



2018-2019 NMAA Application

High School Athletic Trainer and/or Team Physician State Tournament Pass

In an effort to identify school medical personnel during state championship events as well as to provide complimentary admission, please fill out the following information and submit to the NMAA.

SCHOOL INFORMATION

High School Name: _____
High School Address: _____

Athletic Director's Name: _____
Athletic Director's #: _____

ATHLETIC TRAINER INFORMATION (if applicable)

Name: _____ NM License # (*required): _____
Cell Phone: _____
Email Address: _____

As the Athletic Trainer, my signature signifies that I am employed at the high school as listed above and that my Athletic Training license is current so I may practice in the State of New Mexico.

Athletic Trainer Signature: _____ Date: _____

TEAM PHYSICIAN INFORMATION (if applicable)

Name: _____ NM License # (*required): _____
Cell Phone: _____
Email Address: _____

As the Team Physician, my signature signifies that I am commissioned by the high school as listed above and that my Medical Board license is current so I may practice in the State of New Mexico.

Team Physician Signature: _____ Date: _____

ATHLETIC DIRECTOR SIGNATURE

As Athletic Director, my signature verifies that the Athletic Trainer and/or Team Physician above is/are currently employed for _____ High School.

Athletic Director Signature: _____ Date: _____

When completed please fax to the NMAA, attention Alissa Wesbrook at (505) 923-3114 by September 14, 2018. Applications submitted after this date may not be accepted.

*(Notice: This pass is good for one school year and the application must be submitted every year so you may receive a pass to all NMAA sanctioned state events. Failure to resubmit yearly will forfeit your pass.)