

Coach's Emergency Info

Student Name- _____ DOB _____ Gr. _____ Sport _____
Home Address _____ Home Ph. _____
Parent /Guardian Name _____ Phone- _____
Emergency Contacts-1) _____ Phone- _____
2) _____ Phone- _____
Health Care Provider _____ Phone- _____

AUTHORIZATION FOR EMERGENCY TREATMENT

If I am not present, or cannot be contacted and my child is injured, becomes ill, or any emergency necessitates immediate medical treatment, I authorize any medical treatment deemed necessary by the appropriate medical personnel.

Parent/ Guardian Signature _____

GILL-MONTAGUE REGIONAL SCHOOL DISTRICT

ATHLETIC ELIGIBILITY VERIFICATION FORM

REQUIREMENTS FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETIC ACTIVITIES

To be eligible for interscholastic athletics, the following is required:

- All students must pass a physical examination within 13 months of the start of each season and provide a copy of the physical exam to the GFMS/TFHS nurse .
Dr. Rosen, our school physician, will be available to do a limited number of **sports physical screenings** (for those students who are unable to schedule an appointment with their primary care provider). Please **sign up** with the school nurse. To be considered for this screening, the student must have on file in the School Nurse's office the following:
 - A *current* and *complete* immunization record.
 - Documentation of mandatory physicals for grade 7 and 10 (as applicable).
 - A completed and signed MIAA Sports Candidate Medical Questionnaire (available from the school nurse).
 - Parent/guardian permission for the sports physical screening.
- Current academic eligibility.
- A user fee must be paid or waived.
- Parents/Guardians and students must read and sign this document and return it to the coach

STUDENT NAME _____ DATE OF BIRTH _____ GRADE _____

SPORT _____ SEASON _____ COACH _____

STUDENT ATHLETIC RULES

All students who wish to participate on a Turners Falls High School/Great Falls Middle School athletic team should acquaint themselves thoroughly with the following regulations. Failure to abide by the following rules could be the cause of ineligibility.

- All Massachusetts Interscholastic Athletic Association rules must be strictly followed. A copy of these rules is on file in the Athletic Director's Office. Students must meet district/school academic eligibility criteria.
- Students must be in attendance for the entire school day. Students who come in after 8:00 AM will not be allowed to practice or participate in sporting events on that day unless excused by the school administration.**
- Turners Falls High School/Great Falls Middle School athletes must maintain sound sportsmanship and school citizenship in class, student affairs, and on the team.
- Students assigned to in-school or out-of school suspension are ineligible for athletic activities on the day(s) of suspension. Should non-school days falls between suspension days, students will be ineligible during that period.
- During the season of practice or play, students shall not (regardless of the quantity) use/consume , possess, buy/sell, be under the influence of or distribute any beverage containing alcohol, any tobacco products), marijuana, steroids, or any other mind-altering substance. It is not a violation for students to be in possession of a legally defined drug specifically prescribed for the student's own use by their doctor. This rule applies in all situations, both on and off school property and includes all school- and nonschool - sponsored activities.

A. First Offense

Penalty: When the principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student will 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. It is recommended that the student be allowed to remain at practice for the purpose of rehabilitation. Any fractional part of an event will be dropped when calculating the 25%of the season.

B. 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 contests totaling 60% of all interscholastic contests in that sport . Any fractional part of an event will be dropped when calculating the 60% of the season.

If after 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 maybe certified for reinstatement in MIAA activities after he/she has not participated in a minimum of 40% of events, provided the student was fully engaged in the program throughout that penalty period. The high school principal in collaboration with a Chemical Dependency Program or Treatment Program must certify that student is attending or issue a certificate of completion. If student does not complete program, penalty reverts back to 60% of the season. Any fractional part of an event will be dropped when calculation the 40% or 60% of the season.

6. All athletes must adhere to the MIAA loyalty to the high school team rule, as explained by the coach. Athletes must be in regular attendance at all practice sessions, games, and mandatory team functions. Planned absenteeism must be reported to the appropriate coach in advance. Absenteeism without a valid excuse or failure to report planned absenteeism in advance may be penalized by the coach.

7. At the end of the sport season, if equipment issued is not returned immediately, I shall reimburse the district for its value.

8. I have read and understand the **Student Athletic Rules**. I understand that the above-named student may be dismissed from the team for violation of the athletic rules and/or pertinent school rules.

Parent/Guardian signature _____ Date _____

Student Athlete Signature _____ Date _____

BRIEF MEDICAL HISTORY

Known Allergies _____

Medications _____

Please check if the student has any of these conditions:

_____ Asthma

_____ Heart Condition

_____ Diabetes

_____ Musculoskeletal Problem

_____ Epilepsy (seizures)

_____ Other condition that would be pertinent-(please explain).

CONSENT TO PARTICIPATE

I do hereby consent to my child's participation in the above-named voluntary athletic program of the Gill-Montague Regional School District

I understand that participation in any sport is an inherently dangerous activity and that there are genuine and serious risks.

I knowingly assume responsibility for any and all such risks and any and all such injuries. I voluntarily choose to participate in this sport and accept this risk as a condition of my participation.

Because of the dangers of participating I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction

Student Athlete Signature Date
(Parent/Guardian must also sign this form if the athlete is under the age of eighteen (18).)

Parent/Guardian Signature Date

ALLERGY / ASTHMA

My child has _____ and will be responsible for carrying and administering their own Epi-pen or inhaler as needed at practice and games as I am aware the School Nurse is not available after school.

Parent Signature _____ Date _____

USER FEE

Due to budget constraints, the Gill-Montague Regional School Committee has instituted an Athletic User Fee Program at Great Falls Middle School/Turners Falls High School.

The user fee for participating in a High School sport is \$75.00 and \$50.00 for participation in a Middle School sport. The Gill-Montague Regional School District will not deprive students from participating due to financial hardship. An individual needing financial assistance must obtain and complete an Athletic User Fee Waiver Form and return it to the Athletic Director.

ACCIDENT EXPENSE and INSURANCE

The Gill-Montague School Committee has subscribed to a student Accident Insurance Policy which covers students in ALL interscholastic sports who are not covered by a parent/guardian's insurance. This insurance is at no cost to you. In accordance with the medical insurance policy provided by the District, the maximum benefit on any one accident is \$1,000,000, with coverage provided in accordance with the medical insurance policy. This insurance however, is non-duplicating. Physical therapy has a maximum coverage of \$1,000 per season.

PLEASE BE ADVISED THAT THE DISTRICT WILL NOT BE RESPONSIBLE FOR YOUR FAILURE TO ADHERE CLOSELY TO THOSE REQUIREMENTS DICTATED BY YOUR INSURANCE COMPANY.

THE GILL-MONTAGUE REGIONAL SCHOOL DISTRICT WILL NOT ASSUME ANY FINANCIAL OBLIGATION IN THE EVENT OF SERIOUS INJURY OR ACCIDENT.

Please complete the following BEFORE returning to Athletic Director

Academic Clearance- _____ (HS Guidance Counselor/MS Secretary

User Fee Paid- Amt. _____ Office Staff- _____

Current Physical on file with Nurse- _____

