under which I am permitted to maintain an automobile at NMMI. I will not loan my vehicle to any other cadet, nor will I operate another cadet's vehicle. I will park only in authorized cadet parking areas. I understand that my vehicle is subject to towing and/or impound for unpaid citations, improper parking or serious violations of conduct. I understand the current fee for impounded vehicles is \$40.00, which must be paid before the vehicle is returned to me. I will not use my car for storage. I agree to have my car inspected at any time by a member of the Commandant's staff or by NMMI Campus Police.

CADET SIGNATURE _____

CELL PHONE: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LIC. #: _____ STATE _____ EXP. DATE _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN SIGNATURE _____

IF CADET IS UNDER 18 YEARS OF AGE: _____

PARENT/GUARDIAN E-MAIL: _____

Veh. Reg. _____ Proof of Ins. _____ Driver's License _____

Paid _____

Police Use (Make Copies and initials of processing officer)

Reg. Paid _____ Veh. Reg. _____ Proof of Ins _____ Drv. Lic. _____

Required Signatures:

TLA Signature _____ Date _____

SLA Signature _____ Date _____

DCO Signature _____ Date _____

Decal # _____
Last Name _____
Year _____
Model _____
Color _____
M.I. _____
License Plate State _____
VIN # _____
Plate # _____

NOTE – PLEASE ANSWER EVERY QUESTION COMPLETELY

**NEW MEXICO MILITARY INSTITUTE
HEALTH & CONSENT FORM**

Name of Applicant: _____

Social Security Number: _____

Has the applicant ever had the following special problems or is the applicant under any treatment?

Check diseases and/or conditions experienced:

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Polio | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Hives | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other _____ |

- (1) Do you have any allergies including medication and food? **NO/YES** (Circle one) If yes, please list. _____
- (2) Have you ever had psychiatric or psychological treatments, medication or hospitalization or an eating disorder? **NO/YES** (Circle one) If yes, please list: _____
- (3) Any past/present history of epilepsy, convulsions, bed wetting, weight loss, or long periods of time loss from past school? **NO/YES** (Circle one) If yes, please list. _____
- (4) Are you currently taking any medication? **NO/YES** (Circle one) If yes, please list. _____
- (5) History of fainting spells, blacking out, high blood pressure or other related disorders? **NO/YES** (Circle one) if yes, please comment on a separate sheet or by doctor's letter.
- (6) Any history of major operations/illness within the past 5 year period? **NO/YES** (Circle one) If yes, please comment on separate sheet.
- (7) Any restriction on physical activity? **NO/YES** (Circle one) If yes, please comment on separate sheet or by doctor's letter.
- (8) It is required by the state of NM Law that all immunizations are up to date and on file at the infirmary prior to admission to the Institute. If immunization information is missing the medical form will be returned for your completion. If you wish the infirmary to update immunizations needed, please sign here: _____

If no, please check here. _____ (Parent Signature required if under 18)

(Applicant Signature)

- (9) I (**do**) (**do not**) (Circle one) authorize NMMI Infirmary to administer the influenza vaccine on a yearly basis while the applicant is attending NMMI. In the event of an infectious disease outbreak, i.e., influenza, etc. NMMI will coordinate parental notification of those Cadets without parental authorization through local public health agencies. Cadets refusing mandatory immunization during an outbreak may be immediately disenrolled from NMMI upon counsel of the New Mexico Department of Health.

Please Note: Those who should **not** be vaccinated are:

- (a) Anyone who has an allergy to eggs.
- (b) Cadets who are ill at the time of the scheduled vaccinations, will not be vaccinated until the symptoms abate.
- (c) Individuals prone to Guillain-Barre syndrome.

Health & Consent Form
Page 2

The following conditions are considered disqualifying for admission from New Mexico Military Institute.

- A. Active epilepsy
- B. Diabetes requiring a special diet and insulin therapy
- C. Blindness
- D. Deafness
- E. Chronic renal disease
- F. Chronic cardiac disease
- G. Severe symptomatic asthma
- H. Any severe neuromuscular or orthopedic disease which would interfere with the cadet's performance and physical activity in accordance with New Mexico Military Institute's requirements.
- I. Any other substantial physical or mentally limiting condition which, in the opinion of the medical staff, would interfere with the cadet's ability to function satisfactorily at the New Mexico Military Institute.

Behavioral Standards considered disqualifying for admission.

- A. Any felony criminal conviction
- B. Any other conviction where the student is still on probation
- C. Any permanent dismissal from any school
- D. Been suspended three or more times from schools attended in the last three years
- E. Any attempted suicide
- F. Manic-depressive disorder, bipolar disorder, regularly scheduled psychological counseling or any other severe psychological disorders or limiting condition which in the opinion of the medical staff would interfere with the cadet's ability to function satisfactorily at the New Mexico Military Institute, demonstrated an inability to meet the existing NMMI admissions requirements without significant accommodation that alter the missions of the Institute.
- G. A drug addiction
- H. An alcohol addiction

I do hereby give permission to the New Mexico Military Institute - Marshall Infirmary health care professionals – to treat my son/daughter/myself on a routine and emergency basis. I also authorize the New Mexico Military Institute employed or contracted health care professionals to refer my son/daughter/myself to an appropriate local physician in the Roswell community or the Eastern New Mexico Medical Center Hospital for further evaluation, treatment or hospitalization as deemed necessary.

I certify that the information provided herein is true and correct to the best of my knowledge.
I fully understand that I am responsible for medical charges.

Date: _____

X _____
(Signature of Applicant)

Phone: _____

X _____
(Signature of Parent or Guardian if Under 18)

Emergency Phone #: _____

(Mailing Address)

(City, State, Zip)

NEW MEXICO MILITARY INSTITUTE ATHLETIC DEPARTMENT
Medical Information and Release

First Name _____ Last Name _____ MI _____ Cadet# _____

Date of Birth _____ Class _____ Male ___ Female ___ Sport(s) _____

Parent or Legal Guardian (Primary Contact) _____

Permanent Address: Street _____

City _____ State _____ Zip Code _____

Home phone _____ Work Phone _____ Cell Phone _____

Secondary (Emergency) Contact _____ Relation _____

Home phone _____ Work Phone _____ Cell Phone _____

Medical Information

Height _____ Weight _____ Blood Type _____ Medications _____

Medical Conditions: (ex. Allergies, asthma, etc.) _____

Insurance Information

Insurance Company _____ Phone Number _____

Policy Holder _____ Card Number _____ Group Name _____

Address of Company: Street _____ City _____

State _____ Zip Code _____

I/we, as parent(s) or guardian(s) of _____ do hereby grant permission for my minor child to participate in intercollegiate or interscholastic athletics. I am aware of the risks involved with participating in athletics and acknowledge the danger of severe injury or death that can result from participation. I understand that NMMI is not responsible in the event an injury is sustained. In the event of injury I authorize NMMI to render and obtain appropriate care for my child. Furthermore, I, as parent or legal guardian, do fully understand and voluntarily accept and agree to all of the above terms, statement and conditions. I give my child permission to participate in all athletic offerings at NMMI except as follows: (Place an X on those sports which you **DO NOT** grant your child permission to participate in)

Football Soccer Volleyball Baseball Basketball Cross-Country

Golf Tennis Track Swimming

Concussion Statement: A concussion is a disturbance in function of the brain, caused by a blow to the body or head, occurring in any sport or activity. Results in a variety of symptoms (headache, nausea, dizziness, memory or a balance problem) with or without loss of consciousness. I, we, understand that there is a concussion protocol established for/by the sport that includes care and return to play criteria.

Cadet's Signature

Date

Parent or Legal Guardian Signature

Date

New Mexico Military Institute Athletic Department POWER OF ATTORNEY FOR HEALTHCARE DECISIONS

Except in a true emergency, medical care may be rendered to a minor child only with the consent of the parent(s) or legal guardian(s). There is a difference between "emergency" care and "unexpected" care. True emergency situations are instances in which the denial of care could result in either permanent injury or death. In these cases a minor child may be treated without parental/guardian consent. Unexpected care are situations that arise that require medical attention, however, they are not life threatening and cannot be treated without parent/guardian consent.

To prevent delay in care in the event your child is injured or becomes ill the following consent form can be filled out authorizing treatment. The following POWER OF ATTORNEY FOR HEALTHCARE DECISIONS will allow medical personnel to perform the medical procedures necessary for your child. This form will be carried for each cadet and available in case he or she requires medical attention.

Please fill this out completely and have it notarized by a NOTARY PUBLIC.

I, _____, hereby appoint New Mexico Military Institute personnel to serve as attorney-in-fact and agent to act on my behalf to make decisions for:

| | |
|---------------|---------------|
| | |
| Name of cadet | Date of Birth |

my minor child in the event that I am not present and able to do so myself.

Allergies _____

This appointment shall extend to and authorize all acts necessary to give full force and effect to this directive and shall extend to decisions relating to medical treatment, surgical treatment, nursing care, medication or hospitalization. The agent appointed by this document is specifically authorized to act on my behalf to consent or refuse. I appoint personnel of New Mexico Military Institute as my agent because I believe that they are sound and capable of making a decision for my minor child.

Special directives or limitations on this Power of Attorney for healthcare decisions

Signature of parent or legal guardian

Subscribed and sworn before me in _____ County -- State _____

on the _____ day of _____ year _____.

My commission expires on _____.

Notary Public Signature

Do not mail – please tear out of parent packet and give to your coach or athletic department (if playing a sport) when you matriculate



New Mexico Military Institute

Returning Student Sports Physical



Athlete's Name: _____ **DOB** _____

Class: 2 3 4 5 6 **ABT** _____ **Sport(s)** _____

To be filled out by athlete: **Y** **N** **Explain**

| | | | |
|--|--|--|--|
| Have you had a tetanus shot in the last 10 years? | | | |
| Have you had a head injury or concussion | | | |
| Do you wear glasses or contacts | | | |
| Do you have/or have you had any of the following: | | | |
| Dizzy spells/fainting | | | |
| Allergies (food, drugs, or pollen) | | | |
| Asthma/Bronchitis | | | |
| Diabetes | | | |
| Epilepsy | | | |
| Appendicitis | | | |
| Frequent Headaches | | | |
| Hepatitis/Jaundice | | | |
| Mononucleosis | | | |
| Venereal Disease | | | |
| Rhumatic Fever | | | |
| Heart Murmur | | | |
| Ulcers | | | |
| Hernia | | | |
| Heat Cramps or Heat Exhaustion | | | |
| Have you ever injured your neck or back? | | | |
| Have you ever had a fractured/broken bone? | | | |
| Have you had any surgeries? | | | |
| Has there been any major change in your medical status since your initial NMMI physical? | | | |
| Have you ever been medically disqualified from participation in sports? | | | |
| List any injuries that you sustained last year/season: | | | |
| | | | |
| List any other health information that you feel is relevant: | | | |
| | | | |

I certify that the above information is correct to the best of my knowledge. I will inform the NMMI Athletic Training/Medical staff of any change in my health status.

| | | | |
|---------------------|------|--|--|
| Athlete's signature | Date | | |
| | | | |

Physical Examination

Height: Weight: Heart Rate: Blood Pressure:

Vision:

| | NORMAL | ABNORMAL | COMMENTS: |
|--------------|--------|----------|-----------|
| Eyes | | | |
| ENT | | | |
| Head/Neck | | | |
| Skin/Scalp | | | |
| Lymphatic | | | |
| Thorax | | | |
| Lungs | | | |
| Heart | | | |
| Abdomen | | | |
| Hernia | | | |
| Genitalia | | | |
| Neurological | | | |
| Shoulders | | | |
| Elbows | | | |
| Wrist/Hand | | | |
| Back | | | |
| Neck | | | |
| Knees | | | |
| Ankles | | | |
| Feet | | | |

Other: _____

Physician Evaluation: (check one) Comments

| | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Full unlimited Participation | |
| <input type="checkbox"/> | Limited Participation | |
| <input type="checkbox"/> | Clearance withheld until: | |
| <input type="checkbox"/> | No Athletic Participation | |

| | | |
|-----------------------|--------------|------|
| Physician's Signature | Printed Name | Date |
| | | |

This form is only for returning cadets. New cadets must use the NMMI admissions physical for their first year of participation.



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.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 1 AND BRAIN INJURIES

Senate Bill 1:

<http://www.nmlegis.gov/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/resources/sports-medicine>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



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 the New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date