

Amesbury High School  
Signup sheet 2016-2017 Sports

(Please Print)

Sport: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

First Name: \_\_\_\_\_

Grade \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

**Phone #:** Cell# \_\_\_\_\_, Work# \_\_\_\_\_, Home# \_\_\_\_\_

Cell# \_\_\_\_\_, Work# \_\_\_\_\_, Home# \_\_\_\_\_

Parent Email \_\_\_\_\_

Student Email \_\_\_\_\_

**Athletic fees are now payable on line @ [www.schools.amesburyma.gov](http://www.schools.amesburyma.gov)**

- ☐ Certificate of completion of Sports Head Injury and Concussion Awareness course (Either NFHS or CDC) is attached. **Required before participation in athletics can be permitted. Certificate is only good for one academic school year. Parent/guardian and student athlete must take the test separately and have his/her name on the individual certificates.**

NOTE: Directions for the Concussion Course are on the AHS Athletics page on the Town web site.

Check the Amesbury Town website [www.schools.amesburyma.gov](http://www.schools.amesburyma.gov) periodically for AHS Athletic information and updates.

Winter sports User Fee  
Deadline:  
**November 28, 2016**

Return this form and User Fee  
to the AHS Athletic Secretary.

**Winter User Fee  
Non-refundable after  
December 9, 2016**

## Pre-participation Athletic SCREENING

Parents/ Guardians: Please fill in and return with your son/ daughter on the day the physical examination.

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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

Telephone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent's /Guardian's Name: \_\_\_\_\_ Emergency telephone \_\_\_\_\_

Sport \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

History Review: Please complete this section prior to screening.

### PARENT OR GUARDIAN SIGNATURE IS REQUIRED.

PRIOR HOSPITALIZATION?	YES	NO
CHRONIC HEALTH PROBLEMS?	YES	NO
CARDIAC ISSUES ? OR FAMILY HISTORY OF	YES	NO
ALLERGIES?	YES	NO
CURRENT MEDICATIONS?	YES	NO
PREVIOUS SURGERY?	YES	NO
HAVE YOU EVER HAD A PROBLEM WITH, OR INJURY (SUFFICIENT TO CAUSE YOU TO MISS A PRACTICE OR GAME)?	YES	NO
<b>HEAD INJURY</b> - HAVE YOU EVER SUFFERED A HEAD INJURY OR CONCUSSION? If yes when? _____ Date Cleared: _____	YES	NO
CERVICAL SPINE (NECK) ?	YES	NO
HAVE YOU EVER HAD A PINCHED NERVE ?	YES	NO
THORACTIC SPINE (UPPER BACK) INJURY?	YES	NO
LUMBAR SPINE (LOWER BACK) INJURY?	YES	NO
SHOULDERS?	YES	NO
ELBOWS?	YES	NO
WRIST, HANDS, FINGERS?	YES	NO
KNEES AND THIGHS?	YES	NO
ANKLES AND LOWER LEGS?	YES	NO
PULLED MUSCLE (GROIN-HAMSTRING-THIGH)?	YES	NO

Please fully explain any YES responses:

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Have you had any other injuries to bones, joints, muscles, or nerves? (Dislocations, tendonitis, calcium deposits, fractures, etc...) Not previously listed? YES NO

Please describe if the answer is YES:

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Have you ever been informed by physician that your athletic participation should be restricted or disallowed? Please explain.

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List any special protective equipment you require.

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We will need a recent sports physical( terminates 390 days subsequent to administering) and must be renewed immediately (should an athlete be "in season") to maintain eligibility. Remember you cannot practice or play until we have a physical and all paperwork has been turned in.

PLEASE BE SURE YOU HAVE ANSWERED ALL QUESTIONS

I CERTIFY THAT I HAVE ANSWERED THESE QUESTIONS TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE AND FUTHER CERITIFY THAT I HAVE NOT WITHHELD OR FAILED TO DISCLOSE ANY INFORMATION, CONDITIONS OR INJURIES TO MY MUSCULAR / SKELETAL SYSTEM THAT MAY EFFECT MY STATUS AS A PARTICIPANT IN HIGH SCHOOL ATHLETIC COMPETITION OR ASSOCIATED ACTIVITY.

**Must  
Sign**

**STUDENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PARENT/ GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## General School Rules for All Sports

- 1) You must have had a physical in the past 390 days (a doctor's note is needed that has the date of the last physical). You will not be allowed to participate until we have the note from the doctor.
- 2) ALL appropriate medical documentation and forms must be signed and turned into the Athletic Office or Athletic Trainer prior to the first day of the season.
- 3) The **Concussion Law**, passed by Gov. Patrick, requires that parents or legal guardians of children who participate in any co-curricular athletic activity complete a Sports Head Injury and Concussions Awareness course. . **A completed certificate from one of the two recommended on-line courses must be submitted by the student-athlete and parent / guardian in order for that student athlete and parent/guardian in order for that student to participate in athletics at Amesbury High School.** In addition, the law requires that athletes and parents inform the school and respective coaches about prior head injuries regardless of whether or not the student-athlete is currently suffering from any symptoms.
- 4) User fees are due before the first practice of the season. Refunds of User Fees will only be made within the first two weeks following the official start of the season
- 5) **Attendance/Tardy/Dismissals** – You cannot practice or compete if you are:
  - a) Suspended from school.
  - b) Absent excused or unexcused.
  - c) Signed in tardy after 11 AM.
  - d) Dismissed because of illness.
  - e) Any athlete who cuts a class, leaves the building or school grounds without permission, is excessively tardy (7 or more per quarter), or receives an SSP, or suspension, may be suspended for at least one game.
  - f) **If an athlete is not in attendance on the last school day of the week, the athlete cannot compete over the weekend.**
- 6) **Transportation to Games:** All athletes must ride in the transportation provided by the school. An athlete may get approval to ride with a parent, etc. but he/she must get written approval from the administration before he/she leaves for the contest.
- 7) **Sportsmanship:** We feel that everyone – PLAYERS, COACHES, OFFICIALS, STUDENTS, PARENTS, and FANS – should stop and reflect about what it means to be a true sportsman at games they attend. At AHS it is expected that all comments, cheers and actions are of a positive nature. Failure to abide by these expectations may result in immediate removal from that contest and future contests.
- 8) **Injuries:** Injuries that occur during practice and away games need to be brought to the coach's and Athletic Trainer's attention no later than the following day. If the injury is not serious and does not require immediate attention, first send the athlete to see the Athletic Trainer. Not everything has to be seen by a physician. If the injury has you concerned, by all means take your child to the emergency room or your primary care physician. \*\*\* ***Once an athlete goes to the doctor for an injury or illness, we need to have permission from the attending physician before the athlete can return for practice or games.***
- 9) **Trainer:** The hours of the Athletic Training Room: Fall Season - 2:30 – 6:00 PM, or event completion.  
Winter / Spring Seasons - 2:30 – 4:15 PM, or event completion.  
The Athletic Training Room may not be open on weekends, except for scheduled games.  
The Athletic Trainer can also be reached through the Athletic Office at 978 -388-4808.
- 10) **Hazing** – of any kind – covert or overt – is prohibited. Chapter 536 of the Laws of Massachusetts prohibits the practice of hazing and provides for a punishment of a fine, imprisonment, or both. "Hazing", is defined in Chapter 536, as ... "Any conduct or method of initiation, even if consented to, into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person." For additional clarification please see School Committee Policy JFCB/GBCBC. Students engaging in this kind of practice shall be expelled from the club or activity that is doing the hazing. The expulsion will include the loss of all benefits, privileges, or awards ordinarily associated or earned with membership in that particular group. Furthermore, those students are subject to prosecution as described above.
- 11) **Bona Fide Team Members:** LOYALTY TO THE HIGH SCHOOL TEAM. A bona fide member of the school team is a student who is regularly present for, and actively participates in, all team practices and competitions. Bona fide members

of a school team are precluded from missing a high school practice or competition in order to practice or compete with an out-of-school team. Any student who violates this standard is ineligible for 25% of that season immediately upon confirmation of the violation. If the game suspensions are not completed during that season, they carry over into the next season in which that student legitimately participates. A second violation carries a penalty of non-participation in tournament play. Please Note: Individual students in schools that have a team in a sport are not allowed to enter MIAA-sponsored tournament(s) except as a bona fide member of that school team. **In short, your first loyalty must be to your school team. If you miss a school practice or game to attend an outside athletic event, you are in violation of this rule.**

- 11) **MIAA Chemical Health Rule:** One of the primary goals of the AHS Athletic Program is to enhance the fitness of its participants. The use of alcohol, drugs, and tobacco does nothing to advance the physical fitness of an athlete. In fact, it immeasurably detracts from his/her athletic growth. Therefore, athletes will be strongly discouraged and the following rules will apply both on and off school grounds: **From the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not, regardless of the quantity, be in the presence of, use, consume, posses, buy/sell, or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any controlled substance. This policy includes products such as “NA or near beer”.** It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student’s own use by his/her doctor. If a student in violation of this rule is unable to participate in interscholastic sports due to injury or academics, the penalty will not take effect until that student is able to participate again. Member schools are alerted that this rule represents a minimum standard upon which schools could develop requirements that are more stringent. In order for the suspension to be considered completed, the student –athlete must complete the season in good standing.

#### **MINIMUM PENALTIES:**

**First Violation:** When the principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contest totaling 25% of all interscholastic contests in that sport. For the student, these penalties will be determined by the season the violation occurs. No exception is permitted for the student who becomes a participant in the treatment program. It is recommended that the student be allowed to remain at practice for the purpose of rehabilitation. All decimal parts of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 25% of the season.

**Second and Subsequent Violations:** When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contest totaling 60% of all interscholastic contests in that sport. For the student, these penalties will be determined by the season the violation occurs. All decimal part of an event will be truncated i.e. All fractional parts of an event will be dropped when calculating the 60% of the season.

If the second or subsequent violations the student of his/her own volition becomes a participant in an approved chemical dependency program or treatment program, the student may be certified for reinstatement in MIAA activities after a minimum of 40% of events. The director or a counselor of a chemical dependency treatment center must issue such certification. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 40% of the season.

Penalties shall be cumulative each academic year, but a penalty period will extend into the next academic year. (e.g. If a penalty period is not completed during the season of violation the penalty shall carry over to the student’s next actual participation season, which may affect the eligibility status of the student during the next academic year).

**Captain(s) Penalty** – *Any elected athletic team captain(s) who breaks the MIAA Chemical Health Rule any time during the year, (In or out of season) will automatically lose all captaincies held. A chemical health violation in season precludes any CAL recognition.*

#### **12) Rules for Individual Sports:**

The Head Coach will establish rules for his/her sport, which are not covered by the general rules and regulations. These rules will apply to all levels. These rules will be given to players/parents at the beginning of their sports season.



## City of Amesbury Consent and Release Form

I, the undersigned parent or guardian of \_\_\_\_\_ ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic, after school or recreation programs of the City of Amesbury or Amesbury Public Schools.

I also agree to forever release the City of Amesbury, Amesbury Public Schools, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, after school, or recreation programs of the City of Amesbury or Amesbury Public Schools ("the Releasees") 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 City of Amesbury or Amesbury Public School's voluntary athletic, after school, or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees 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 City of Amesbury or Amesbury Public School's voluntary athletic, after school or recreation 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 City of Amesbury or Amesbury Public School's athletic, after school, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary City of Amesbury or Amesbury Public School's athletic, after school, or recreation programs.

**Must  
Sign**

Signed: \_\_\_\_\_ Parent or Guardian of \_\_\_\_\_  
Date \_\_\_\_\_

### MEDICAL CONSENT FORM

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Personal Physician's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Allergies to Medication \_\_\_\_\_ Regular Medications Taken: \_\_\_\_\_

#### To WHOM IT MAY CONCERN:

When, for my son/daughter, \_\_\_\_\_, medical care and treatment, including a minor surgical procedure is recommended by the attending physician, I give permission for the carrying out of such treatment. It is understood that I will be contacted if serious illness or major surgery must be conducted.

Signature(s) Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

**Must  
Sign**

#### IN CASE OF EMERGENCY CALL:

NAME \_\_\_\_\_ TEL # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**Amesbury Public Schools**  
**User Fee**  
**Co-Curricular Activities/AHS Sports**  
**FY 2016 - 2017**

AHS Winter User Fee DEADLINE:  
November 28, 2016  
Return this form and User Fee to  
Athletic Secretary.

NOTE Winter User Fee is  
**Non-refundable after**  
**December 9, 2016**

(Family Max of \$900.)

**User Fee:**    **\$ 50 - Co-Curricular Activity(s) (Club fee is a one-time fee for the school year)**  
**You do not have to pay co-curricular fee to join sport. Club's only!**  
**\$285. – per AHS Sport. Co curricular is not included in Sport fee.**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Tel # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Sport: \_\_\_\_\_ One time only Co-Curricular Activity(Club's only) \_\_\_\_\_

**Please make check payable to: Amesbury Public Schools**

**Payment is now available on-line @ [www.schools.amesburyma.gov](http://www.schools.amesburyma.gov)**

Note: The fees do not guarantee equal participation in a co-curricular activity/sport.

I have reached the family Max (\$900.00). List other siblings & school:

Name \_\_\_\_\_, sport/club \_\_\_\_\_, school \_\_\_\_\_

Name \_\_\_\_\_, sport/club \_\_\_\_\_, school \_\_\_\_\_

Name \_\_\_\_\_, sport/club \_\_\_\_\_, school \_\_\_\_\_

Name \_\_\_\_\_, sport/club \_\_\_\_\_, school \_\_\_\_\_

Option 1     \$50.00 enclosed for Co-Curricular Activity(club):    Check # \_\_\_\_\_

                  \$285.00 enclosed for Sport:                                      Check # \_\_\_\_\_

Option 2     Co-Curricular already paid    for (Club Only): \_\_\_\_\_

Option 3     Waiver is requested \_\_\_\_\_  
                  Student is on free or reduced lunch, or form is being sent in. \_\_\_\_\_

Option 4     Money is not enclosed and reason why: \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_

If you have any questions please call:     Amesbury High School, 978 388-4800 – Glen Gearin  
   Amesbury Middle School, 978 388-0515 - Steven O'Connor