

CUBA INDEPENDENT SCHOOL DISTRICT

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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. cuba.k12.nm.us.

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

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STUDENT PERMISSION FORM

Permission Slip

I give my permission for my (circle) son/daughter: _____ (name) _____ (grade), to participate the MS sport of _____ (sport). I understand it is my responsibility to ensure that my child has the appropriate transportation home after each practice 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 participating in the program. In case of an emergency, I give coaches / adults present permission to render emergency medical treatment to my child/guardian.

I understand the risks associated with this activity and will not hold Cuba Independent Schools or its employees responsible for any injuries that may occur while my child is participating in this activity.

Participant Insurance Information: Insurance Carrier: _____

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 House _____ Regina Store _____ La Jara Post Office _____

Torreón Fire Station _____ Ojo Encino Chapter House _____

Does your child have any medical conditions that staff should be aware of?

____ Yes (Please list below) _____ No

Parent/Guardian Printed Name: _____

Phone Number: _____

Parent/Guardian Signature: _____ Date: _____