

ATHLETIC PARTICIPATION
PLEASE PRINT LEGIBLY

Date _____

_____ Age _____ Grade _____ at
(Athlete's Name) (@ start of sport season)

_____ Home Phone _____
(School Name)

This is to certify, that I grant permission for my **son** (____), **daughter** (____), to participate in
_____ for the current school year at Northampton High school.
(Name of Sport)

Important: For students transferring from another school **besides** JFK middle school in Florence, MA. My son/daughter was enrolled at

School attended _____ Grades enrolled _____
(School Name)

School Address _____

RISK ACKNOWLEDGMENT

I understand that this sport can be an inherently dangerous activity and that there are genuine and certain risks to anyone who engages in this activity. Due to the nature of sport and physical activity, I understand that the risks involved include, without limitation a full range of injuries, including catastrophic injury resulting in permanent paralysis, brain injury or death. I knowingly assume responsibility for any and such risk and any and all such injuries. In furtherance therefore, I hereby voluntarily choose to participate in this sport and accept this risk as a condition of my participation.

INJURY WAIVER

I hereby absolve the Northampton School Department of any responsibility for injury or accident incurred by _____.
(Athlete's Name)

BONA FIDE TEAM MEMBERS (MIAA RULE 45)

(Loyalty to the High School Team)

A bona fide member of the high school team is a student who is regularly present for, and actively participates in, all team practices and competitions. Bona fide members of a high 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 rule is ineligible for the next two contests or two weeks (whichever is greater) immediately upon confirmation of the violation. Also, any student who violates this standard becomes ineligible for any MIAA tournament(s) in that sport for that season.

(MORE IMPORTANT INFORMATION ON OTHER SIDE)

NORTHAMPTON HIGH SCHOOL POLICY ON CHEMICAL HEALTH

Northampton High School will follow the Massachusetts Interscholastic Athletic Association (MIAA) policy on chemical health.

THIS POLICY STATES:

From the first allowable day of Fall practice, through the end of the academic year or final athletic competition of the year, whichever is later, a student shall not, regardless of the quantity, use or consume, possess, buy/sell or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any other controlled substances. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student's use by his/her doctor.

Minimum Penalties

(Begins with the athletes first High School athletic team and continues until the athlete graduates)

1. **First violation:** When the Principal or designee confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 25% of all interscholastic contests in that sport. No exception is permitted for a student who becomes a participant in a treatment program.
2. **Second and subsequent violations:** When the Principal or designee confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 60% of all interscholastic contests in that sport.

We are concerned about Northampton High school students who are using tobacco, alcohol, and other drugs. In our opinion, the MIAA Policy on Chemical Health, if taken seriously, is one way to curtail adolescent use. It is difficult, however, for us to enforce this policy on our own and therefore we are asking for your help.

When you and your son/daughter sign this form, please talk to him/her about the importance of this policy, and if possible, tell your son/daughter that you fully support the intent of this policy. Please let him/her know that if you become aware of him/her using any non-approved substance, during the season, that **you will contact the Director of Athletics with full expectation of the stated penalties.**

When coaches first hear of any violations of the this Policy on Chemical Health, they are directed to contact the Director of Athletics who will contact the parent/guardian with this information. Penalties will be assessed when confirmation of the violation has been received. Any violations that occur during school functions, including practices, games and travel situations will be subjected to the NHS School Code of Conduct.

Please understand that our athletes represent our school and community and we know that many of our student athletes do choose to be tobacco, alcohol, and other drug-free. We also know that many of these athletes would choose not to use, even if there was no policy.

We need your help as we try to address this one aspect of adolescent behavior. We look forward to working in partnership with you.

Our signatures below indicates that we have read this entire document and understand it completely.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Phone Numbers: (H) _____ (W) _____ (C) _____

ATHLETIC USER FEE

Due to budgetary constraints, the Northampton School Committee has authorized the Department of Athletics to establish an Athletic User Fee of \$150.00 for each student per sport. However, if a student plays more than one sport during the course of the academic year, the fee is reduced for subsequent sports. A student will pay \$150.00 for their first sport, no matter what season (Fall, Winter, Spring). If that student plays a second sport they will pay \$120.00 either Winter or Spring. If the student plays a third sport in the same academic year (Spring), they will pay \$90.00 for that sport. There will be a \$600.00 cap per family per year. Students who have their name on file with the school, for the Federally funded **REDUCED LUNCH** program will pay athletic fees of \$30.00 for the first sport, \$20.00 for the second sport, and \$10.00 for the third sport. Students who have their name on file with the school, for the Federally funded **FREE LUNCH** program, are exempt from the athletic user fee. Applications for the free/reduced program are available in the High School office. This process will repeat for the next school year. These fees pay for all transportation, game officials, police, night game personnel, and a portion of supplies, game equipment, and maintenance of facilities. The income from athletic user fees plus gate receipts accounts for approximately 60% of our total athletic budget. Without this income, athletics would be extremely limited in scope or nonexistent. Please make your check (no cash) payable to Northampton Athletics and write your son's/daughter's name and sport in the memo section of the check.

Full refunds will only be given if your child does not make a team. Percentage of user fee returned will be 80% after first week, with an additional reduction of 10% per week until week five(5). No refunds after this time.

_____ This is my son's/daughter's first sport this school year or,

_____ played _____ at Northampton
(name of son/daughter) (name of sport)

High school this school year.

Amount Due \$ _____ Amount Enclosed \$ _____ Check Number _____

ATHLETIC USER FEE WAIVER

If you are in a position to pay by installments, your first installment must be included with this paperwork. Include the number of additional installments and amount of money per installment. If you have any other issue regarding payment, please call me at 587-1356

MUST be completed if filing for a waiver.

- _____ 1. My son/daughter have their name on file for the free lunch program.
- _____ 2. My son/daughter have their name on file for the reduced lunch program.
- _____ 3. I will pay the athletic fee of \$ _____ in _____ installments of \$ _____ throughout the season

Complete information below and ***return with your first installment check*** (no cash) payable to Northampton Athletics with the rest of the forms.

Athlete's Name _____

Parent/Guardian Name _____

Address _____

SPORT PHYSICAL NOT INCLUDED?

My child will be having a sports physical with his/her own physician on _____. I will have my son/daughter give a copy of the completed signed physical form to the Director of Athletics. (Reminder: Your child will not be able to participate until a current physical has been verified by the Director of Athletics.)

******* INSERTED BLANK PAGE *******

PROCEED TO MEDICAL EMERGENCY FORM BEGINNING WITH PAGE 5

Northampton High School
DEPARTMENT OF ATHLETICS
MEDICAL EMERGENCY FORM

**IT IS IMPERATIVE THAT ALL ITEMS BE COMPLETED AND LEGIBLE.
PRINT ALL INFORMATION**

Date: _____

(Student's Last Name)	(First Name)	(Middle Initial)
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Grade _____ Age _____ Date of Birth _____

Residential Home Address _____ Home Phone _____

(City)	(State)	(Zip)
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Mailing Address _____
(if different)

(City)	(State)	(Zip)
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Parent/Guardian Information

Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Workplace: _____	Workplace: _____
Phone: () _____ () _____ Home Work	Phone: () _____ () _____ Home Work
Cell Phone: () _____	Cell Phone: () _____

Other adults who will assume responsibility or provide transportation if parent cannot be reached in an emergency. Please remember that practices, games, and meets are after the regular school day:

Name: _____	Relationship: _____	Phone () _____
Name: _____	Relationship: _____	Phone () _____
Primary Health Care Provider: _____	Phone () _____	
Dentist and/ or Orthodontist: _____	Phone () _____	

HEALTH INSURANCE INFORMATION

Name of company or Health plan: _____ Phone () _____

Policy Holder: _____

Policy # (**MUST BE LISTED**): _____

-Additional Information Needed on Other Side-

Athlete's Name: _____

MEDICAL HISTORY AND CURRENT INFORMATION

Life threatening allergies:

Bee Sting: Yes No (Circle one) Latex: Yes No (Circle one) Other _____

Food: Yes No (Circle one) Please name food(s) if yes _____

• If yes to any of the life-threatening allergies, does student have an Epi-pen? Yes No (Circle one)

Does student know how to use the Epi-pen? Yes No (Circle one)

Does student carry any other allergy medications? Yes No (Circle one)

If yes please name medications: _____

History of concussion/head injury: Yes No (Circle one)

If yes, how many? _____ Date of most recent _____

Diabetes: Yes No (Circle one) If yes, how is diabetes controlled? _____

Asthma: Yes No (Circle one) If yes, what inhaler(s) or other medication are used? _____

Seizures: Yes No (Circle one) If yes, what medications are used? _____

Any other current medications: _____

(Please remember that a Health Care Provider's order and a parent consent form must be on file in the school health office for any medication needed during school)

Other serious illnesses: (with dates, please)

Other chronic health problems: (please include time frame)

Operations: (with dates, please)

Fractures or other injuries: (with dates, please)

Date of last tetanus booster: _____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

MEDICAL EMERGENCY AUTHORIZATION: I GIVE PERMISSION FOR THE STAFF AND COACHES OF THE NORTHAMPTON HIGH SCHOOL DEPARTMENT OF ATHLETICS, HOSPITAL, PHYSICIAN, OR OTHER EMERGENCY MEDICAL STAFF TO DETERMINE IF EMERGENCY CARE IS NEEDED, AND TO PROVIDE SAID CARE, FOR MY CHILD.

(Signature of Parent or Guardian)

Date _____