#### CUBA INDEPENDENT SCHOOL DISTRICT

**BOARD OF EDUCATION** 

TAYLOR PINTO, President JAMES D. CASAUS, Vice-President VIVIAN KEETSO, Board Secretary ELIZABETH MARTIN, Board Member DR. ADAN DELGADO, Board Member



#### **ADMINISTRATION**

RHIANNON CHAVEZ, Superintendent JUDY ATECNIO, Assistant Superintendent of C & I OLIVIA CASAUS, Elementary School Principal ROBERT VALDEZ, Middle School Principal GILBERT DOMINGUEZ, High School Principal

October 10, 2025

Middle School Families,

Cuba Middle School Winter Athletics has begun. The official season start date for MS Girls Basketball is Wed. October 15, 2025. MS Boys Basketball is Mon. Nov. 3, 2025. Middle School Cheer already began on Mon. August 18. If your child would like to participate in our middle school winter sports program, parents/guardians must fill out the permission slip included and return it to the middle school.

Practices will be Monday - Thursday, after school 3:45-5:45 PM for each team. Pending coaches' decision there may be practices on Fridays 1:30-3:30 PM. Games /competitions are scheduled during the week and Saturdays. Schedules will be uploaded to the school website. <a href="mailto:cuba.k12.nm.us">cuba.k12.nm.us</a>.

Activity buses will be available for students after practice. You will need to note on the permission slip that your child will be utilizing the activity bus. Please note your child's drop off location. A parent / guardian must be present at the drop off location for the bus driver to allow the student off the bus. If a parent/guardian is not present, the driver will take the student back to the middle school, and the parents will have to pick up the student from the middle school

Each student athlete must have a sports physical completed and turned in to their coach to be permitted to practice and compete. Please ensure that participant insurance information is provided.

A Cuba Middle School/High School Winter Season Sports Mandatory Parents Meeting has been scheduled for Wednesday November 19th at 6:00 PM in the high school gymnasium. Parents/guardians of all winter season sports student athletes must attend.

If you have any questions, please feel free to contact me.

Frank Cordova

Athletic Director Cuba Independent Schools frcordova@cuba.k12.nm.us

**575-289-3211** ext. **226** 

505-362-2872

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# **STUDENT PERMISSION FORM** Permission Slip

I give my permission for my (circle) son/daughter:	(name)(grade), to
I give my permission for my (circle) son/daughter:(sport). I participate the MS sport of(sport). I	understand it is my responsibility to ensure
that my child has the appropriate transportation home after each pra	ctice session. I understand that if I fail to
pick-up my child at the designated drop-off location if they ride the	activity bus or at the middle school after
each practice session, my child will lose the privilege of participatin	ng in the program. In case of an emergency, I
give coaches / adults present permission to render emergency medic	cal treatment to my child/guardian.
I understand the risks associated with this activity and will not hold	1 1
responsible for any injuries that may occur while my child is partici	pating in this activity.
Participant Insurance Information: Insurance Carrier:	
Policy #:	
Policy #: Group ID#:	
Please Check one of the following:	
My child will be picked up at the school after practice.	
My child will ride the activity bus.	
My child will need to be dropped off at:	
Counselor Chapter HouseRegina Store La Jara Post O	office
Torreon Fire StationOjo Encino Chapter House	
Does your child have any medical conditions that staff should be aw	vare of?
Yes (Please list below)No	
Parent/Guardian Printed Name:	
Phone Number:	
D //C 1: C: /	
Parent/Guardian Signature:	Date: