

NMAA

Commission Meeting



Wednesday, November 28, 2018
NMAA
9:00 AM



New Mexico Activities Association Commission Updated August 2018



Small Area A – Term Expires Dec. 31, 2019
Mr. Tim Host
Academy for Technology and the Classics
74 A-Van-Nu-Po Road
Santa Fe, NM 87508
505-473-4282, Fax: 505-467-6513
email: tim.host@atcschool.org

Small Area B – Term Expires Dec 31, 2018
Mr. Dickie Roybal
Melrose High School
P.O. Box 275
Melrose, NM 88124
575-253-4267, Fax: 575-253-4291
email: rroybal@melroseschools.org

Small Area C – Term Expires Dec. 31, 2019
Mr. Jory Mirabal
Magdalena High School
P.O. Box 629
Magdalena, NM 87825
575-854-2241, Fax: 575-854-2531
email: jmirabal@magdalena.k12.nm.us

Small Area D – Term Expires Dec. 31, 2020
Mr. David Campbell
Dexter High School
100 N. Lincoln
Dexter, NM 88230
575-734-5420, Fax: 575-734-6709
email: campbelld@dexterdemons.org

Non-Public School Representative – Term Expires Dec. 31, 2020
Mr. Al Martinez
Wingate High School
P.O. Box 2
Ft. Wingate, NM 87316
505-488-6425, Fax: 505-488-6444
email: alfred.martinez@bie.edu

New Mexico High School Athletic Directors Association Rep.
Mr. Mike Huston
c/o NMADA
6600 Palomas Ave. NE
Albuquerque, NM 87109
505-923-3278, Fax: 505-923-3114
email: mhuston2000@aol.com

New Mexico Officials Association Representative
Mr. Jess Martinez
Albuquerque, NM
505-228-0102
email: jessmartinez3@gmail.com

New Mexico Association of Secondary School Principals Rep.
Mr. V. Scott Affentranger
Cleveland High School
4800 Laban Circle
Rio Rancho, NM 87144
505-938-0325
email: scott.affentranger@rrps.net

Large Area A – Term Expires Dec. 31, 2020
Mr. Larry Chavez
Cleveland High School
4800 Laban Rd.
Rio Rancho, NM 87144
505-948-4224, Fax: 505-338-3474
email: larry.chavez@rrps.net

Large Area B – Term Expires Dec. 31, 2018
Mr. Cooper Henderson
Artesia High School
1106 W. Quay
Artesia, NM 88210
575-746-2373, Fax: 575-746-8816
email: chenderson@bulldogs.org

Large Area C – Term Expires Dec. 31, 2019
Mr. Ernie Viramontes (Chairman)
Las Cruces Public Schools
505 S Main St.
Las Cruces, NM 88001
575-527-5812, Fax: 575-527-6677
email: eviramontes@lcpss.k12.nm.us

Large Area D – Term Expires Dec. 31, 2018
Ms. Nickie McCarty
Taos High School
134 Cervantes Street
Taos, NM 87571
575-751-8000, Fax: 575-751-8001
email: nikmcc@taossschools.org

State School Boards Association Representative
Mr. Tony Rubin
P.O. Box 313
Wagon Mound, NM 87752
505-429-0066
email: trubin4@yahoo.com

New Mexico High School Coaches Association Rep.
Mr. Thomas "Buster" Mabrey
6600 Palomas Ave. NE
Albuquerque, NM 87109
505-821-8600, Fax: 505-923-3114
505-554-7349 (cell)
email: tmabrey@nmhsca.com

Activities Council Member
Mr. Steve Perea
Albuquerque, NM
505-315-8709
email: nmaachess@gmail.com

Jr. High / Middle School Representative
Ms. Debbie Coffman
Albuquerque Academy
6400 Wyoming Blvd. NE
Albuquerque, NM 87109
505-828-3342
email: coffman@aa.edu

Note: The terms of the elected representatives to the NMAA Commission shall be three years. The initial term lengths are staggered to provide continuity on the Commission. Subsequent terms are for three years for the elected position.

NEW MEXICO ACTIVITIES ASSOCIATION COMMISSION MEETING



NMAA - Hall of Pride and Honor
November 28, 2018
9:00 AM

AGENDA

A= Action Item

D/I= Discussion/ Information Item

- I. Call Meeting to Order and Welcome**
Roll Call – Ascertain Quorum
(A) Approval of Agenda
(A) Approval of Minutes (September 5, 2018)
Alissa Wesbrook, Asst. to Exec. Dir.
Ernie Viramontes, Chairman
Ernie Viramontes, Chairman
- II. NMAA Director's Report**
Dusty Young, Associate Director
- III. NMAA Activities Report**
Dana Pappas, Deputy Director
- IV. New Mexico Officials Association Report**
Dana Pappas, Deputy Director
- V. Discussion/ Information Items**
(D/I) **Football:** Middle / Jr. High School Season
Tony Rubin, NMSBA Rep
(D/I) **NMOA:** Varsity Assignors in All Sports
Dana Pappas, Deputy Director
(D/I) **NMOA:** Game Cancellation/Reschedule Policy
Dana Pappas, Deputy Director
(D/I) **Sports Medicine:** Physicals & Consent to Treat
Scott Owen, Assistant Director
(D/I) **Volleyball:** Tournaments/Match Limitations
Sally Marquez, Executive Director
(D/I) **Volleyball:** Pool Play at State Tournament
Sally Marquez, Executive Director
(D/I) **Basketball:** Replay Update
Sally Marquez, Executive Director
(D/I) Scholastic Eligibility Update
Sally Marquez, Executive Director
(D/I) Compete with Class Update
Sally Marquez, Executive Director
(D/I) Scrimmage Definition/Bylaws
Sally Marquez, Executive Director
(D/I) NMAA Rules Clinics
Sally Marquez, Executive Director
(D/I) 8th Grade Participation & Enrollment
Sally Marquez, Executive Director
(D/I) State Championship Qualifiers
Sally Marquez, Executive Director
(D/I) State Championship Seeding/Selection
Sally Marquez, Executive Director
- VI. Action Items**
(A) **Basketball:** Middle / Jr. High School Start Date
Sally Marquez, Executive Director
- VII. Consider Adjournment**

Next Commission Meeting – February 6, 2019

NMAA Commission Meeting
September 5, 2018
9:00 AM
NMAA Office

Welcome – The meeting was called to order by Mr. Ernie Viramontes at 9:02 am. A roll call was conducted by Mrs. Alissa Wesbrook, NMAA, and the following members were present:

Mr. Tim Host (Small, Area A)
Mr. Larry Chavez (Large, Area A)
Mr. Dickie Roybal (Small, Area B)
Mr. Cooper Henderson (Large, Area B)
Mr. Jory Mirabal (Small, Area C)
Mr. Ernie Viramontes (Large, Area C)
Mr. Dave Campbell (Small, Area D)
Ms. Nickie McCarty (Large, Area D)
Mr. Thomas Mabrey (New Mexico High School Coaches Association)
Mr. Al Martinez (Non-Public School)
Mr. Scott Affentranger (New Mexico Association of Secondary School Principals)
Mr. Mike Huston (New Mexico High School Athletic Directors Association)
Mr. Steve Perea (Activities Council)
Ms. Debbie Coffman (Jr. High/Middle School)
Mr. Jess Martinez (New Mexico Officials Association)

Not Present:

Mr. Tony Rubin (New Mexico School Boards Association)

15 members present representing a quorum.

Approval of Agenda:

Mr. Viramontes asked for a motion to approve the agenda. Mr. Huston made a motion to approve the agenda. Mr. Perea seconded the motion. A vote was taken and passed unanimously (15-0).

Approval of Minutes:

Mr. Viramontes asked for a motion to approve the minutes of the May 16, 2018 Commission Meeting as presented. Mr. Henderson made a motion to approve the minutes. Mr. Perea seconded the motion. A vote was taken and passed unanimously (15-0).

NMAA Directors' Report:

Mr. Dusty Young, NMAA Associate Director, discussed five (5) items on his report: 1) he introduced a new Commission Member, Mr. Steve Perea who is the NMAA's Chess liaison and will serve as the Activities Council representative; 2) he reported that there will be four openings on the Commission this fall. Elections will be held in October for Small Area D, Large Area A, Large Area B and Large Area D. He also stated that Mr. Dave Campbell shift from the Small Area D rep to the NMADA rep since he is now President of that organization. 3) he informed the group that the 2018 NMAA/NMADA Fall Conference will be held September 30-October 1, 2018 at the Marriot Pyramid Hotel in Albuquerque; 4) he stated that the NMAA staff has been and will continue to travel the state this fall for various meetings/presentations; and 5) he reported, along with Executive Director Sally Marquez, that the start to the 2018 sports season has seen several negative incidents pertaining to sportsmanship and that the NMAA would continue to work with schools to enforce new the new sportsmanship bylaw in an effort to create a positive culture statewide.

NMAA Financial Report:

Mrs. Shari Kessler-Schwaner, Business Manager, presented the financial report. She discussed one (1) item on her report: 1) she provided reports for the 2017-2018 fiscal year and stated that these would be final later in the month once the annual audit of the organization was complete.

NMAA Activities Report:

Mrs. Dana Pappas, Deputy Director, presented the activities report. She discussed four (4) items on her report: 1) she again introduced Mr. Steve Perea as the new chair for the Activities Council, replacing Mr. Don Gerheart; 2) she provided information from the August 28th Activities Council meeting; 3) she stated that the fall is a slower time for activities with only one state event (One Act Play); and 4) she informed the group that nearly 30 schools were represented at the NMAA's first Esports workshop held in August.

NMAA Officials Report:

Ms. Pappas presented the officials report. She discussed six (6) items on her report: 1) she provided an update on the many in-person trainings that took place over the summer which included multiple basketball & football camps, the basketball REF, and NMOA state clinic; 2) she stated that the NMOA is working on a variety of training videos for official's education and improvement; 3) she discussed the Battles 2 Ballfields program that was recently introduced in New Mexico and has brought six veterans in to the officiating ranks; 4) she informed the group that the 2019 NMOA State clinic will be held on July 12-13; 5) she stated that the NMAA will again be holding Officials' Appreciation Weeks throughout the year, and has also added Coach Appreciation weeks as well; and 6) she reported on the football officials' shortage that has plagued the membership this fall.

General Discussion/Information Items

Basketball – Replay: Mr. Roy Sanchez, Athletic Director at Eldorado High School, discussed the potential need for instant replay in the sport of basketball for last second shots. He reported that approximately ten states currently utilize this tool during various state tournament games. He asked the Commission to consider this potential change as it could be a useful tool to help officials in pivotal situations while also bettering the game of basketball for the membership.

NMADA/NIAAA – Importance of LTC Program: Ms. Tammy Richards, NMAA Assistant Director, discussed the NIAAA LTC program and the importance of continuing education and professional development in the field of athletic administration. She encouraged Athletic Directors to take part in these classes in an effort to keep the profession growing and improve the annual turnover rate.

NMOA – Officials' Fees: Ms. Pappas presented the finalized proposal for increases to officials' fees. This would be effective July 1, 2019. The proposal includes data based on feedback and input from the NMAA Commission and Board of Directors.

NMOA – Sub-Varsity Assignors: Ms. Pappas stated the NMOA Executive Board would like to discuss this item in more detail at its October meeting and that it would be placed on the next Commission agenda once more feedback is collected.

EAP/AED Requirement – Activity State Events: Mr. Scott Owen, NMAA Assistant Director, asked for feedback in potentially requiring an EAP and accessible AED at all state activity events activities. This is currently the case for all sports and the activities of Bowling, JROTC and Rodeo. Based on feedback from the Activities Council and Commission, the NMAA will continue to work on this project in an effort to mandate it for all activities, while also looking at ways to help each individual activity organization with associated costs.

Scholastic Eligibility – 8th Grade Clean Slate Rule: Ms. Marquez discussed scholastic eligibility, in particular the clean slate rule that allows for students to participate in activities/athletics regardless of previous year grades once they make an open enrollment choice to participate in high school athletics. Currently, 8th graders are allotted a clean slate at the start of high school for athletic purposes. The issue with this rule is 8th graders, currently not academically eligible to participate at the middle school level, are able to participate at the high school level under this rule. Feedback from the Commission is for the NMAA to continue to look at the clean slate rule and address the 8th grade situation mentioned above, while also considering other options that could adjust other aspects of the rule as a whole.

Coach Education – NFHS Rules Exams: Ms. Marquez discussed the possibility of a requirement that coaches take the same rules exam that officials take to start each season. Although the group felt that continued education is always a good thing, it was felt that face to face clinics/opportunities would be better than adding another online requirement. The NMAA will work with the NMHSCA to see if something like this is feasible for the future.

Football – Team Huddles at Midfield: Ms. Marquez discussed the concern in regards to teams huddling at midfield before, during and/or after the game, causing some animosity between the two schools. There are rules in effect in the sport of basketball that do not allow this to occur. The Commission recommended that the NMAA put together a proposal that would prohibit this practice in all sports.

Ejection Policy for Fighting: Ms. Marquez discussed the increased number of ejections for fighting and asked if the NMAA should consider harsher penalties (i.e. multiple game ejections, meetings with the Executive Director) for these type of ejections. She referenced how it has helped in the sport of soccer and inquired as to if it should thus be applied to all sports. The Commission recommended that changes should be pursued but that football may need to be looked at differently because of its shorter season.

IB Program at Sandia High School: Ms. Marquez discussed current eligibility rulings for students transferring to Sandia HS when accepted to its IB Program. After discussion, Ms. Marquez stated that this would also be on the agenda for the next Board of Directors' Meeting.

Consider Adjournment

Mr. Viramontes asked for a motion to adjourn the meeting at 10:53 am. Mr. Campbell made a motion to adjourn the meeting. Mr. Chavez seconded the motion. A vote was taken and passed unanimously (15-0).

New Mexico Activities Association

Commission Meeting – November 28, 2018



VARSITY REGIONAL ASSIGNORS

☐ Action Item
☒ Discussion Item

☐ Referenda Item
☒ Non-Referenda Item

Presenter:

Dana Pappas, NMAA Commissioner of Officials/Deputy Director

Proposal:

For the New Mexico Activities Association office to begin selecting Varsity Regional Assignors for officials in all sports.

Rationale:

By selecting assignors in all sports, it would increase accountability of assignors and would allow the NMAA office more oversight of assignors and the process. This would also allow the NMAA office to replace assignors who are not completing their tasks for their local groups.

Budgetary Impact:

Increase of \$20,000 to NMAA budget.

NMAA Staff Recommendation:

Approve

Attachments:

1. Regional Assignor Plan for all sports
2. Proposed Assignor Fee Schedule
3. Varsity Regional Assignor Fee Budget & NMAA Fiscal Impact



NEW MEXICO ACTIVITIES ASSOCIATION
REGIONAL ASSIGNOR PLAN - BASEBALL



<u>CENTRAL</u>	<u>NORTHEAST</u>	<u>NORTHWEST</u>	<u>SOUTHEAST</u>	<u>SOUTHWEST</u>
Albuquerque Academy	Capital	Aztec	Artesia	Alamogordo
Albuquerque High	Cimarron	Bloomfield	Carlsbad	Capitan
Atrisco Heritage	Clayton	Farmington	Clovis	Centennial
Belen	Desert Academy	Gallup	Dexter	Chaparral
Bernalillo	Española	Grants	Dora	Cobre
Cibola	Los Alamos	Kirtland Central	Elida	Deming
Cleveland	McCurdy	Miyamura	Eunice	Gadsden
Del Norte	Mesa Vista	Navajo Pine	Floyd	Hatch Valley
East Mountain	Monte del Sol	Navajo Prep	Gateway Christian	Hot Springs
Eldorado	Mora	Newcomb	Goddard	Las Cruces
Estancia	Pecos	Piedra Vista	Grady/San Jon	Lordsburg
Highland	Peñasco	Rehoboth	Hobbs	Mayfield
Hope Christian	Pojoaque	Shiprock	Jal	Oñate
Jemez Valley	Questa	Thoreau	Logan	Ruidoso
La Cueva	Raton	Tohatchi	Loving	Santa Teresa
Laguna-Acoma	Robertson	Wingate	Lovington	Silver
Los Lunas	Santa Fe	Zuni	Melrose	Tularosa
Magdalena	Santa Fe Indian		NMMI	
Manzano	Santa Fe Prep		Portales	
Moriarty	Santa Rosa		Roswell	
Mountainair	St. Michael's		Texico	
NACA	Taos		Tucumcari	
Rio Grande	Tierra Encantada			
Rio Rancho	West Las Vegas			
Sandia				
Sandia Prep				
Socorro				
St. Pius				
To'Hajiilee				
Valencia				
Valley				
Volcano Vista				
Walatowa				
West Mesa				
34 schools	24 schools	17 schools	22 schools	17 schools

Local Officials' Associations:

Central: Albuquerque, Rio Rancho

Northeast: Las Vegas, Raton/Maxwell, Santa Fe, Taos

Northwest: Farmington, Gallup

South: Carlsbad, Clovis, Hobbs, Roswell

Southwest: Alamogordo, Las Cruces, Ruidoso, Silver City



NEW MEXICO ACTIVITIES ASSOCIATION
REGIONAL ASSIGNOR PLAN - BASKETBALL



<u>CENTRAL</u>	<u>NORTHEAST</u>	<u>NORTHWEST</u>	<u>SOUTH</u>	<u>EAST</u>	<u>SOUTHWEST</u>
Alamo Navajo	ATC	Aztec	Artesia	Clovis	Alamogordo
Albuquerque Academy	Capital	Bloomfield	Carlsbad	Clovis Christian	Animas
Albuquerque High	Cimarron	Crownpoint	Dexter	Dora	Capitan
Atrisco Heritage	Clayton	Farmington	Eunice	Elida	Carrizozo
Belen	Coronado	Gallup	Gateway Christian	Floyd	Centennial
Bernalillo	Desert Academy/SF Waldorf	Grants	Goddard	Ft. Sumner	Chaparral
Bosque School	Des Moines	Kirtland Central	Hagerman	Grady	Cliff
Cibola	Dulce	Miyamura	Hobbs	Logan	Cloudcroft
Cleveland	Escalante	Navajo Pine	Jal	Melrose	Cobre
Corona	Espanola	Navajo Prep	Lake Arthur	Portales	Deming
Cottonwood Classical	Los Alamos	Newcomb	Loving	San Jon	Gadsden
Cuba	Maxwell	Northwest	Lovington	Texico	Hatch Valley
Del Norte	McCurdy	Piedra Vista	NMMI (Boys)	Tucumcari	Hondo
East Mountain	Mesa Vista	Pine Hill	Roswell		Hot Springs
Eldorado	Monte del Sol	Quemado	Tatum		Las Cruces
Estancia	Mora	Ramah			Lordsburg
Evangel Christian	NMSD	Rehoboth			Mayfield
Foothill	Pecos	Shiprock			Mescalero
Highland	Peñasco	Thoreau			Mesilla Valley
Hope Christian	Pojoaque	Tohatchi			Oñate
Jemez Valley	Questa	Tse Yi Gai			Reserve
La Cueva	Raton	Wingate			Ruidoso
Laguna-Acoma	Robertson	Zuni			Santa Teresa
Los Lunas	Roy/Mosquero				Silver
Magdalena	Santa Fe				Tularosa
Manzano	Santa Fe Indian				
Menaul	Santa Fe Prep				
Mission Achievement	Santa Rosa				
Moriarty	Springer				
Mountainair	St. Michael's				
NACA	Taos				
Rio Grande	Tierra Encantada				
Rio Rancho	Vaughn				
Sandia	Wagon Mound				
Sandia Prep	West Las Vegas				
Socorro					
St. Pius					
To'Hajiilee					
Valencia					
Valley					
Volcano Vista					
Walatowa					
West Mesa					
43 schools 83 teams	35 schools 70 teams	23 schools 46 teams	15 schools 29 teams	13 schools 26 teams	25 schools 50 teams

Local Officials' Associations:

Central: Albuquerque, Los Lunas, Socorro

East: Clovis, Portales

Northeast: Clayton, Espanola, Las Vegas, Los Alamos, Raton/Maxwell, Santa Fe, Taos

Northwest: Farmington, Gallup, Grants

South: Artesia, Carlsbad, Hobbs, Lovington, Roswell

Southwest: Alamogordo, Las Cruces, Ruidoso, Silver City



NEW MEXICO ACTIVITIES ASSOCIATION
REGIONAL ASSIGNOR PLAN - FOOTBALL



CENTRAL

Alamo Navajo
Albuquerque Academy
Albuquerque High
Atrisco Heritage
Belen
Bernalillo
Cibola
Cleveland
Cuba
Del Norte
Eldorado
Estancia
Foothill
Highland
Hope Christian
La Cueva
Laguna-Acoma
Los Lunas
Magdalena
Manzano
Menaul
Mission Achievement
Moriarty
Mountainair
Rio Grande
Rio Rancho
Sandia
Socorro
St. Pius
Valencia
Valley
Volcano Vista
West Mesa

33 schools

NORTHEAST

Capital
Clayton
Dulce
Escalante/Coronado
Española
Los Alamos
McCurdy
NMSD
Pojoaque
Questa
Raton
Robertson
Roy/Mosquero
Santa Fe
Santa Fe Indian
Santa Rosa
Springer/Maxwell
St. Michael's
Taos
Vaughn
West Las Vegas

21 schools

NORTHWEST

Aztec
Bloomfield
Crownpoint
Farmington
Gallup
Grants
Kirtland Central
Miyamura
Navajo Pine
Navajo Prep
Newcomb
Northwest
Piedra Vista
Pine Hill
Ramah
Shiprock
Thoreau
Tohatchi
Wingate
Zuni

20 schools

SOUTHEAST

Artesia
Carlsbad
Clovis
Dexter
Dora
Elida
Eunice
Floyd
Ft. Sumner/House
Gateway Christian
Goddard
Grady/San Jon
Hagerman
Hobbs
Jal
Lake Arthur
Logan
Loving
Lovington
Melrose
NMMI
Portales
Roswell
Tatum
Texico
Tucumcari

26 schools

SOUTHWEST

Alamogordo
Animas
Capitan
Carrizozo
Centennial
Chaparral
Cloudcroft
Cobre
Deming
Gadsden
Hatch Valley
Hondo
Hot Springs
Las Cruces
 Lordsburg
Mayfield
Mescalero
Mesilla Valley
Oñate
Ruidoso
Santa Teresa
Silver
Tularosa

23 schools

Local Officials' Associations:

Central: Albuquerque

Northeast: Espanola, Las Vegas, Santa Fe

Northwest: Farmington, Gallup

South: Artesia, Carlsbad, Clovis, Hobbs, Roswell

Southwest: Alamogordo, Las Cruces, Silver City



NEW MEXICO ACTIVITIES ASSOCIATION
REGIONAL ASSIGNOR PLAN - SOCCER



<u>CENTRAL</u>	<u>NORTHEAST</u>	<u>NORTHWEST</u>	<u>SOUTHEAST</u>	<u>SOUTHWEST</u>
Albuquerque Academy	ATC (Girls)	Aztec	Artesia	Alamogordo
Albuquerque High	Capital	Bloomfield	Carlsbad	Centennial
Atrisco Heritage	Desert Academy	Farmington	Clovis	Chaparral
Belen	Los Alamos	Gallup	Clovis Christian	Deming
Bernalillo	Monte del Sol	Grants	Goddard	Gadsden
Bosque School	Moreno Valley (Boys)	Kirtland Central	Hobbs	Hatch Valley
Cibola	Pojoaque	Miyamura	Lovington	Las Cruces
Cleveland	Questa (Boys)	Navajo Prep (Girls)	NMMI (Boys)	Mayfield
Del Norte	Robertson	Piedra Vista	Portales	Oñate
East Mountain	Santa Fe	Rehoboth	Roswell	Ruidoso
Eldorado	Santa Fe Indian (Girls)	Shiprock		Santa Teresa
Highland	Santa Fe Prep	Wingate		Silver
Hope Christian	St. Michael's			
La Cueva	Taos			
Los Lunas	Tierra Encantada (Boys)			
Manzano	West Las Vegas (Girls)			
Moriarty				
Oak Grove (Boys)				
Rio Grande				
Rio Rancho				
Sandia				
Sandia Prep				
Socorro				
St. Pius				
Valencia				
Valley				
Volcano Vista				
West Mesa				
28 schools 55 teams	16 schools 26 teams	12 schools 23 teams	10 schools 19 teams	12 schools 24 teams

Local Officials' Associations:

Central: Albuquerque, Socorro

Northeast: Los Alamos, Santa Fe, Taos

Northwest: Farmington, Gallup

South: Artesia, Carlsbad, Clovis, Hobbs, Roswell

Southwest: Alamogordo, Las Cruces



NEW MEXICO ACTIVITIES ASSOCIATION
REGIONAL ASSIGNOR PLAN - SOFTBALL



<u>CENTRAL</u>	<u>NORTHEAST</u>	<u>NORTHWEST</u>	<u>SOUTHEAST</u>	<u>SOUTHWEST</u>
Albuquerque Academy	Capital	Aztec	Artesia	Alamogordo
Albuquerque High	Clayton	Bloomfield	Carlsbad	Capitan
Atrisco Heritage	Española	Farmington	Clovis	Centennial
Belen	Los Alamos	Gallup	Dexter	Chaparral
Bernalillo	McCurdy	Grants	Dora	Cobre
Cibola	Mora	Kirtland Central	Eunice	Deming
Cleveland	Pecos	Miyamura	Goddard	Gadsden
Del Norte	Pojoaque	Navajo Pine	Hobbs	Hatch Valley
East Mountain	Raton	Navajo Prep	Jal	Hot Springs
Eldorado	Robertson	Newcomb	Logan	Las Cruces
Estancia	Santa Fe	Northwest	Loving	Lordsburg
Highland	Santa Fe Indian	Piedra Vista	Lovington	Mayfield
Hope Christian	Santa Rosa	Pine Hill	Portales	Mesilla Valley
Jemez Valley	St. Michael's	Rehoboth	Roswell	Oñate
La Cueva	Taos	Shiprock	Tucumcari	Ruidoso
Laguna-Acoma	West Las Vegas	Thoreau		Santa Teresa
Los Lunas		Tohatchi		Silver
Manzano		Wingate		Tularosa
Moriarty		Zuni		
NACA				
Rio Grande				
Rio Rancho				
Sandia				
Sandia Prep				
Socorro				
St. Pius				
To'Hajiilee				
Valencia				
Valley				
Volcano Vista				
Walatowa				
West Mesa				
32 schools	16 schools	19 schools	15 schools	18 schools

Local Officials' Associations:

Central: Albuquerque, Los Lunas

Northeast: Las Vegas, Santa Fe, Taos

Northwest: Farmington, Gallup

South: Carlsbad, Clovis, Hobbs, Roswell

Southwest: Alamogordo, Las Cruces, Ruidoso, Silver City



NEW MEXICO ACTIVITIES ASSOCIATION
REGIONAL ASSIGNOR PLAN - VOLLEYBALL



CENTRAL

Alamo Navajo
Albuquerque Academy
Albuquerque High
Atrisco Heritage
Belen
Bernalillo
Bosque School
Cibola
Cleveland
Corona
Cottonwood Classical
Cuba
Del Norte
East Mountain
Eldorado
Estancia
Evangel Christian
Highland
Hope Christian
Jemez Valley
La Cueva
Laguna-Acoma
Los Lunas
Magdalena
Manzano
Menaul
Mission Achievement
Moriarty
Mountainair
NACA
Oak Grove
Rio Grande
Rio Rancho
Sandia
Sandia Prep
Socorro
St. Pius
To'Hajiilee
Valencia
Valley
Victory Christian
Volcano Vista
Walatowa
West Mesa

44 schools

NORTHEAST

ATC
Capital
Cimarron
Clayton
Coronado
Desert Academy
Des Moines
Dulce
Escalante
Española
Los Alamos
Maxwell
McCurdy
Mesa Vista
Monte del Sol
Mora
NMSD
Pecos
Peñasco
Pojoaque
Questa
Raton
Robertson
Roy/Mosquero
Santa Fe
Santa Fe Indian
Santa Fe Prep
Santa Fe Waldorf
Santa Rosa
Springer
St. Michael's
Taos
Tierra Encantada
Vaughn
Wagon Mound
West Las Vegas

36 schools

NORTHWEST

Aztec
Bloomfield
Crownpoint
Farmington
Gallup
Grants
Kirtland Central
Miyamura
Navajo Pine
Navajo Prep
Newcomb
Northwest
Piedra Vista
Pine Hill
Quemado
Ramah
Rehoboth
Shiprock
Thoreau
Tohatchi
Tse Yi Gai
Wingate
Zuni

23 schools

SOUTHEAST

Artesia
Carlsbad
Clovis
Clovis Christian
Dexter
Dora
Elida
Eunice
Floyd
Ft. Sumner
Gateway Christian
Goddard
Grady
Hagerman
Hobbs
Jal
Lake Arthur
Logan
Loving
Lovington
Melrose
NMMI
Portales
Roswell
San Jon
Tatum
Texico
Tucumcari

28 schools

SOUTHWEST

Alamogordo
Animas
Capitan
Carrizozo
Centennial
Chaparral
Cliff
Cloudcroft
Cobre
Deming
Gadsden
Hatch Valley
Hondo
Hot Springs
Las Cruces
Lordsburg
Mayfield
Mescalero
Mesilla Valley
Oñate
Reserve
Ruidoso
Santa Teresa
Silver
Tularosa

25 schools

Local Officials' Associations:

Central: Albuquerque, Socorro

Northeast: Santa Fe, Springer

Northwest: Farmington, Gallup

Southeast: Clovis, Loving, Roswell

Southwest: Alamogordo, Las Cruces, Ruidoso, Silver City



NEW MEXICO ACTIVITIES ASSOCIATION



REGIONAL ASSIGNOR PLAN – SWIMMING & DIVING

Swimming and Diving Assignors will assign officials to swim meets hosted in their regions (below).

CENTRAL

Albuquerque Academy
Albuquerque High
Atrisco Heritage
Belen
Bosque School
Cibola
Cleveland
Cottonwood Classical
Cuba
Del Norte
Eldorado
Highland
Hope Christian
La Cueva
Los Lunas
Manzano
Rio Grande
Rio Rancho
Sandia
Sandia Prep
Socorro
St. Pius
Valencia
Valley
Volcano Vista
West Mesa

26 schools
52 teams

NORTH

Desert Academy
Farmington
Gallup
Los Alamos
Miyamura
Piedra Vista
Santa Fe
Santa Fe Prep
St. Michael's
Taos

10 schools
20 teams

SOUTH

Alamogordo
Artesia
Carlsbad
Clovis
Hobbs
Las Cruces
Lovington
NMMI

8 schools
16 teams



NEW MEXICO ACTIVITIES ASSOCIATION



REGIONAL ASSIGNOR PLAN – TRACK & FIELD

Track & Field Assignors assign officials to track meets hosted in their regions (below).

CENTRAL (45 schools)

Alamo Navajo
Albuquerque Academy
Albuquerque High
Atrisco Heritage
Belen
Bernalillo
Bosque School
Cibola
Cleveland
Corona
Cottonwood Classical
Cuba

Del Norte
East Mountain
Eldorado
Estancia
Evangel Christian
Grants
Highland
Hope Christian
Jemez Valley
La Cueva
Laguna-Acoma
Los Lunas

Magdalena
Manzano
Menaul
Mission Achievement
Moriarty
Mountainair
NACA
Oak Grove
Rio Grande
Rio Rancho
Sandia
Sandia Prep

St. Pius
To'Hajiilee
Valencia
Valley
Vaughn
Victory Christian
Volcano Vista
Walatowa
West Mesa

NORTH (58 schools)

ATC
Aztec
Bloomfield
Capital
Cimarron
Clayton
Coronado
Crownpoint
Des Moines
Desert Academy
Dulce
Escalante
Española Valley
Farmington
Gallup

Kirtland Central
Los Alamos
Maxwell
McCurdy
Mesa Vista
Miyamura
Monte del Sol
Mora
Mosquero
Navajo Pine
Navajo Prep
Newcomb
NMSD
Northwest
Pecos

Penasco
Piedra Vista
Pine Hill
Pojoaque
Questa
Ramah
Raton
Rehoboth
Robertson
Roy
Santa Fe
Santa Fe Indian
Santa Fe Prep
Santa Fe Waldorf
Santa Rosa

Shiprock
Springer
St. Michael's
Taos
Texico
Thoreau
Tierra Encantada
Tohatchi
Tse Yi Gai
Wagon Mound
West Las Vegas
Wingate
Zuni

SOUTH (58 schools)

Alamogordo
Animas
Artesia
Capitan
Carlsbad
Carrizozo
Centennial
Chaparral
Cliff
Cloudcroft
Clovis
Clovis Christian
Cobre
Deming
Dexter

Dora
Elida
Eunice
Floyd
Ft. Sumner
Gadsden
Gateway Christian
Goddard
Grady
Hagerman
Hatch Valley
Hobbs
Hondo
Hot Springs

House
Jal
Lake Arthur
Las Cruces
Logan
Lordsburg
Loving
Lovington
Mayfield
Melrose
Mescalero
Mesilla Valley
NMMI
NMSBVI

Ocate
Portales
Quemado
Reserve
Roswell
Ruidoso
San Jon
Santa Teresa
Silver
Socorro
Tatum
Tucumcari
Tularosa



NEW MEXICO ACTIVITIES ASSOCIATION



REGIONAL ASSIGNOR PLAN – WRESTLING

CENTRAL

Albuquerque Academy
Albuquerque High
Atrisco Heritage
Belen
Bernalillo
Cibola
Cleveland
Del Norte
Eldorado
Foothill
Grants
Highland
La Cueva
Los Lunas
Manzano
Moriarty
Rio Grande
Rio Rancho
Sandia
Socorro
St. Pius
Valencia
Valley
Volcano Vista
West Mesa

25 schools

NORTH

Aztec
Bloomfield
Capital
Espanola
Farmington
Gallup
Kirtland Central
Los Alamos
Miyamura
Newcomb
Pecos
Piedra Vista
Pojoaque
Robertson
Santa Fe
Shiprock
St. Michael's
Taos
Thoreau
Tierra Encantada
Tucumcari
West Las Vegas
Wingate

23 teams

SOUTH

Alamogordo
Carlsbad
Centennial
Chaparral
Cobre
Deming
Goddard
Hobbs
Las Cruces
Mayfield
Ocate
Roswell
Ruidoso
Santa Teresa
Silver

15 schools

Local Officials' Associations:

Central: Albuquerque

North: Farmington, Las Vegas, Santa Fe

South: Las Cruces



PROPOSED NMAA/NMOA OFFICIALS' ASSIGNORS FEE SCHEDULE



CURRENT ASSIGNORS' FEES

SPORT	HIGH SCHOOL ASSIGNOR'S FEE	MIDDLE SCHOOL ASSIGNOR'S FEE
BASEBALL	\$112.50	\$50.00
BASKETBALL	\$150.00	\$75.00 (Boys & Girls)
FOOTBALL	\$75.00	\$50.00
SOCCER	\$225.00	\$75.00
SOFTBALL	\$112.50	\$50.00
VOLLEYBALL	\$112.50	\$50.00
SWIMMING	\$75.00	\$40.00
WRESTLING	\$75.00	\$40.00

Note: Assignment of varsity contests for basketball and football are paid by the schools to the NMAA through their membership dues. The Varsity Regional Assignors in those sports are then paid by the NMAA.

Schools with additional levels of play (i.e., 9th grade & C-team) should pay the assignor \$37.50 per each gender/level of competition.

Schools without a level of play (i.e., no C-team) should deduct \$37.50 from the assignor's fee per each gender/level they do not have.

PROPOSED ASSIGNORS' FEES

SPORT	VARSITY ASSIGNOR'S FEE	HIGH SCHOOL SUB-VARSITY FEE	MIDDLE SCHOOL ASSIGNOR'S FEE
BASEBALL	\$75 per team	\$50.00 per team	\$40 per team
BASKETBALL	\$75 per team	\$50.00 per team	\$40 per team
FOOTBALL	\$75 per team	\$50.00 per team	\$40 per team
SOCCER	\$75 per team	\$50.00 per team	\$40 per team
SOFTBALL	\$75 per team	\$50.00 per team	\$40 per team
VOLLEYBALL	\$75 per team	\$50.00 per team	\$40 per team

Rationale: Currently, the Central Region Varsity Basketball assignor is paid \$5000 by the NMAA office to schedule officials for 43 schools (83 teams – 3 play only one gender). That averages out to \$60 per team. The above proposal gives assignors a pay increase to \$75 per team for varsity contests (25% raise). By using the 25% raise and rounding up, we get the amount for high-school sub-varsity and middle school.



PROPOSED VARSITY ASSIGNORS' FEES



TEAM SPORTS

BASEBALL:

Central:	34 teams x \$75.00 = \$2550
Northeast:	24 teams x \$75.00 = \$1800
Northwest:	17 teams x \$75.00 = \$1275
Southeast:	22 teams x \$75.00 = \$1650
Southwest:	17 teams x \$75.00 = \$1275
TOTAL BASEBALL:	\$8550

BASKETBALL:

Central:	83 teams x \$75.00 = \$6225
Northeast:	70 teams x \$75.00 = \$5250
Northwest:	46 teams x \$75.00 = \$3450
South:	29 teams x \$75.00 = \$2175
East:	26 teams x \$75.00 = \$1950
Southwest:	50 teams x \$75.00 = \$3750
TOTAL BASKETBALL:	\$22,800

FOOTBALL:

Central:	33 teams x \$75.00 = \$2475
Northeast:	21 teams x \$75.00 = \$1575
Northwest:	20 teams x \$75.00 = \$1500
Southeast:	26 teams x \$75.00 = \$1950
Southwest:	23 teams x \$75.00 = \$1725
TOTAL FOOTBALL:	\$9225

SOCCER:

Central:	55 teams x \$75.00 = \$4125
Northeast:	26 teams x \$75.00 = \$1950
Northwest:	23 teams x \$75.00 = \$1725
Southeast:	19 teams x \$75.00 = \$1425
Southwest:	24 teams x \$75.00 = \$1800
TOTAL SOCCER:	\$11,025

SOFTBALL:

Central:	32 teams x \$75.00 = \$2400
Northeast:	16 teams x \$75.00 = \$1200
Northwest:	19 teams x \$75.00 = \$1425
Southeast:	15 teams x \$75.00 = \$1125
Southwest:	18 teams x \$75.00 = \$1350
TOTAL SOFTBALL:	\$7500

VOLLEYBALL:

Central:	44 teams x \$75.00 = \$3300
Northeast:	36 teams x \$75.00 = \$2700
Northwest:	23 teams x \$75.00 = \$1725
Southeast:	28 teams x \$75.00 = \$2100
Southwest:	18 teams x \$75.00 = \$1350
TOTAL VOLLEYBALL:	\$11,175

INDIVIDUAL SPORTS

SWIMMING & DIVING:

One-Day Meet:	\$60.00
Two-Day Meet:	\$120.00

TRACK & FIELD:

One-Day Meet:	\$60.00
Two-Day Meet:	\$120.00

WRESTLING:

Tournament:	\$120.00
Duals:	\$75.00 per team (high school varsity)
	\$50.00 per team (high school sub-varsity)
	\$40.00 per team (middle school)

The NMAA currently pays varsity regional assignors fees in basketball and football, totaling \$68,000.

To absorb the cost of the varsity assignors fees in all team sports, the total would be \$70,725 or an increase of \$2725.

Adding in swimming, track and wrestling is a little more difficult to figure.

Based upon the number of swimming and diving meets this year, the total for that sport would be \$4,080.

Based on the number of track and field qualifying meets last year, the total for that sport would be \$7,800.

Wrestling, if we went by number of schools, would be \$4,725.

Approximate budgetary impact to NMAA:
\$19,330.00

New Mexico Activities Association

Commission Meeting – November 28, 2018



CANCELLATION POLICY

☐ Action Item ☒ Referenda Item
☒ Discussion Item ☐ Non-Referenda Item

Presenter:

Dana Pappas, NMAA Commissioner of Officials/Deputy Director (from a proposal from the NMOA Executive Board)

Proposal:

PART A: In the event games are cancelled or rescheduled (dates or times), it is the home school's responsibility to inform the Varsity Regional Assignor or sub-varsity assignor and the NMAA, in writing, at least 24 hours in advance unless unforeseen circumstances occur (i.e., weather, facility, transportation issues). Failure to make this notification will result in the school being responsible for the payment of contest officials. This includes the game fee and mileage/meal/per diem, where applicable.

PART B: The AD, Athletic Coordinator or Athletic Secretary for the host school AND the officials assigned are expected to confirm scheduled games with one another approximately three days in advance of each contest.

Rationale:

There is currently no written provision in the NMAA By-Laws that covers this incident and it seems to recur more often now than in years past. With the shortage of officials, we need to make sure we do not have official assigned to games that do not exist so they can be given a different assignment.

Budget Impact:

Possible increase to schools, if they fail to notify officials of game changes.

NMAA Staff Recommendation:

Approve

Attachments:

None



CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, it is the policy of the _____ (name of school or district), as a pre-condition of participation in interscholastic athletes, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student/athlete at _____ who intends to participate in the interscholastic sport/activity of _____.

I understand that the school/district employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgement of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student/athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding return to activity following injury/illness shall be made by the QMP employed/designated by the school/district.

Date: _____ Signature _____



Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation

KHSAA Form GE04
High School Parental Permission and
Consent
Rev. 4/15, page 1 of 2
© KHSAA, 2015

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

ATHLETE INFORMATION (This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

School Attendance History

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|--------------------------------------|---------------------------------------|--|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Dance | |
| <input type="checkbox"/> Other _____ | | | | | |

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student _____

Emergency Contact Address, including City, State and Zip _____

Daytime Phone _____ Cell Phone _____

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number _____ Birth Date _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY
RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the

muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at <http://khsaa.org/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

Students' Name (please print)	School
Student and Parent/Guardian Address including City, State and Zip	
Signature of Student	Date
Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used	
Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)	Emergency Phone Number
Signature of Parent(s)/Guardian(s) who has/have custody of this student	Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d)

Date of Exam _____ Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PROVIDER REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

The New Mexico Activities Association physical form provides schools, parents and providers with a recommended form.

If the NMAA recommended Physical Form is to be used, please ensure that your child's school grants permission to use this form and that no additional documentation is needed to gain athletic participation eligibility (i.e. parental permission form).



MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

(Cover sheet)

New Mexico Activities Association
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

NOTE: The NMAA does not need a copy of this form. Please return to your school's athletic department.

Medical History – Parent/Guardian please fill out prior to examination.

Student Athlete Name (<i>Last, First, M.I.</i>):				
Home Address:				Grade:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
DOB:				AGE:
Name of Parent/Guardian				
Home Address:				Phone: Work:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	Cell:
Emergency Contact				Phone: Work:
<i>Name</i>	<i>Relationship</i>	Cell:		
Address:				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	

SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)

Sports/Activities				
<input type="checkbox"/> Baseball	<input type="checkbox"/> Cheer	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dance	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track/Field	<input type="checkbox"/> Other _____

Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.

Concussion Management

A concussion is a disturbance in the function of the brain that can be caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory loss, balance problem) with or without a loss of consciousness. I/we understand there is a concussion management protocol established that includes care and return to play criteria.

Student-Athlete Signature

Date

Parent or Court Appointed Legal Guardian Signature

Date

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			
3. Have you ever spent the night in the hospital?			
4. Have you ever had surgery?			
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?			
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			
10. Do you get lightheaded or feel more short of breath than expected during exercise?			
11. Have you ever had an unexplained seizure?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			
BONE AND JOINT QUESTIONS	Yes	No	
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			
18. Have you ever had any broken or fractured bones or dislocated joints?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			
20. Have you ever had a stress fracture?			
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			
22. Do you regularly use a brace, orthotics, or other assistive device?			
23. Do you have a bone, muscle, or joint injury that bothers you?			
24. Do any of your joints become painful, swollen, feel warm, or look red?			
25. Do you have any history of juvenile arthritis or connective tissue disease?			

Medical History Questions

These questions are designed to gather information about your medical history, current health status, and lifestyle factors that may influence your athletic performance and safety.

General Health:

- Do you have any chronic medical conditions (e.g., asthma, diabetes, heart disease, kidney disease, liver disease, autoimmune disorders)?
- Have you ever been hospitalized or undergone major surgery?
- Are you currently taking any medications (prescription, over-the-counter, or supplements)?
- Do you have any allergies (food, environmental, or drug)?
- What is your typical diet like? Do you consume alcohol or recreational drugs?
- How would you describe your overall energy level and sleep patterns?

Cardiovascular & Respiratory:

- Do you experience symptoms such as chest pain, palpitations, dizziness, or shortness of breath during physical activity?
- Have you ever experienced fainting or near-fainting episodes?
- Do you have a known heart condition or abnormal electrocardiogram (ECG/EKG) results?
- Do you have any respiratory issues, such as wheezing, coughing, or difficulty breathing?

Musculoskeletal & Injury History:

- Describe any past injuries, particularly those involving the spine, neck, or joints.
- Have you ever experienced numbness, tingling, or weakness in your arms or legs?
- Do you have any current musculoskeletal pain or limitations?

Lifestyle & Performance Factors:

- What is your typical daily routine and stress levels?
- How do you manage your time between academics, work, and physical activity?
- Do you engage in regular physical activity outside of school or training?

This information will help us tailor our recommendations and ensure your safety throughout your participation in the program.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
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Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Discussion Items

Volleyball: Tournaments/Match Limitations

7.23.1.E. Match Limitation - Each varsity team or individual is limited to **(20) total matches** prior to the district tournament, including regular season and invitational tournaments. Each sub-varsity team or individual is limited to seventeen (17) total matches, including regular season and invitational tournaments. End-of-season/district tournament matches for junior varsity, if applicable, are counted toward the seventeen (17) total match limitations.

7.23.1.H. Pool Play/ Invitational Tournaments – Pool Play games must be 2 games to 25 starting at a score of 4-4 with a cap of 27 for seeding purposes during an invitational tournament. Pool play games do not count toward match limitations. **Tournament formats must count a minimum of 2 matches towards a team's season match limitations.** All tournament matches played during an invitational tournament count towards a team's match limitations.

Basketball: Replay Update

NFHS Rule 2-2 Article 1: The officials shall make decisions for infractions of the rules committed within or outside the boundary lines. The use of any replay or television monitoring equipment by the officials in making any decision relating to the game is prohibited.

NOTE: A state association may permit game or replay officials to use a replay monitor during state championship series contests to determine if a scored goal at the expiration of time in the fourth quarter or any overtime period (0:00 on the game clock) should be counted, and if so, determine if it is a two-point or a three-point goal.

Scrimmage Definition/Bylaws

Section 14 – Appendices

SCRIMMAGE - When two or more schools meet without keeping score, keeping time, charging admission or using paid officials (the officials must work without pay, are beginning or registered officials and are secured locally). A team or individual is allowed one (1) scrimmage day per sport, which must be held prior to the school's first game/match/contest in that sport. The pre-season scrimmage does not count toward game limitations.

8th Grade Participation & Enrollment

4.1.2 Criteria for Classification / Alignment

A comprehensive review of member school enrollment numbers is undertaken to determine classification and alignment for all sports. An average of 80-day enrollment count numbers (**grades 9-12**) for the second and third years prior to the start of a new block and the 40-day enrollment count numbers just prior to the start of a new block, are utilized to determine the enrollment figure for each school. All member schools are then placed in a classification by their enrollment average.

State Championship Qualifiers

See next two pages for data pertaining to the 2018 Class A-3A Soccer and 8-Man Football Brackets

State Championship Seeding & Selection

7.11 Seeding and Selection

- A. The remainder of the teams will be selected by the NMAA Staff using the following criteria.

There is neither order nor priority in the criteria listed below:

1. Finish in regular season district play
2. Head to Head
3. Wins against district champions regardless of class
4. Overall Record
5. MaxPreps Freeman Rankings (except in tennis)
6. Member School Input

****NOTE:** One district team cannot be seeded or selected higher than another if they came out of district as a lower seed, with regular season taking precedence over tournament play. In the event of a tie in the regular season district standings in the sports of basketball and volleyball, the NMAA Staff may use district tournament results or any other head to head competition to determine the selection/seeding order between the two teams that are tied.

****NOTE:** In the event of a tie among criteria points, head to head will be used to break the tie. If there is no head to head competition, or the head to head competition is tied, then MaxPreps Freeman Rankings will be used to break the tie, except in the sport of tennis where there will be a coin flip.

State Championship Qualifiers

2018 Class A-3A Boys Soccer

Desert Academy
Monte Del Sol
Moreno Valley
Questa
Rehoboth
Tierra Encantada
Bosque
Robertson
Sandia Prep
Santa Fe Prep
St. Michael's
Oak Grove
Clovis Christian (JV)
East Mountain
Hatch valley
NMMI
Socorro
Wingate (Independent)

18 teams. Wingate participated as an independent and Clovis Christian as JV only.
16 eligible for playoffs. 75% of teams eligible for playoffs made the playoffs.

Records of seeds 9-12: 9. NMMI 7-9-1 .441, 10. Rehoboth 10-7 .588, 11. Santa Fe Prep 3-13 .188, 12. Desert Academy 7-11-1 .395

2018 Class A-3A Girls Soccer

ATC
Monte Del Sol
Navajo Prep
Rehoboth
Bosque
Robertson
Sandia prep
Santa Fe Indian
Santa Fe Prep
St. Michael's
East Mountain
Hatch Valley
Socorro
West Las Vegas

14 teams. West Las Vegas participated as an independent. 13 eligible for the playoffs.
92% of teams eligible for the playoffs made the playoffs. All but one school who was eligible for the playoffs made it..

Records of seeds 9-12: 9. Robertson 7-12-1 .375, 10. Rehoboth 6-10-2 .389, 11. ATC 8-6-1 .567, 12. SFIS 2-17-1.125

State Championship Qualifiers

2018 8-Man Football

Northwest
Pine Hill
Ramah
Alamo Navajo
Foothill
Magdalena
Menaul
Mountainair
Dora
Gateway Christian
Logan
Melrose
Mesilla Valley
Tatum
Dulce
Navajo Pine

16 teams. Dulce and Navajo Pine participated as an independent. 14 eligible for the playoffs. 86% of teams eligible for the playoffs made the playoffs. All but two schools who were eligible for the playoffs made it.

Records of seeds 9-12: 9. Dora 5-5 .500, 10. Alamo Navajo 3-5 .375, 11. Ramah 3-6 .333, 12. Pine Hill 1-5 .167

New Mexico Activities Association

Commission Meeting – November 28, 2018



MIDDLE SCHOOL – TRANSFERRING TO FOLLOW A COACH

☐ Action Item
☒ Discussion Item

☒ Referenda Item
☐ Non-Referenda Item

Presenter:

Sally Marquez, Executive Director

Proposal:

Amend the transferring to follow a coach penalty for students who follow a coach at the middle school level.

Proposed Bylaw 9.3.R

Student Transferring to Follow a Coach

The transfer/residency requirement is implemented as a means to discourage recruitment and reduce the opportunity for undue influence. Beginning with the summer prior to the 7th grade, if a student participates on a non-school team (i.e. AAU, American Legion, club settings, summer program, etc.) that is affiliated with or coached by a coach associated with that same sport at a school other than the one the Student attends or has attended, and then transfers to that school, regardless of change in bona fide residence, it will be assumed that the Student has been recruited to attend that school or transferred to that school for athletic reasons, and the Student will be ineligible for all middle school and high school athletic participation for 180 school days/365 calendar days. If the Student transfers to a school that his/her coach has relocated to, regardless of change in the Student's bona fide residence, it will be assumed that the Student transferred to that school for athletic reasons and he/she will be ineligible there for all middle school and high school athletic participation for 180 school days/365 calendar days.

Rationale:

Currently, there is no penalty at the middle school level for students who follow a coach into a feeder middle school. This amendment would further discourage students from following a coach at the middle school level.

Budget Impact:

N/A

NMAA Staff Recommendation:

Approve

Attachments: None

New Mexico Activities Association

Commission Meeting – November 28, 2018



BASKETBALL – MIDDLE SCHOOL / JUNIOR HIGH START DATE

☒ Action Item
☐ Discussion Item

☒ Referenda Item
☐ Non-Referenda Item

Presenter:

Sally Marquez, Executive Director

Proposal: Consider adjusting the start date for the Middle School / Junior High School basketball season from the Monday of Week #21 to the Monday of Week #19. The split season start date would remain the same (Monday of Week #16).

Rationale: Schools feel that moving the start date back to Week #19 will better serve middle school / junior high basketball across the state.

Budget Impact: N/A

NMAA Middle School Committee: Approve

NMAA Staff Recommendation: Approve

Attachments: None