



City on a Hill Charter Public School

STUDENT-ATHLETE AGREEMENT TO PARTICIPATE

Student's Last Name:

First Name:

Grade:

Address

Parent/Guardian's name

Cell Phone #

Emergency Contact Person

Telephone #

Dear Parents,

City on a Hill Charter Public School ("City on a Hill" or "School") provides after-school extracurricular sports and activities ("Extracurricular Sport"). This form serves as the official "Permission Slip" for your student-athlete to participate in **Cheerleading**. It must be filled out completely and returned to the Athletics Director. Failure to provide all of the necessary information will prohibit your child from participating in the sport.

This form must be completed by **12/10/2018**. In addition, students must complete a **physical** and submit proof to the Athletics Director by **12/10/2018**. Without an updated physical, students cannot participate. Students must maintain satisfactory academic and other requirements consistent with the Massachusetts Charter School Athletic Organization (MSCAO).

If you have any questions or concerns regarding your child's participation in Extracurricular Sports at City on a Hill, please do not hesitate to contact me.

Sincerely,

WAIVER AND RELEASE FROM LIABILITY FOR PARTICIPATION IN EXTRACURRICULAR SPORTS/ACTIVITIES

We the undersigned father and mother or guardian(s) of _____, a child, do hereby give permission for my son/daughter _____ to participate in extracurricular sports and activities (“Extracurricular Sports”) at City on a Hill Charter Public High School (“City on a Hill” or “School”). I acknowledge that I have read and understand school athletic rules and the code of conduct located in the Student Handbook. I understand that these rules will be enforced. Furthermore, I understand that it is my responsibility as a parent/guardian to notify the Athletics Department and Coach if my child has a medical condition of which the School should be aware.

Release. I do hereby consent to my child’s participation in voluntary Extracurricular Sports and do forever RELEASE, acquit, discharge and covenant to hold harmless the School and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent(s) or guardian(s) of said child, and also all claims or right of action for damages which said child 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 School’s Extracurricular Sports.

FURTHERMORE, I hereby agree to protect the School and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said child growing out of or resulting from injury to said child in connection with his/her participation in the School’s Extracurricular Sports, and to INDEMNIFY, reimburse or make good to the School or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorneys’ fees, the School or its representatives may have to pay if any litigation arises from said child’s intentional, grossly negligent or reckless acts or omissions while participating in said Extracurricular Sports.

Notice of Risk. I understand that participation in Extracurricular Sports is purely voluntary. I further understand that there are risks and dangers inherent in participating in sports activities, including risk of serious or permanent injury, concussion, or death. Instructions given by the Athletics Director and/or his or her designee(s) regarding proper playing techniques, training and team rules must be followed.

Transportation. My child may be accompanied and transported by City on a Hill, including its coaches, employees, and/or contracted transportation services, to practices and away games; however, neither City on a Hill nor its employees and agents assume any liability by such accompaniment or transportation or for any injuries or damages that occur while traveling to or from the venue or during the time in

attendance at or participating in the sporting activity. In the event of an emergency, I grant permission to City on a Hill to transport my child to a hospital/after hours clinic for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. As the parent/legal guardian, I give full authorization to City on a Hill to secure medical care and/or treatment for my child. This treatment may include but not be limited to assistance from the nearest physician, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined in the sole discretion by City on a Hill. In the event that I cannot be contacted, and an emergency has occurred, I give permission to the treating medical institution and/or medical provider(s) to hospitalize and/or administer the appropriate treatment deemed medically necessary. I further agree that City on a Hill, and its employees and agents will not held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided. This authorization shall remain effective until my child is no longer an athlete at City on a Hill.

Release of Medical Information. By signing below, I authorize the School Nurse to release necessary medical information to the Athletic Director and the Athletic Director to disclose to the appropriate coaching staff any medical information herein provided concerning conditions that will help them be prepared in case of an emergency. I also give permission for this Permission Slip, including the Medical History portion, to be released to other appropriate health care providers who may need this information in order to treat my child in a medical emergency.

SIGNATURE PAGE

My signature confirms that my son/daughter has my permission to participate in **interscholastic sports for City on a Hill - Dudley Square**. It also certifies that, to the best of my knowledge, my child is able to participate in any physical activities during practices, games, or other training. I have read this document, I understand its contents, and I agree to its terms.

Signature(s) of Parent(s) or Guardian(s)	Date	Relationship
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Signature of Student (required if 18 or over)

(This form may not be altered)

MEDICAL HISTORY

This information is vital so that our staff are best prepared to serve the needs of your child both in their day-to-day athletic experience and in the case of a medical emergency. All information provided here is confidential and will not be shared outside of necessary staff or emergency providers if need be.

Please respond to each of the following. Circle YES if your child has ever experienced this condition or anything related. Your answers are appreciate and will help your child have the best, safest experience possible. Feel free to add any additional family history, conditions, or previous injuries that you feel can be instructive to your child's participation in sports training.

- 1.* Yes No Head injury and/or concussion/unconsciousness. If yes, please provide date and circumstances: _____
2. Yes No Seizure and/or convulsion
3. Yes No Fainting and/or dizziness
4. Yes No Heat stroke/heat exhaustion/heat intolerance
- 5.* Yes No Diabetes
- 6.* Yes No Heart murmur, heart conditions, and/or problems
7. Yes No Blood pressure problem
8. Yes No Blood disorders
9. Yes No Asthma medications
10. Yes No Pneumonia/bronchitis
11. Yes No General allergies
- 12.* Yes No Serious allergies – e.g., bee sting or food allergies
13. Yes No Uses Epi-pen, inhaler or other fast-acting emergency relief regularly
14. Yes No Dental bridges, braces, plates
15. Yes No Arthritis and/or joint pain
16. Yes No Mononucleosis
17. Yes No Tobacco, smokeless tobacco problems
18. Yes No Alcohol/drug/steroid use
19. Yes No Menstrual problems
20. Yes No Missing one of paired organ (e.g., eye, kidney, testicle, etc.)
21. Yes No Glasses, contact lenses, protective eyewear
- 22.* Yes No Any other special equipment. Please specify: _____
23. Yes No Hearing problems, hearing aid, ear tubes
- 24.* Yes No Eating disorders. Please specify: _____
- 25.* Yes No Is your child currently on medication?
 Daily As Needed List Here:

- 26.* Yes No History of hospitalization/surgery, specify: _____

- 27.* Yes No Bone fractures, dislocations, serious sprains. If so, please specify:
- 28. Yes No Family history of sudden death
- 29. Yes No Family history of heart attack or heart disease
- 30. Yes No Shortness of breath
- 31. Yes No Chest pains on exertion
- 32. Yes No Sickle Cell Anemia
- 33.* Yes No Is there any reason for limited sports participation by your child?

*Please explain further if YES is checked for starred items above. Use additional sheet if necessary.

- PLEASE PROVIDE A COPY OF THE MOST RECENT PHYSICAL EXAM TO ATHLETIC DIRECTOR.
- Children who have been prescribed inhalers or Epipens must have these at all practices and games. Please indicate whether your child has been prescribed:
 ___ an inhaler
 ___ an Epipen.
- Please list any limits to medical treatment:

STUDENT AND PARENT EDUCATION REQUIREMENT
SPORTS RELATED HEAD INJURY and CONCUSSIONS

Student Name:

Grade: _____

Fall Sport:

Winter Sport:

Spring Sport: _____

The Commonwealth of Massachusetts Executive Office of Health and Human Services requires that all schools subject to the Massachusetts Charter School Athletic Organization (MCSAO) rules adhere to a law that states that 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, or suspected of having a concussion, 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 gradual resuming of athletics.

Parents and students who plan to participate in any athletic program at City on a Hill Charter School are required to take a training program regarding concussions. A free on-line program is available through the Centers for Disease Control and Prevention and contains all the information required by the law:

<http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Therefore, by signing below, you and your child/student/athlete have read the above policy regarding sports related head injuries/concussions and completed the CDC online training program. No student may participate on any athletic team at City on a Hill Charter School without completing this form.

Parent/Guardian Signature

Date

Student Signature

Date

<p>Concussion #2 Date: _____ Hospitalization Yes/No _____</p> <p>Cause: _____</p> <p>Signs/Symptoms lasted how many days? _____</p>	<p>Any loss of consciousness Yes/No: _____</p> <p>Any seizure Yes/No: _____</p> <p>Any amnesia Yes/No: _____</p> <p>Any other signs/symptoms lasted over Yes/No: _____ 14 days</p>
<p>Concussion #3 Date: _____ Hospitalization Yes/No _____</p> <p>Cause: _____</p> <p>Signs/Symptoms lasted how many days? _____</p>	<p>Any loss of consciousness Yes/No: _____</p> <p>Any seizure Yes/No: _____</p> <p>Any amnesia Yes/No: _____</p> <p>Any other signs/symptoms lasted over Yes/No: _____ 14 days</p>

2016 – 2017 School Year

Parent/Guardian Signature

Date