

**MASCONOMET REGIONAL SENIOR HIGH SCHOOL
2016 - 2017 EXTRACURRICULAR WINTER ATHLETIC PROGRAM REGISTRATION FORM
FORM FOR STUDENTS FROM A COOPERATIVE SCHOOL (Outside of District)
(Due October 28, 2016)**

Name of Student _____ Year of Grad. _____

Address _____ Phone _____

Student I.D.# _____ Parent EMail _____

Students participating in the Athletic/Activity Program are required to pay a fee. The following extracurricular activities with accompanying fee are available to Senior High School students.

WINTER SPORTS
Ice Hockey, Girls, Cooperative School (Outside of District): \$1615
Gymnastics, Cooperative School (Outside of District): \$945

*Co-op families are not eligible for financial assistance

Write in the option(s) you are selecting:

If there is more than one child in a family, a separate Registration Form and separate check should be filled out for each child.

ACTIVITY	FEE

Please enclose a separate check for each activity. The check (for a specific activity) will be returned to you if there is not sufficient enrollment for an activity to "run"; or if the student is "cut" from a team after try-outs. Because of the above, checks may be held for six-eight weeks before processing.

CHECKS ARE TO BE MADE PAYABLE TO MASCONOMET REGIONAL SCHOOL DISTRICT AND SHOULD BE MAILED TO MASCONOMET REGIONAL SCHOOL DISTRICT, SUPERINTENDENT'S OFFICE, 20 ENDICOTT ROAD, BOXFORD, MA 01921 OR DELIVERED TO THE SUPERINTENDENT'S OFFICE PRIOR TO 10/28/2016.

POLICY ON REFUNDS: The full amount of the specific activity fee will be refunded if (a) the student tries out and is 'cut' from a team, or (b) the student paid but never participated in the activity. Prorated refunds are available to a student who is unable to participate in an activity because of illness or injury. (A physician's statement is required for this refund.) No refund is available to a student who (a) becomes ineligible for academic or discipline reasons, (b) moves out of the District, or (c) 'drops-out' of an activity. Once a student participates in team practices, he/she is not eligible for a refund. Refund requests must occur prior to the end of the regular season for that sport.

MINIMUM REQUIREMENTS: In order to participate in the Masconomet Athletic Program, a student from a cooperative school (outside of the district) must have a valid physical examination form on file at Masconomet. (Physical Examinations are valid for 13 months.) In addition, the student must pay the activity fee listed above and must not be academically or socially ineligible as determined by Masconomet Rules and Regulations.

PLEASE NOTE: Please make sure you print out the second (back) page of this form and return it with your payment. THIS FORM MUST BE SIGNED ON THE BACK BY THE STUDENT AND THE PARENT OR GUARDIAN BEFORE THE PAYMENT CAN BE PROCESSED

RULES AND REGULATIONS

I have read and understand all of the rules, regulations and penalties of the Masconomet Regional High School as outlined in the Calendar Handbook.

ATHLETIC/ACTIVITY RULES

The following rules are school policy and apply to all students. They are presented here for **emphasis**.

1. Alcohol, Drugs, and Tobacco

- The school has a strict policy regarding the use, possession, or distribution of Alcohol, Drugs, and or Tobacco in school or at any school related function. Please check the Calendar Handbook for exact details.
- The Massachusetts Interscholastic Athletic Association (MIAA) has a policy regarding the use of Alcohol, Drugs, and Tobacco while not under school control. (MIAA Chemical Health Policy 62.1) This policy can result in exclusion from participation in athletics for a period of time. Please check the Masconomet Website regarding the details of this policy.
- All students in the school who want to participate in athletics/activities ***must sign this form***.

2. Personal Conduct

The major justification for Athletics/Activities is to build good character among members, and by example, among all students. Therefore, good conduct is expected and is a requirement of all participants at all times. Unsportsmanlike conduct, participation in vandalism or discourteous conduct, on or off campus (while representing Masconomet) that would seriously misrepresent the character and values supported by the School Committee, will result in disciplinary action and could result in the loss of the privilege of participating in the Masconomet Athletic/Activity program.

3. Attendance

If a student is absent from school or arrives at school after 8:00 a.m. on the day of an activity or on the day preceding a Saturday activity or is dismissed from school on the day of an activity, the student will not be allowed to participate without permission from the Principal or the Assistant Principal.

4. Physical Examinations

A student must have a physical examination on file with the athletic office which has been administered by a licensed Massachusetts medical physician, nurse practitioner, or physician's assistant, in order to be eligible to participate in athletics (including tryouts). A physical examination is valid for 395 days (13 months). **A student whose physical exam expires during the course of a season will become *ineligible the day it expires*; they must submit a new physical prior to the start of the next day to be able to continue playing.**

5. Student-Athlete Guidebook

Masconomet Regional High School has developed a Student-Athlete Guidebook outlining most policies and procedures dealing with the Athletic Department. This document can be found on the high school web page online under "athletics" at www.masconomet.org. Please read the guidebook and by signing this sheet you acknowledge that it has been read.

6. State Law Regarding Sports-Related Head Injury and Concussions

The state of Massachusetts now requires that all schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules adhere to the following law. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. The law also requires parents AND student-athletes to take a free on-line course. Click this link at www.nfhslearn.com for the parent and student-athlete to complete the online course <http://nfhslearn.com/courses/61037>.

I understand these rules and regulations and am aware of the penalties imposed if I (my child) fail(s) to adhere to them and I hereby give my consent for my child to participate in extracurricular activities. I understand the school does not provide medical payments insurance coverage for students involved in extracurricular activities and it is my responsibility to pay all hospital and physician bills for school-related injuries. I assume responsibility for the transportation of my children to and from practice sessions and games if a bus is not provided.

I understand that most sports have a maximum participation level that may result in my child being informed following the tryout period that he/she will not be a member of the team for the sport selected. I also understand the "Refund Policy" as stated on the front of this form.

Signature - Student

Date: _____

Signature - Parent/Guardian

Date: _____

Masconomet Student Athlete Medical Information

This form is mandatory for Athletic Trainer. This must be submitted with registration. Please note the School Nurse is not available during after school athletics. If you have any concerns regarding your student's medical needs after school you may call and speak to the nurse during regular school hours at ext 6116.

SPORT _____

Name _____

Address _____

Home Phone _____

Please write names, relationship and current phone number of people who can assume responsibility for your child. List parents first.

My child has the following medical condition that may require immediate attention (**911**) at after school athletics

Asthma Diabetes Seizures Severe allergy to _____
(prescribed Epinephrine autoinjector)

Other: _____

Parent/Guardian Child specific instructions (restrictions, limitations, other):

Has student ever experienced a traumatic head injury (a blow to the head)? Yes ____ No ____

If yes, when? Dates (month/year); _____

Has student ever received medical attention for a head injury? Yes ____ No ____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances: _____

Was the student diagnosed with a concussion? Yes ____ No ____

If yes, when? Dates (month/year): _____

Duration of symptoms (*such as headache, difficulty concentrating, fatigue*) for most recent concussion:

After-school emergency action plans (please note students are responsible for carrying their own inhalers, glucose tabs or snacks and Epinephrine auto-injectors and/or providing back-ups to the advisor):

Allergic Reaction: One or more of the following symptoms may occur after being exposed to the allergen; difficulty breathing, wheezing, difficulty swallowing, hives/rash, itching or tingling of mouth or throat, swelling of any body part.

Action Plan: Assist the student in administering the auto-injector and then call 911. Staff may directly administer the auto-injector if trained.

Asthma: student has difficulty breathing, wheezing, and shortness of breath.

Action Plan: If the student has their inhaler, allow them to use it. If no relief of symptoms in five (5) minutes **call 911. If inhaler available call 911 immediately.**

Diabetes: Low blood sugar reaction- hunger, sweaty, pallor, feels shaky, headache.

Action Plan: Allow student to drink a juice box or regular soda, or eat glucose tablets or a snack from **their** emergency snack pack. Have student test their blood glucose level and record number. If no change in symptoms in five (5) minutes **call 911** and have child repeat all of the above.

Seizure: Altered consciousness, involuntary muscle stiffness or jerking movements, drooling/foaming at the mouth, temporary halt in breathing, loss of bladder control.

Action Plan: protect student from falling, **call 911.** Never put anything into the student's mouth.

Authorization for Treatment

I hereby give permission to Masconomet and Spaulding appointed personnel and emergency responders to provide first aid and emergency transportation to my child (named above) in the event of sudden illness or injury. In the event I cannot be reached in an emergency, I hereby give permission for my child's treatment by a physician, including hospitalization, as determined by an Emergency Department or other attending physician.

Parent signature: _____

Date: _____