



HAVERHILL MIDDLE SCHOOL ATHLETICS

Participant Packet



Participant Packet Form covers all three seasons

Any participant in athletics must have this packet completed and returned to the principal's office before participation will be allowed.

Student's Name _____ Date of Birth _____ Sex M F

Grade _____ Sport(s) _____

Parent/Guardian Name(s) _____

Address _____

Parent E-Mail _____

Parent Phone Home _____ Mobile _____ Work _____

In Case of Emergency, Contact:

1. Name _____ Relationship _____

Phone Home _____ Mobile _____ Work _____

1. Name _____ Relationship _____

Phone Home _____ Mobile _____ Work _____

Physician Name _____ Phone _____

PHYSICAL:

Student-athletes must present a valid physical on an annual basis. Please provide a copy of student-athletes updated physical along with this packet. Physicals are valid for 13 months. Any student who has an expired or invalid physical will NOT be permitted to participate under any circumstances. Updated physicals should be submitted to the nurses' office through the course of the year.

DUE DATES:

Participation Packet and Copy of Physical must be submitted prior to participation.

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING:

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 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: _____

Student Athlete Signature

Parent/Guardian Signature

Statement Acknowledging Receipt of Education and Responsibility to Report Signs/Symptoms of Concussion:

I, _____ of _____ School hereby acknowledge having received education about the signs, symptoms and risk of sports related concussion. I also acknowledge my responsibility to report to the school nurse, coaches, and my parent(s)/guardian(s) any signs/symptoms of a concussion.

Signature and Printed Name of Student Athlete

Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs/symptoms and risks of sport related concussion and acknowledge my responsibility to report to the school nurse and coaches, any signs/symptoms of a concussion in the above minor.

Signature and Printed Name of Parent/Guardian

Date

HPS Medical History Form

Student-Athlete Name

Grade

1. Has your child had a medical illness, injury or concussion since his/her last check up or sports physical? Y N

If so, please explain:

2. Please provide a comprehensive history with up-to-date information relative to concussion history; any head, face or cervical spine injury history; and any history of co-existent concussive injuries:

3. Does/has your child have/had a disease that affects the function of an eye, ear, testicle, kidney, or lung? Y N

If so, please explain:

4. List any surgeries, fractures, sprains or dislocations and date or age they occurred:

5. Has your child ever had any of the following?

a. Asthma	Y <input type="checkbox"/> N <input type="checkbox"/>	i. Allergies	Y <input type="checkbox"/> N <input type="checkbox"/>	q. Head Injury	Y <input type="checkbox"/> N <input type="checkbox"/>
b. Fainting and/or Convulsion	Y <input type="checkbox"/> N <input type="checkbox"/>	j. Blood Disorders	Y <input type="checkbox"/> N <input type="checkbox"/>	r. Concussion	Y <input type="checkbox"/> N <input type="checkbox"/>
c. Heart Murmur/Condition	Y <input type="checkbox"/> N <input type="checkbox"/>	k. Arthritis	Y <input type="checkbox"/> N <input type="checkbox"/>	s. Seizure	Y <input type="checkbox"/> N <input type="checkbox"/>
d. Rheumatic Fever	Y <input type="checkbox"/> N <input type="checkbox"/>	l. Mononucleosis	Y <input type="checkbox"/> N <input type="checkbox"/>	t. Dental Problems	Y <input type="checkbox"/> N <input type="checkbox"/>
e. Kidney Disease/or Injury	Y <input type="checkbox"/> N <input type="checkbox"/>	m. Pneumonia	Y <input type="checkbox"/> N <input type="checkbox"/>	u. Tumors	Y <input type="checkbox"/> N <input type="checkbox"/>
f. Heat Stroke/Exhaustion	Y <input type="checkbox"/> N <input type="checkbox"/>	n. Hepatitis	Y <input type="checkbox"/> N <input type="checkbox"/>	v. Bridges/False Teeth	Y <input type="checkbox"/> N <input type="checkbox"/>
g. Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>	o. Bronchitis	Y <input type="checkbox"/> N <input type="checkbox"/>	w. Frequent Headache	Y <input type="checkbox"/> N <input type="checkbox"/>
h. High Blood Pressure	Y <input type="checkbox"/> N <input type="checkbox"/>	p. High Cholesterol	Y <input type="checkbox"/> N <input type="checkbox"/>		

Please explain every "Yes" answer to above (Date and Treatment). Also list any serious illness not previously listed:

6. Does the student-athlete take any prescription or nonprescription medications, pills, or use an inhaler? Y N

If so, please list:

7. Has he/she taken any supplements/vitamins to help gain, lose weight, or to improve performance? Y N

8. Is the student-athlete trying to gain or lose weight right now? Y N

9. Does the student-athlete lose weight regularly to meet weight requirements for your sport? Y N

10. Has the student-athlete experienced any of the following during or after exercise: dizziness, fainting, chest pain, unusual exhaustion, racing of your heart or skipped heart beat? Y N

If so, please explain:

11. Has any family member or relative died of heart problems or of sudden death before age 50? Y N

12. Has he/she had a severe infection (for ex. myocarditis or mononucleosis) within the last month? Y N

13. Has a physician ever denied or restricted participation in sports for any heart problems? Y N

14. Has the student-athlete had numbness or tingling in arms, hands, legs, or feet? Y N

15. Does he/she wear glasses? Y N Contact Lenses? Y N Type

16. Does the student-athlete use any corrective equipment or devices that aren't usually used for sports or position (for ex. Knee brace, special neck roll, foot orthotics, retainers on teeth, hearing aid)? Y N

If so, please explain:

17. Has he/she had a Tetanus booster within the past ten years? Y Date: N

18. Do you know any reason for your child not to participate in any sports? Y N

If so, please explain:



HPS Participation Packet

Student-Athlete Name

By giving my permission, I will accept responsibility for helping to administer the Student Handbook and Parent/Student-Athlete Handbook, and release my son/daughter to be treated by medical personnel and transported to a medical facility in the event of an injury. Pertinent medical information contained in the student-athlete's history form will be shared with the student-athlete's coach. By its nature, participation in interscholastic athletics includes the risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletics programs, it is impossible to eliminate the risk. Participants can, and have the responsibility to, help reduce the chance of injury. Players must obey all safety rules and report all physical problems to the coaches and nurses.

Further middle school rules and MIAA rules may be found in the Student Handbook or online at www.hillies.org. A coach of an individual sport may set additional guidelines for the participants of his/her sport. All student-athletes shall abide by the rules and regulations set forth by their coaches and principal.

•Consent and Release Form:

I, the undersigned parent or guardian of my child, a minor, does hereby consent to my child's participation in voluntary athletic programs of the Haverhill Public Schools. I also agree to forever release the Haverhill Public Schools, the Haverhill School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic programs of the Haverhill Public Schools ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Haverhill Public Schools voluntary athletic program.

I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Haverhill Public Schools voluntary athletic programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Haverhill Public Schools athletic programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer involuntarily through the Haverhill Public Schools Athletic Program.

PARENT OR GUARDIAN

By signing this Permission Form, we acknowledge that we have read and agree with all information contained within and accept the risk of injury while participating in Haverhill Middle School Athletics. We also acknowledge that we have read and agree with all rules and regulations set forth in the Haverhill Parent/Student-Athlete Guide. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

WE HEREBY STATE THAT TO THE BEST OF OUR KNOWLEDGE, ALL ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Student-Athlete Name

has my permission to participate in Haverhill Middle School Athletics during the 2015 - 2016 sports seasons.

--	--	--

Signature of Parent/Guardian

Date

Print or Type Name

--	--	--

Signature of Student-Athlete

Date

Print or Type Name

100