

**MASCONOMET REGIONAL HIGH SCHOOL
2021 SPRING SPORTS REGISTRATION FORM**

(registration form due April 16)... if applying for a scholarship, that form is due April 16, 2021 (application at bottom of the registration form)

Student Name:	YOG:
Address:	Phone:
City/Zip:	Student ID#:

SPRING SPORTS	
LACROSSE \$500	TENNIS \$500
TRACK & FIELD \$300	BASEBALL \$600
SOFTBALL \$550	WRESTLING \$650

Wrestling is TBD pending direction from the EEA/MIAA

For more detailed information, please go to www.masconomet.org/athletics.

Check the option you are selecting in the box provided. Please enclose a separate check and registration form for each sport. Fee(s) will be refunded in full if the student is cut from the team or the activity cannot run due to insufficient enrollment.

SPORT	FEE	SPORT	FEE
Lacrosse		Baseball	
Track & Field		Softball	
Tennis		Wrestling	

CHECKS ARE TO BE MADE PAYABLE TO MASCONOMET REGIONAL SCHOOL DISTRICT AND REGISTRATION FORMS MUST BE MAILED TO MASCONOMET REGIONAL HIGH SCHOOL, c/o JAN SMALLMAN, 20 ENDICOTT ROAD, BOXFORD, MA 01921, OR DELIVERED TO THE MAILBOX OUTSIDE DOOR 7 ON OR BEFORE 4/16.

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 disciplinary 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.

SCHOLARSHIP INFORMATION: Scholarship application is attached below and on "forms & information" page of our athletics web site. **Scholarship Deadline: April 16, 2021. SCHOLARSHIP FORMS MUST BE SENT TO THE ATHLETIC DIRECTOR TO BE REVIEWED BY THE ASSISTANT SUPERINTENDENT FOR FINANCE & OPERATION.**

NOTE: Please make sure you print out these forms and return it with your payment. THIS FORM MUST BE SIGNED 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) 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:** Students are expected to attend all classes each day. If, for some reason, a student misses a portion of the school day, the student must communicate with the Assistant Principal in order to determine if the student is eligible to participate in athletics that day. If an athlete cuts a class or leaves the building without permission, he/she is ineligible to compete in that day's practice or competition.
4. **Physical Examination:** A student must have a physical examination, which has been administered by a licensed Massachusetts medical physician, nurse practitioner, or physician's assistant, on file with the athletic office 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*; a new physical must be submitted prior to the start of the next day in order for the student to be considered eligible.**
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 online at www.masconomet.org under "Athletics". Please read the guidebook and by signing this sheet 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>.
7. **Opioid Use/Misuse:** Educational information regarding opioid use/misuse can be found on our web site.

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 Y or N)

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 no 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: _____



Masconomet Regional School District
20 Endicott Road, Boxford, MA 01921

Scholarship Application Form and the associated paperwork must be received by the Assistant Superintendent for Finance and Operation by the due date to be considered. Applications received after the due date will not be considered. The due dates are listed on the Scholarship Information page.

Serving Boxford, Middleton, & Topsfield
Athletics and Co-Curricular Activities Scholarship Application

A separate Scholarship Application Form with required paperwork must be completed for each registration period.

FAMILY INFORMATION

Family Name:
Address:
Phone #:
E-Mail Address:
Student(s) name/grade/sport(s):

Scholarship Eligibility: Please complete one section

Section 1

The student(s) listed above are currently receiving a free or reduced-price school meal through Masconomet Food Services. I give permission for the Masconomet Administration to review the Free & Reduced-Price School Meals Application in order to verify the eligibility.

Signature of parent/guardian: _____ **Date:** _____

Section 2

Our combined family income is equal to or less than the total listed in the Income Qualification Chart for a family of our size. Please submit a complete copy, including all forms and schedules of your most recent Federal Tax Return. Also, enclose a copy of your two most recent paycheck stubs. All submitted paperwork is shredded after each season for privacy purposes. You will need to resubmit all paperwork for each season.

Family Size (total # of dependents declared on the most recent tax return): _____

Combined Family Income (total gross income): _____

Signature of parent/guardian: _____ **Date:** _____

Section 3

We wish to be considered for a scholarship due to extenuating circumstances. Please submit a complete copy, including all forms and schedules of your most recent Federal Tax Return. Also, enclose a copy of your two most recent paycheck stubs and other documents supporting the extenuating circumstances. All submitted paperwork is shredded after each season for privacy purposes. You will need to resubmit all paperwork for each season. Attach additional pages if necessary to explain the extenuating circumstances.

Signature of parent/guardian: _____ **Date:** _____