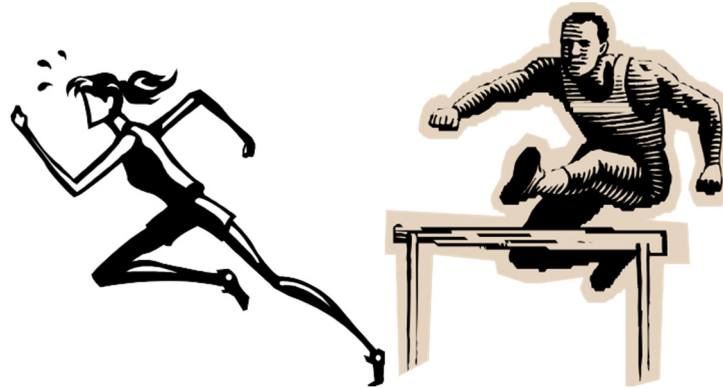


## R.A.N. Interscholastic Track & Field Program *Spring 2016*



The R.A.N. Interscholastic Track Program is designed for boys & girls in grades 6, 7, 8 who are interested in participating in interscholastic track. The team practices twice a week after school on Tuesdays and Thursdays starting Tuesday, April 12<sup>th</sup> (excluding April vacation). The team competes in meets against schools in the Cape Ann League (typically Ipswich, Masconomet, Georgetown, H-W). Our meets will take place at our opponent's facility. The team practices at Fuller. Bus transportation will be provided for all away contests.

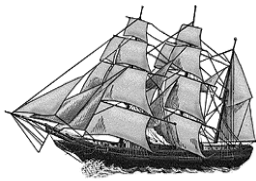
### **COST**

The cost for each participant is **\$100**, which covers the cost for the coaches, buses, officials, uniforms, and equipment.

### **How to register**

- Make check for **\$100 out to RAN Middle School**
- **Complete the attached Parental Consent Form**
- Provide copy of physical from your **child's doctor. Physicals are valid for 13 months only!!!**
- Complete the state-required **Pre-Participation Head Injury Form**
- **Attach the check and physical exam to the Parental Consent Form and Head Injury Form and return to the RAN Main Office.**

Any questions can be directed to Newburyport Athletic Director Kyle Hodsdon by e- mail at [khodsdon@newburyport.k12.ma.us](mailto:khodsdon@newburyport.k12.ma.us)



**NEWBURYPORT PUBLIC SCHOOLS ATHLETIC PARENTAL CONSENT  
RELEASE FROM LIABILITY & INDEMNITY AGREEMENT  
Interscholastic Middle School Track & Field  
R.A.N. Middle School 2014-2015**

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**



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

DEVAL L. PATRICK  
 GOVERNOR

TIMOTHY P. MURRAY  
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
 SECRETARY

JOHN AUERBACH  
 COMMISSIONER

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

## RAN TRACK 2016

We are happy your child has chosen to participate in the track program this spring. All participants can compete in up to four events. The running events include the 60, 100, 200, 400, 800, the mile, and the 80 meter hurdles. Competitors may also choose to run in the 4 x 100 or 4 x 200 relays. They may also choose to compete in two of the four field events. The field events include the shot put, discus, long jump, and the high jump. Although this is a co-ed program, the boys will compete against boys and the girls will compete against girls.

The spring track season will begin the week of April 11th and continue through the end of the month of May. Practices will be held on Tuesdays and Thursdays. Participants should report to Fuller Field at 2:15. Practices will end at 3:45. **Parents should pick up their children at Fuller Field at 3:45.** No practices will be held during April vacation.

There will be four meets scheduled during the month of May. All of our meets will be away this year. The buses will leave right after school to go to the meet. Meets are scheduled to begin at 3:15. When we return the students will be released by the gym door at the Middle School.

No special clothing is needed. A tee shirt, shorts, white socks and track or jogging sneakers (no spikes) are all that is needed. Also recommended are sweat shirts and sweat pants for cold days at the track. All students who participate in the program will receive a team tee shirt to use at meets. All tee shirts are adult sizes.

The meets are still being scheduled. As soon as we have a schedule we will send this home.

Any questions concerning the track program may be directed to Mr. Cliff Smith at [978-317-2934](tel:978-317-2934).