

## Parent/Student Athlete Checklist

1. Read through the attached packet
2. Parent and Student need to sign and return the **Taunting Form**
3. Parent and Student need to fill out, sign and return the **Emergency Medical Form** and the **Eligibility/Head Injury Form** on the flip side. By signing you are acknowledging that you have read the attached Athletic Responsibility Page and the concussion information
4. Student needs to take the Eligibility Form to the School Nurse and either Guidance Counselor or Athletic Director to complete necessary signatures before turning in.
5. Parent needs to sign **Uniform and Equipment Form** and return.
6. Sports fee of \$50 must be paid before the first game. Checks can made out to NBHS. Sports Fee is waived for those on Free/Reduced Lunch



**North Brookfield Jr-Sr High School**

**“A School of Choice”**

**10 New School Drive**

**North Brookfield, Massachusetts 01535**

**Phone: (508) 867-7131 Fax: (508) 867-3496**



**Allyson Bulger  
and Shiela LeBlanc  
Co- Athletic Directors**

**TAUNTING FORM**

**Dear Student Athlete and Parent/Guardian:**

**We would like to inform you of two important rules that will affect each athlete during this season. These rules are not new to our athletic department but we feel that we must make the student athlete and parent/guardian aware of both the rules and the consequences. There will be no exceptions to the consequences if the rules are violated.**

**\*\*\*\*\*The first rule is a taunting rule. Below is a definition of taunting and the consequences of any violation of this rule:**

**1. Taunting includes any action or comments by coaches, players, or spectators which are intended to bait, anger, embarrass, ridicule or demean others, whether or not the deeds or words are vulgar or racist. Included is conduct that berates, needles, intimidates or threatens based on race, gender, ethnic origin or background, and conduct that attacks religious beliefs, size, economic status, speech, family, special needs or personal matters.**

**2. In all sports, officials are to consider taunting a flagrant unsportsmanlike foul that disqualifies the offending bench personnel or contestant from that contest/day of competition. In addition, the offender shall be subject to existing MIAA Expulsion rules. A warning shall be given to both teams by game officials prior to the contest.**

**If any coach protests a disqualification under this policy, he/she will be ejected from the contest and subject to existing MIAA Coach Contest Expulsion rules.**

**3. At all MIAA contest sites and tournament venues, appropriate management may give spectators one warning for taunting. Thereafter, spectators who taunt players, coaches, game officials, or other spectators are to be ejected.**

**\*\*\*\*\*The second important rule is that any North Brookfield Jr./Sr. High School Student Athlete who is ejected from a game may be removed from the team that he/she is participating on for the remainder of the season. This also means that the athlete will not be considered a member of that team.**

**PLEASE SIGN THIS FORM ONCE IT HAS BEEN READ AND REVIEWED WITH HE/SHE THAT PLANS ON PARTICIPATION IN ANY ATHLETIC EVENT THIS UPCOMING SEASON AT NORTH BROOKFIELD.**

**THANK YOU VERY MUCH FOR YOUR COOPERATION  
Allyson Bulger and Shiela LeBlanc**

**STUDENT ATHLETE: \_\_\_\_\_**

**PARENT/GUARDIAN: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**Respect, Responsibility, Readiness**



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**William Evans**  
Principal  
Ext. 302

**Allyson Bulger**  
Shiela LeBlanc  
Athletic Director

**EMERGENCY MEDICAL FORM**

STUDENT ATHLETE: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

SPORT: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHOOL INSURANCE: \_\_\_\_\_

IN THE EVENT THE PARENTS OR GUARDIAN CANNOT BE CONTACTED, PLEASE CONTACT IN AN EMERGENCY:

1. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

2. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

3. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

I HEREBY GIVE MY CONSENT FOR MEDICAL TREATMENT DEEMED NECESSARY BY PHYSICIANS DESIGNATED BY SCHOOL AUTHORITIES AND/OR FOR TRANSPORTATION TO A HOSPITAL EMERGENCY ROOM FOR TREATMENT FOR ANY ILLNESS OR INJURY RESULTING FROM HIS/HER PARTICIPATION.

PREFERRED PHYSICIAN: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

I UNDERSTAND THIS AUTHORIZATION WILL ONLY BE ENFORCED WHEN I CANNOT PERSONALLY BE CONTACTED AND PROVIDE FOR THE IMMEDIATE TREATMENT.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_

ATHLETIC DIRECTOR: \_\_\_\_\_

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## ELIGIBILITY / HEAD INJURY FORM

**THE STUDENT ATHLETE MUST COMPLETE THIS FORM AND OBTAIN ALL THE PROPER SIGNATURES PRIOR TO TRYING-OUT FOR ANY ATHLETIC TEAM. THE COMPLETED FORM MUST BE TURNED IN TO THE APPROPRIATE COACH ON THE FIRST DAY OF TRY-OUTS BEFORE ANY PARTICIPATION BEGINS.**

I acknowledge that I have read the Athletic Responsibility Acknowledgement form, the Taunting form; I have either completed the NFHS Concussion Course (<http://www.nfhslearn.com>) or read the relevant material relating to concussions; and I have filled out an Emergency Medical Form (other side) and Head Injury Pre-participation Form (below). All forms can be found on the school's website under high school/athletics - [www.nbschools.org](http://www.nbschools.org) - Please contact the Athletic Director if you need a copy of these forms in print before you sign off.

1. \_\_\_\_\_ (PARENT/GUARDIAN SIGNATURE )
2. \_\_\_\_\_ (STUDENT SIGNATURE)
3. \_\_\_\_\_ (NURSE'S or AD SIGNATURE) \_\_\_\_\_ (PHYSICAL DATE - GOOD FOR 13 MONTHS)
4. \_\_\_\_\_ (GUIDANCE or AD SIGNATURE)

NORTH BROOKFIELD ELIGIBLE                       NORTH BROOKFIELD INELIGIBLE                       MIAA INELIGIBLE  
 \$50.00 ATHLETIC FEE PAID (  CASH    CHECK # \_\_\_\_\_ )

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: \_\_\_\_\_



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### ATHLETIC RESPONSIBILITY ACKNOWLEDGMENT

Dear Student Athlete and Parent/Guardian:

Prior to participating in any athletic session the student athlete and parent/guardian must acknowledge and sign in accordance to:

1. To successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the office of the athletic director. A physical examination is only good for 13 months.
2. To return to his/her coach the forms required in order to try-out for a given sport as well as the Athletic Fee.
3. To abide by the North Brookfield Jr./Sr. High School student handbook, the coaches team rules, and the governing rules of the MIAA.
4. To conduct one's behavior in an exemplary social manner at all times.
5. To be responsible for all athletic equipment issued to me throughout the season and to return such equipment on the date set by the coach which he/she issues to collect them.
6. To be monetarily responsible for lost or damaged equipment that has been provided by the athletic department.
7. To not use or be in possession of tobacco, alcohol or narcotics. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of the substances, I understand that I will be subject to disciplinary actions as outlined by the school and the MIAA.
8. To conduct myself appropriately on all bus rides at all times.

\*\*\*\*I ACKNOWLEDGE THAT I HAVE BEEN PROPERLY ADVISED, CAUTIONED AND WARNED BY ADMINISTRATIVE AND COACHING PERSONNEL OF THE NORTH BROOKFIELD JR./SR. HIGH SCHOOL. THAT I AM EXPOSING MYSELF TO THE RISK OF INJURY, INCLUDING BUT NOT LIMITED TO, THE RISK OF SPRAINS, FRACTURES AND LIGAMENT AND/OR CARTILAGE DAMAGE WHICH COULD RESULT IN A TEMPORARY OR PERMANENT, PARTIAL OR COMPLETE IMPAIRMENT IN THE USE OF MY LIMBS, BRAIN DAMAGE, PARALYSIS, OR EVEN DEATH. HAVING BEEN SO CAUTIONED AND WARNED, IT IS STILL MY DESIRE TO PARTICIPATE IN SPORTS AND TO DO SO WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE RISKS. BY SIGNING THE ELIGIBILITY FORM I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS FORM\*\*\*

**Respect, Responsibility, Readiness**

## Parent Acknowledgement of Uniform and Equipment

Please sign to acknowledge that your student will be given a uniform to use during their sports season and possibly equipment as well. Anything given to them must be turned in at the conclusion of the season. They must turn items in to the Athletic Director or their Coach. Anything not returned will be charged accordingly to replace.

Parent

Signature: \_\_\_\_\_

Date: \_\_\_\_\_