

Milton High School Athletics Permission Form for Spring 2011 – 2012

NAME _____ DATE OF BIRTH _____ GENDER _____

Please check the sport(s) your student intends to participate in at Milton High School.

SPRING SPORTS Practices/Tryouts start on Monday March 19, 2012

- () Baseball – V/JV/9th (cuts) () Boys Lacrosse - V/JV (cuts possible) () Crew (no cuts)
() Girls Lacrosse - V/JV/9th (cuts possible) () Softball – V/JV/9th (cuts possible) () Rugby (no cuts)
() Boys Tennis – V/JV (cuts possible) () Girls Tennis – V/JV (cuts possible)
() Boys Track Outdoor - V/JV (no cuts) () Girls Track Outdoor - V/JV (no cuts)

I hereby authorize the Milton High School Athletic Training/Coaching Staff or its representatives to obtain medical treatment on my son’s/daughter’s behalf. In the event that, in the opinion of said staff or representative, my son/daughter is in need of such treatment, that said staff or representative may act on my behalf. I agree to waive any rights which I may have against the staff or its representatives on account of an action which it or they may take on my son’s/daughter’s behalf. Furthermore, I agree that I shall be responsible for the payment of any medical treatments of any nature, which shall arise in connection with any injury/accident while my son/daughter is participating or involved within the Milton High School Athletic Program.

MIAA RULE 56. Student Eligibility/School Requirements: Physical Examinations/Medical Coverage/Concussions

56.1 All students must pass a physical examination within thirteen months of the start of each season. Students who meet this criterion at the start of the season will remain eligible for that season. Physical examinations must be performed by a duly registered Physician, Physician’s Assistant or Nurse Practitioner. A student in violation shall be suspended for the number of practices/contests in which he/she participated without a proper physical.

I have reviewed and understand the Concussion treatment/recovery policies and procedures as documented on the MHS Athletic Website. Both my son/daughter and I have completed the State-mandated Concussion online education component at either of the following sites:

www.nfhslearn.org or www.cdc.gov/concussion STUDENT ATHLETE SIGNATURE: _____
PARENT/GUARDIAN SIGNATURE: _____

*****PARENT/GUARDIAN MUST PROVIDE HARD COPY OF CONCUSSION COURSE CERTIFICATE*****

MIAA Rule 62. Student Eligibility: Chemical Health/Alcohol/Drugs/Tobacco

62.1 From the earliest fall 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 controlled substance. This policy includes products such as “NA or near beer”. 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 contests totaling 25% of all interscholastic contests in that sport. No exception is permitted for a 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. During the suspension the disqualified student may not be in uniform and his/her attendance at the competition site is determined by the high school principal.

HAZING POLICY – Hazing in any form is unacceptable and punished according to Massachusetts State Law-Chapter 536, Section 17 & 18. Hazing is defined as any conduct or method of initiation which willfully or recklessly endangers the physical or mental health of any student or person.

I fully understand the conditions under which students are allowed to take part in organized athletics at Milton High School. I give my son/daughter permission to participate. I understand that a physician must examine my child before he/she may participate in Milton High School athletic programs, including all practices

STUDENT ATHLETE SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

This permission may be rescinded at any time by my communication addressed to the Principal.