

School: _____

Nashoba Regional School District Middle School Athletics Participation Permission Form

Student-Athlete Name: _____ Grade: _____

Date of Birth: _____ Sport: _____

Parent/Guardian Information

Full Name: _____
LastFirstM.I.

Address: _____
Street AddressApartment/Unit #

CityStateZIP Code

Home Phone: () _____ Alternate Phone: _____

Parent/Guardian
E-mail Address: _____

Emergency Contact 1 _____
NamePhone

Emergency Contact 2 _____
NamePhone

USER FEE AGREEMENT

The Nashoba Regional School Committee has authorized each school to collect an athletic fee from each student-athlete participating in interscholastic sports. The fee for the **2013-2014** academic year is **\$55.00 per participant per season**. Any parent or guardian having difficulties paying a user fee should contact the principal or assistant principal. Please make checks payable to the respective school:
Florence Sawyer School, Luther Burbank Middle School, or Hale Middle School.

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

Minor; do hereby consent to my child's participation in the above-named voluntary athletic program of the Nashoba Regional School District. I also agree to forever release the Nashoba Regional School District, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the voluntary athletic programs of the Nashoba Regional School District 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 Nashoba Regional School District voluntary athletic 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 the Releasees in the Nashoba Regional School District's voluntary athletic programs.

I further affirm that I have read 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 Nashoba Regional School District's athletic 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 Nashoba Regional School District athletic programs.

By my signature, this is to certify that I have read and understand the *Athletic Handbook for Student-Athletes and Parents* and agree to support all MIAA, MSSAA, school, team and athletic regulations enforced by the Nashoba Regional Athletic Department and Administration.

I understand that the Athletic User Fee described above is **non-refundable** once my son / daughter are placed on the roster of an athletic team. The fee does not guarantee that the student-athlete will play in each contest. A student-athlete who does not make payment by the due date may not participate in practices or tryouts until the fee is paid.

I authorize the Athletic Director, Athletic Trainer or Coach to act for me according to their best judgment in an emergency requiring medical attention when they are unable to reach me.

Parent/Guardian Signature

Date

Student-Athlete Agreement

By my signature, this is to certify that I have read and understand the *NRSD Middle School Athletic Handbook for Student-Athletes and Parents* and agree to support all MIAA, MSSAA, school, team and athletic regulations. At the conclusion of the season, I agree to return all school-issued equipment or pay the replacement cost for lost equipment or uniforms.

Student-Athlete Signature

Date

Nashoba Regional School District
Middle School Athletics Participation Permission Form

Student-Athlete Name: _____ **Sport:** _____

Medical Questions:

Does your child have a life-threatening allergy? Yes or No

If so, to what? _____

Does your child carry his/her own epi-pen? Yes or No

Does your child have asthma? Yes or No

Does your child carry his/her own asthma inhaler? Yes or No

*Carrying an epi-pen or inhaler requires physician permission on file with the school nurse.
Epi-pen or inhaler must be provided by parent(s) to coach for sports use.*

**PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM
FOR ATHLETICS & EXTRACURRICULAR ACTIVITIES**

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: _____

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:

Parent/Guardian:

Name: _____ Signature/Date _____

(Please print)

Student Athlete:

Signature/Date _____