

## R.A.N. Interscholastic Field Hockey Program FALL 2016



The R.A.N. Interscholastic Field Hockey Program is designed for girls in grades 6, 7, 8 who are interested in playing interscholastic field hockey. The team typically meets two to three times per week starting the 2nd FULL week of school. The team will play a schedule against schools in the Cape Ann League or Northeast Conference. The team will practice at the high school baseball field and will play its home games at Fuller Field. Bus transportation will be provided for all away contests. 8th grade teacher Bridget LeSage, 7th grade teacher Elizabeth Habib, and volunteer Krissy Ventura will coach the team. The cost for each participant is \$195, which covers the cost for the coach, buses, officials, and new uniforms.

How to register:

- Make check for \$195 out to RAN Middle School
- Complete the Parental Consent Form
- Provide copy of physical from your child's doctor. Physicals are good for 13 months and once a physical expires the student's family must provide a copy of a new physical exam (doctor's notes are not allowed).
- Complete the state-required Pre-Participation Head Injury Form
- Attach the check and physical exam to the Parental Consent Form and return to the RAN Main Office.

Any questions can be directed to the Newburyport Athletic Department.  
Kyle Hodsdon 978-465-4440 ext 5002 [khodsdon@newburyport.k12.ma.us](mailto:khodsdon@newburyport.k12.ma.us) or  
Bridget LeSage at [blesage@newburyport.k12.ma.us](mailto:blesage@newburyport.k12.ma.us)



**NEWBURYPORT PUBLIC SCHOOLS ATHLETIC PARENTAL CONSENT  
INTERSCHOLASTIC MIDDLE SCHOOL FIELD HOCKEY  
RELEASE FROM LIABILITY & INDEMNITY AGREEMENT R.A.N. MIDDLE  
SCHOOL 2016**

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 R.A.N. Middle School Athletic/Physical Education/Intramural 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 R.A.N. Middle 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 Middle School Handbook which is available at [www.miaa.net](http://www.miaa.net)) and R.A.N. Middle School rules while paying particular attention to the Chemical Health Rule. By signing this form the parent acknowledges the understanding of the R.A.N. Middle School rules as it pertains to athletics/intramurals.

\_\_\_\_\_  
Parent/Guardian Signature Date

Student Name \_\_\_\_\_ Grade \_\_\_\_ Date of Birth \_\_\_\_\_

Homeroom Teacher and Room # \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

• Medications \_\_\_\_\_

• Allergies \_\_\_\_\_

• Medical History \_\_\_\_\_

**ATTACH CHECK AND PHYSICAL EXAM TO THIS FORM.**