

NEWBURYPORTHIGH SCHOOL
2010/2011 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 – High School – Athletics - Forms	TY	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 NEWBURYPORTHIGH SCHOOL AND SHOULD BE HANDED TO PAT MCBRIDE OR MAILED TO HER AT NEWBURYPORTHIGH SCHOOL, ATTN: PAT MCBRIDE, 241 HIGH ST., NEWBURYPORT, MA01950 PRIOR TO NOV. 17, 2010.

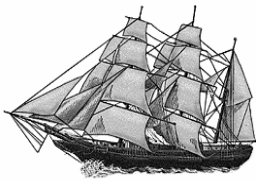
POLICY ON REFUNDS: The full amount of the specific activity fee will be refunded if (a) the student tries out and is 'cut' from a team, or (b) the student paid, but never participated in the activity. Prorated refunds are available to a student who is unable to participate in an activity because of illness 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 SPRING2011

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) 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

