

**NEWBURYPORT HIGH SCHOOL**  
**2012 SPRING ATHLETIC PROGRAM REGISTRATION FORM**  
 (if applying for a Financial Scholarship, the Financial Scholarship form is due March 1)

Name of Student: \_\_\_\_\_ Year of Grad.: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 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 High School students.**

SPRING SPORTS	
Baseball, Gr. 9 and 10 (\$275)	Track & Field, Gr. 9 and 10 (\$200)
Baseball, Gr. 11 and 12 (\$340)	Track & Field, Gr. 11 and 12 (\$265)
Softball, Gr. 9 and 10 (\$275)	Tennis, Gr. 9 and 10 (\$200)
Softball, Gr. 11 and 12 (\$340)	Tennis, Gr. 11 and 12 (\$265)
Lacrosse, Gr. 9 and 10 (\$275)	Lacrosse, Gr. 11 and 12 (\$340)

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.newburyport.k12.ma.us](http://www.newburyport.k12.ma.us) – High School – Athletics - Forms

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.

If applying for a Financial Scholarship, please check this box and contact the Athletic Department for further information.

**CHECKS ARE TO BE MADE PAYABLE TO NEWBURYPORT HIGH SCHOOL AND SHOULD BE HANDED TO PAT MCBRIDE OR MAILED TO HER AT NEWBURYPORT HIGH SCHOOL, ATTN: PAT MCBRIDE, 241 HIGH ST., NEWBURYPORT, MA 01950 PRIOR TO NOV. 17, 2010.**

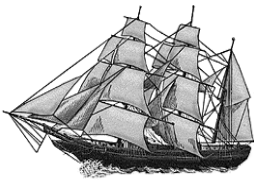
**POLICY ON REFUNDS:** The full amount of the specific activity fee will be refunded if (a) the student tries out and is 'cut' from a team, or (b) the student paid, but never participated in the activity. Prorated refunds are available to a student who is unable to participate in an activity because 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:** Contact the Athletic Department for further information.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**PLEASE ATTACH CHECK TO THIS FORM**



NEWBURYPORT PUBLIC SCHOOLS ATHLETIC PARENTAL CONSENT  
RELEASE FROM LIABILITY & INDEMNITY AGREEMENT

**Newburyport High School SPRING 2012**

We the undersigned father and mother or guardian(s) of \_\_\_\_\_ a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Newburyport, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, expenses and compensation on account of, or in any way growing out of directly or indirectly, all known personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Newburyport Public Schools Athletic/Physical Education Department's programs: FURTHERMORE, we/I hereby agree to protect the City of Newburyport and its successors, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Newburyport Public Schools Athletic Departments voluntary programs, and to INDEMNIFY, reimburse or make good to the City of Newburyport or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the City or its representatives may have to pay if any litigation arises from said minors intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs. When, for my son or daughter, the attending physician who is a member of the hospital recommends medical care and treatment, including minor surgical procedure, I give permission for the carrying out of such treatment.

The undersigned hereby authorizes Newburyport High School as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the state of Massachusetts for said child when such treatment is deemed necessary by such physicians and we cannot be reached within a reasonable length of time.

In addition, the student-athlete agrees to abide by all MIAA rules (as outlined in the MIAA Handbook which is available at [www.miaa.net](http://www.miaa.net)) and Newburyport High School rules (as outlined in the *Clipper's Compass*), while paying particular attention to the *Chemical Health Rule*. By signing this form the parent acknowledges receipt of the Newburyport High School Department of Athletics Handbook for Students/Parents which is also available on our web site.

Student Name \_\_\_\_\_ Grade \_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-MAIL \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

- Medications \_\_\_\_\_
- Allergies \_\_\_\_\_
- Medical History \_\_\_\_\_

***As part of the new concussion law in MA, parents MUST provide documentation of any prior head injuries/concussions suffered by their child PRIOR to each season in which he/she is a participant. By signing this form the parent agrees to provide such documentation to the Athletic Department before the beginning of each season.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK  
 GOVERNOR

TIMOTHY P. MURRAY  
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
 SECRETARY

JOHN AUERBACH  
 COMMISSIONER

Pre-Participation Head  
 Injury/Concussion Reporting Form  
 For Extracurricular Activities

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport	
Home Address			Telephone

**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 (use back of this paper if necessary):

**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: \_\_\_\_\_

**STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS**

The Commonwealth of Massachusetts Executive Office of Health and Human Services now require that all schools subject to the Massachusetts Interscholastic Athletic Associations (MIAA) rules adhere to the following law. Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student athlete becomes unconscious during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for "return to play."

Parents and students who plan to participate in any athletic program at Newburyport High School must also take a free on-line course. Two free on-line courses are available and contain all the information required by the law. The first one is available through the National Federation of High School Coaches. You will need to click the "order here" button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes.

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

The second on-line course is available through the Centers for Disease Control and Prevention at:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Please sign below that you have read the above and completed one of the courses listed and have provided accurate information regarding the Pre-Participation Head Injury Form. This is required in order to participate on any athletic team at Newburyport High School.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

