

**MASCONOMET REGIONAL SENIOR HIGH SCHOOL  
2009/2010 EXTRACURRICULAR SPRING ATHLETIC/ACTIVITY PROGRAM REGISTRATION FORM  
(Due February 27, 2010)**

Name of Pupil \_\_\_\_\_ Year of Grad. \_\_\_\_\_

Age \_\_\_\_\_ Student I.D.# \_\_\_\_\_ Phone \_\_\_\_\_  
(as of 9/1/2009)

Address \_\_\_\_\_ Town \_\_\_\_\_

**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.**

<b>SPRING SPORTS &amp; ACTIVITIES</b>	
Baseball (\$400)	Tennis, Boys (\$400)
Lacrosse, Boys (\$250)	Tennis, Girls (\$400)
Lacrosse, Girls (\$250)	Track, Boys (\$250)
Softball (\$400)	Track, Girls (\$250)
	Ultimate Frisbee (\$100)

**Write in the option(s) you are selecting:**

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

**Forms are located at [www.masconomet.org](http://www.masconomet.org)**

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, TOPSFIELD, MA 01983, OR DELIVERED TO THE SUPERINTENDENT'S OFFICE PRIOR TO 2/27/10.**

**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.

**SCHOLARSHIP INFORMATION:** Located at [www.masconomet.org](http://www.masconomet.org) FY 09 Athletic & Co-Curricular Information  
**Scholarship Deadline – February 27, 2010**

**\*\*\*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.

Starting in 2010 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 online at [www.masconomet.org/sports](http://www.masconomet.org/sports). Please read the guidebook and by signing this sheet acknowledging it has been read.

## **ATHLETIC/ACTIVITY RULES**

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

### 1. Alcohol and Drugs

- a. Masconomet does not condone the use of drugs or alcohol at any time by our students.
- b. The school has a strict policy regarding the use, possession, or distribution of Alcohol or Drugs in school or at any school related function. Please check the Calendar Handbook for exact details.
- c. The Massachusetts Interscholastic Athletic Association (MIAA) has a policy regarding the use of Alcohol and Drugs while not under school control. 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.
- d. 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. Tobacco -

Participants will not use or be in possession of smoking or chewing tobacco or snuff. This means no use, on or off campus. Students who use tobacco products will be disciplined consistent with the MIAA Chemical Health Policy 66.1.

### 5. 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 remain eligible for THAT season, but must submit a new physical prior to the start of the next athletic season.

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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 and School Nurse use. Must be submitted with registration.

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know if your child is affected by any of the following:

- | YES                   | NO                    |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Allergies (insect/food/Epi pen) ? _____ |
| <input type="radio"/> | <input type="radio"/> | Asthma (require inhaler?) _____         |
| <input type="radio"/> | <input type="radio"/> | Contact lenses _____                    |
| <input type="radio"/> | <input type="radio"/> | Diabetes _____                          |
| <input type="radio"/> | <input type="radio"/> | History of concussion _____             |
| <input type="radio"/> | <input type="radio"/> | Seizures _____                          |
| <input type="radio"/> | <input type="radio"/> | Other _____                             |

## Authorization for Treatment

I hereby give permission to Masconomet 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 or Legal Guardian Signature

\_\_\_\_\_  
Date