

## Nock Spring Field Hockey

### **Session 1**

Dates: 3/26, 4/10, 4/11, 4/17

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### **Session 2**

Dates: Fridays (5/2, 5/9, 5/16, 5/23)

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Time: 2:00-3:00

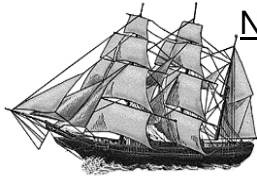
Where: Nock/Molin Gym

What: Bring a stick, shin pads, mouth guard, goggles, and an old sock (to cover stick)

Cost: \$10 for each session (Checks made out to RAN Field hockey)

Questions: Contact Jessica DeLacey at [jdelacey@newburyport.k12.ma.us](mailto:jdelacey@newburyport.k12.ma.us)





**NEWBURYPORT PUBLIC SCHOOLS ATHLETIC PARENTAL CONSENT  
RELEASE FROM LIABILITY & INDEMNITY AGREEMENT**

**Rupert A. Nock Middle School 2013-2014**

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 Rupert A. Nock School's 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 Rupert A. Nock 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 Rupert A. Nock School rules while paying particular attention to the *Chemical Health Rule*. By signing this form the parent acknowledges the understanding of the Rupert A. Nock School rules as it pertains to athletics/intramurals.

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

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

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

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

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

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

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

• Medications \_\_\_\_\_

• Allergies \_\_\_\_\_

• Medical History \_\_\_\_\_

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