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. [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). [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. [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](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](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](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@somerset schools.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 ____________________________

Mo. ____________ Day ____________ Year ____________

Telephone No. ____________________________ Date of Birth ____________________________ Grade ____________ Homeroom ____________________________

A copy of birth certificate may be required
### IN CASE OF EMERGENCY CALL

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<th>Family Health Insurance Plan</th>
<th>Policy No.</th>
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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* ______

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**Date of Physical** ______  **Normal**  **Abnormal Findings**

**Cardiopulmonary:**
- Heart
- Pulses
- Lungs

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**Skin:**

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**Abdominal:**

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**Genitalia:**

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**Musculoskeletal:**
- Neck
- Shoulder
- Elbow
- Wrist
- Hand
- Back (incl. scoliosis)
- Knee
- Ankle
- Foot

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**Neuro:**

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**Other:**

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**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:** ______________________

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

**Name of Physician (print clearly)** ______________________

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**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 ________________________________________________