



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

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 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(s)	
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:

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 _____



MONSON HIGH SCHOOL
55 MARGARET STREET
MONSON, MASSACHUSETTS 01057 - 1099
(413) 267-4589
FAX (413) 267-4157

Athletic Department User Fees

Jennifer Gouvin
Phone: 413-427-1463

An athletic user fee is required from each athlete. If the athlete does not submit the payment to their coach prior to the first athletic tryout/practice the student will not be allowed to participate with the team. A fee schedule is available through the Athletic Director and listed in the Parent/Student Handbook.

Athletic User Fee

Girls Soccer	\$195
Boys Soccer	\$195
Golf	\$375
Girls Cross Country	\$150
Boys Cross Country	\$150
Cheerleading	\$175
Girls Swimming	\$150
Boys Swimming	\$150
Boys Basketball	\$360
Girls Basketball	\$360
Softball	\$275
Baseball	\$325
Girls Lacrosse	\$165
Boys Lacrosse	\$165
Boys Track & Field	\$150
Girls Track & Field	\$150

A family cap is set at \$600.00 per family per year.

The athletic user fee is waived for any student receiving free or reduced lunch.

Checks are to be written to **Monson School Department**.

Fee is to be paid at the preseason meeting by A.D.

I am aware of the Athletic User Fee Policy and accept that payment must be made prior to the first athletic contest otherwise my son/daughter will not be able to continue participation on the team.

Sign: _____ Date: _____



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Bona Fide Team Rule

A Bona Fide member of the school team is a student who is regularly present for, and actively participates in, all team practices and competitions. Bona fide members of a school team are precluded from missing a high school practice or competition in order to practice or compete with an out-of-school team. The first offense of the Bona Fide Team rule will result in a suspension of 25% of the season. The second offense will result in suspension for an additional 25% of the season, and ineligibility for tournament participation. I have read the rule above and agree to honor it here at Monson High School.

(Name of Student Athlete)

(Name of Parent)

(Signature of Student Athlete)

(Signature of Parent)

(Date)

(Date)



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Chemical Health Policy

From the earliest practice date, to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any uncontrolled substance. This policy includes products such as “NA or near beer” It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student’s own use by his/her doctor.

- **FIRST VIOLATION:** When the principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contest totaling 25% of all interscholastic contests in that sport. No exception is permitted for the student who becomes a participant in a treatment program. It is recommended that the student be allowed to remain at practice for the purpose of rehabilitation. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 25% of the season.

- **SECOND AND SUBSEQUENT VIOLATIONS:** When the principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 60% of all interscholastic contests in that sport. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when the calculating 60% of the season.

(Name of Student Athlete)

(Name of Parent)

(Signature of Student Athlete)

(Signature of Parent)

(Date)

(Date)



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Hazing

Jennifer Gouvin
413-427-1463

Your signature below acknowledges your understanding that the MHS Parent- Student Handbook includes the Act Prohibiting the Practice of Hazing, M.G.L. c269 sections 17-19 and that your son/daughter understands and agrees to comply with the law.

(Name of Student Athlete)

(Name of Parent)

(Signature of Student Athlete)

(Signature of Parent)

(Date)

(Date)



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Parent Permission for Monson High School Athletics

If you desire your son/daughter to be a part of the Monson High School Athletic Program, please fill in and sign the lower section of this sheet and return it to the Athletic Director. Students will not be allowed to practice/tryout or play until this form has been signed and returned.

The school department requires that all athletes be covered by insurance of some kind before they can participate in athletics.

I approve of my son/daughter _____ participating in Monson
(Full Name)
Athletics during the current school year.

In my opinion, our insurance policies have adequate coverage for costs arising from accidental injury while he or she is engaged in athletic activities.

It is understood that the Monson High School Athletic Department assumes no financial responsibility in case an accident occurs.

In the event that it becomes necessary to terminate this agreement during the school year, I will so inform you in writing.

Name: _____ Date _____
(Parent or Guardian)

Name: _____ Date _____
(Signature of Parent or Guardian)

Relationship to Athlete _____
Address _____

Phone: _____

Email: _____



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Athletic Department Consent and Release

I, _____ Parent/legal guardian of _____
Name Child's Name

hereby consent to my child's participation in any and all voluntary extra-curricular and/or athletic programs of the Monson Public Schools.

I agree to forever release the Monson Public Schools, the Monson School Committee, and all employees, agents, members, volunteers and any and all individuals and organizations assisting or participating in voluntary extra-curricular and/or athletic programs of the Monson Public Schools (hereinafter, Monson) 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, arising from personal injuries to my child or property damage resulting from my child's participation in Monson's voluntary extra-curricular and/or athletic programs.

I also promise to **Indemnify, defend,** and hold Monson harmless 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 present or future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in Monson's Voluntary extra-curricular and/or athletic programs.

I further affirm that I have read this Consent and Release form and that I understand its contents. 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 these programs. By signing this form, I have decided to allow my child to participate in Monson's extra-curricular and/or athletic programs with full knowledge that Monson will not be liable to anyone, including my child and me, for personal injuries and property damage my child or I may suffer related in any way to the participation in these programs.

(Parent or Legal Guardian Signature)

(Date)

Please also sign below if you approve of the use of your son/daughters picture for use on the Monson Athletic Booster Associations Facebook page in the "Athlete of the Week" section.

(Parent or Legal Guardian Signature)

(Date)



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Monson Public Schools Emergency Care Information

(To be kept with the coach at all times)

Athlete Name: _____ Date of Birth: _____

Address: _____ Town: _____

Zip Code: _____ Home Phone: _____

Mother/Guardian Name: _____

Work/Day Phone: _____

Father/Guardian Name: _____

Work/Day Phone _____

Emergency Contact (If unable to reach parents): _____

Relationship: _____ Phone: _____

I _____ release this information to the Athletic Director and Coach for emergency use and give consent to contact the emergency contact listed above if parent(s) or guardian(s) are not available.

Sign: _____ Date: _____

Print name from above: _____

I _____ and _____ have read and understand the Monson High Parent(s) Guardian(s) Student athlete Guide for Students & Parents and agree to follow the guidelines.

Parent(s)/Guardian (s) Sign: _____ Date: _____

Print name from above: _____

Student Athlete Sign: _____

Date: _____

Print name from above: _____