

## **R.A.N. Interscholastic Field Hockey Program**

### ***FALL 2014***



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 practices twice a week starting the 1<sup>st</sup> *FULL* week of school. The team will play a 14 game schedule against schools in the Cape Ann League. The 1<sup>st</sup> game is September 16; the season ends at the end of October. The team will practice at a site to be determined and will play its home games at Fuller Field. Bus transportation will be provided for all away contests. A member of the middle school faculty will coach the team. Uniforms will be provided for each player.

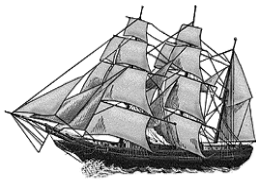
### **COST**

The cost for each participant is **\$240**, which covers the cost for the coach, buses, officials, uniforms, and equipment.

### **How to register**

- Make check for **\$240 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 Robert Clarke 978-465-4440 ext. 5018 [bclarke@newburyport.k12.ma.us](mailto:bclarke@newburyport.k12.ma.us)



**NEWBURYPORT PUBLIC SCHOOLS ATHLETIC PARENTAL CONSENT**  
**RELEASE FROM LIABILITY & INDEMNITY AGREEMENT**  
***Interscholastic Middle School Field Hockey***  
**R.A.N. Middle School 2014-15**

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 \_\_\_\_\_

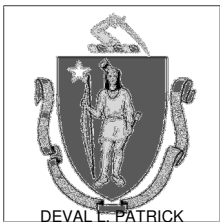
E-Mail \_\_\_\_\_

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

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

- Medications \_\_\_\_\_
- Allergies \_\_\_\_\_
- Medical History \_\_\_\_\_

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



DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN  
AUERBACH COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

Pre-Participation Head  
Injury/Concussion Reporting Form  
For Extracurricular Activities

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport	
Home Address			Telephone

**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 (use back of this paper if necessary):

**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: \_\_\_\_\_

**STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS**

The Commonwealth of Massachusetts Executive Office of Health and Human Services now require that all schools subject to the Massachusetts Interscholastic Athletic Associations (MIAA) rules adhere to the following law. Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student athlete becomes unconscious during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for "return to play."

Parents and students who plan to participate in any athletic program at Newburyport High School must also take a free on-line course. Two free on-line courses are available and contain all the information required by the law. The first one is available through the National Federation of High School Coaches. You will need to click the "order here" button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes.

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

The second on-line course is available through the Centers for Disease Control and Prevention at:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Please sign below that you have read the above and completed one of the courses listed and have provided accurate information regarding the Pre-Participation Head Injury Form. This is required in order to participate on any athletic team at Newburyport High School.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date