

SOMERSET MIDDLE SCHOOL ATHLETIC REQUIREMENTS

In order to be eligible (try out, practice, play) in the interscholastic sports programs at Somerset Middle School, the following must be completed and submitted.

The following forms are to be submitted to the nurse to be eligible:

- 1. Athletic Health Questionnaire:** *Parents/Guardians be sure to complete in full and sign the signature line.* www.somersetschools.org, Families → Athletic Forms
- 2. Physical Form:** *If you do not have a current physical on file, have your Physician complete and sign the Physical Examination form (see note below).* www.somersetschools.org, Families → Athletic Forms
- 3. Indemnity Form:** *Complete both sides of the permission/emergency form, including both student and parent/guardian signatures on front.* www.somersetschools.org, Families → Athletic Forms
- 4. Concussion In Sports Course:** Student must complete the on line NFHS concussion in sports course. This course is free and available online at: <http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=concussion> After completing the course, print the certificate and submit a copy of the certificate to the nurse.
- 5. Concussion In Sports Course:** A parent/guardian must complete the on line NFHS concussion in sports course. This course is free and available online at: <http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=concussion> After completing the course, print the certificate and submit a copy of the certificate to the nurse.
- 6. Sportsmanship Course:** Student must complete the online NFHS sportsmanship course. This course is free and available on line at: <http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=sportsmanship> After completing the course, print the certificate and submit a copy of the certificate to the nurse.

***All of the above must be submitted to Nurse Lawrence at Somerset Middle School, 1141 Brayton Ave., Somerset MA. Paperwork received after the submission dates will not guarantee clearance for pre-season start dates. The school nurse reserves the right to require a specific medical clearance from a specialist (orthopedist, neurologist, cardiologist, etc.) based on the updated health history.

Submission Dates

For Fall Sports: August 10, 2018

For Winter Sports: October 25, 2018

For Spring Sports: March 1, 2019

NOTE: The physical exam will cover the student for 13 months from the exam date. A student's eligibility will terminate once a physical has reached the 13 month limit. (MIAA Handbook, part 56.1) For legal reasons, official paperwork from a physician's office may not be altered or falsified by a student and /or parent/guardian. This includes but is not limited to dates, signatures, or content. Falsifying a student's medical record is criminal in nature and will not be tolerated. Infractions will affect the student's participation in his/her sport. Faxed copies of physical exams or medical clearance must be faxed directly from the examining physician's office, not by a parent/guardian, in compliance with MA DPH guidelines. Please fax to SMS Nurse Lawrence at 888-974-8553. If you have any questions please contact Nurse Lawrence at 508-324-3140 or email tammi.lawrence@somersetschools.org

SOMERSET PUBLIC SCHOOLS ATHLETICS
PARENTAL CONSENT, RELEASE FROM LIABILITY
AND INDEMNITY AGREEMENT

We the undersigned parent(s) 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 Town of Somerset, a municipal corporation of the State of Massachusetts, 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 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 Somerset Public Schools' Physical Education Department's athletic programs: FURTHERMORE, we/I hereby agree to protect the Town of Somerset and its successors, departments, officers, employees, servants and agents against any claim 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 Somerset Public Schools' Physical Education Department's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the Town of Somerset or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs.

School _____ Sport _____

Signature(s) of Parent(s) or Guardian(s) Date Relationship

Signature of Student This form may not be altered

Student's Last Name First Name Middle Initial

Home Address Zip Code

Telephone No. Mo. Day Year Date of Birth Grade Homeroom

A copy of birth certificate may be required

IN CASE OF EMERGENCY CALL

<i>Name</i>	<i>Tel. No.</i>	<i>Relationship</i>
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<i>Name</i>	<i>Tel. No.</i>	<i>Relationship</i>
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<i>Family Health Insurance Plan</i>	<i>Policy No.</i>
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Do you wish to subscribe to Student Accident Insurance YES NO

SOMERSET PUBLIC SCHOOLS
PHYSICAL EXAMINATION

Student's Name _____ Gr. _____ DOB _____

Ht. _____ Wt. _____ BMI _____ BP _____ Pulse _____

Date of Physical _____ Normal Abnormal Findings

Cardiopulmonary:

Heart _____
Pulses _____
Lungs _____

Skin:

Abdominal: _____

Genitalia: _____

Musculoskeletal:

Neck _____
Shoulder _____
Elbow _____
Wrist _____
Hand _____
Back (incl. scoliosis) _____
Knee _____
Ankle _____
Foot _____

Neuro: _____

Other: _____

Medications: Y N Name of meds., dosage, and frequency _____

Allergies: Y N If yes, please describe _____

Immunizations/Boosters: (give exact dates)

Td _____ MMR #1 _____ #2 _____
Hepatitis B #1 _____ #2 _____ #3 _____

Screenings: Urine Check (Protein) _____

Significant findings: _____

Significant illness or injuries: _____

Medication or treatment orders to be carried out at school: _____

Sports Clearance: A.) Cleared ____ B.) Not cleared ____ C.) Cleared after _____

Name of Physician (print clearly) _____

Signature of Physician _____

Date of Signature _____

**SOMERSET PUBLIC SCHOOLS
ATHLETIC HEALTH QUESTIONNAIRE**

Student's Name: _____ **Grade** _____ **DOB** _____

Sport Participating In _____ **Date** _____

- Have you ever been hospitalized? no__ yes__ explain _____
- Have you ever had surgery? no__ yes__ explain _____
- Are you presently taking any medication? no__ yes__ explain _____
- Do you have any allergies? (medicine, food, insects, etc.) no__ yes__ explain _____
- Have you ever fainted or felt dizzy or during or after exercise? no__ yes__ explain _____
- Have you ever had chest pain during or after exercise? no__ yes__ explain _____
- Have you ever had high blood pressure? no__ yes__ explain _____
- Have you ever been told that you have a heart murmur? no__ yes__ explain _____
- Have you ever had racing of the heart or skipped heartbeats? no__ yes__ explain _____
- Has anyone in your family died suddenly of heart problems before the age of 50? no__ yes__ explain _____
- Have you ever had a head injury? no__ yes__ explain _____
- Have you ever been diagnosed with a concussion? no__ yes__ explain _____
- Have you ever had a seizure? no__ yes__ explain _____
- Do you have trouble breathing or do you cough after activity? no__ yes__ explain _____
- Do you use any special equipment (pads, braces, neck rolls, mouth or eye guards)? no__ yes__ explain _____
- Have you had any problems with your eyes or vision? no__ yes__ explain _____
- Have you had any dental repairs? no__ yes__ explain _____
- Have you had any bone or spine injuries or disease? no__ yes__ explain _____
- Do you wear glasses, contacts, or protective eyewear? no__ yes__ explain _____

Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of the following bones or joints? no__ yes__ date _____

__head __shoulder __thigh __neck __knee __chest __hip
__forearm __shin/calf __back __wrist __hand __foot __other

If yes, explain. _____

Have you had any other medical problems (asthma, mononucleosis, hepatitis, diabetes, rheumatic fever, etc.) no__ yes__ If yes, explain. _____

Date of last tetanus shot and where received _____

I hereby certify that the above information provided is accurate and true to the best of my knowledge.

Signature of Parent/Guardian _____

