

HANDBOOK & HAZING LAW ACKNOWLEDGEMENT, CONSENT AND RELEASE

Student: _____ Grade: _____ Sport(s): _____

HANDBOOK & HAZING LAW ACKNOWLEDGEMENT

1. I have read the Marshfield High School Student Athletic Handbook of Interscholastic Athletics including the rules, regulations and policies. I fully understand its meaning and consequences and support its enforcement by persons responsible.
2. I have read the Commonwealth of Massachusetts Anti-Hazing Law, Chapter 269, Sections 17 - 19 which can be found on page five in the Marshfield High School Athletic Handbook. I fully understand its meaning and consequences and support its enforcement by appropriate law enforcement officials.

Student signature: _____ Parent signature: _____

Date: _____

CONSENT AND RELEASE FORM

I, the undersigned, _____ (parent/guardian) of _____ a minor, do hereby consent to my child's participation in voluntary athletic programs of Marshfield Public Schools.

I also agree to forever release the Town of Marshfield, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic programs of Marshfield Public Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Marshfield Public Schools' voluntary athletic programs.

I also promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Marshfield Public Schools' voluntary athletic programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Consent and Release Form, I affirm that I have decided to allow my child to participate in the school's athletic programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary school athletic programs.

In case of accident, I give permission to have my son/daughter treated for any medical emergency that might arise in the event I cannot be consulted or in extreme emergency where immediate treatment is necessary.

Date: _____

Parent Signature: _____

Athletic Director Signature: _____

For Coaches: User Rec Received _____

Current Physical Received _____

Marshfield High School Athletics

Consent for Cognitive Testing and Release of Information

In efforts to ensure the safety and well being of its athletes, Marshfield High School utilizes the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) in determining an athlete's ability to return to play after suffering a concussion. This requires every athlete to take a baseline test before any athletic participation, and if necessary, take post-concussion ImPACT tests combined with a complete evaluation in determining whether they are suitable and healthy for return to activity.

I give my permission for (child's name and DOB) _____ to have a baseline, and post concussion (if necessary), ImPACT administered at Marshfield High School. I understand there is no charge for the testing.

- I understand that my child may need to be tested more than once, depending on their results and recovery progression.
- Marshfield High School may release the ImPACT results to my child's primary care physician, neurologist, or other treating physician.
- I understand that information about the test data may be provided by the school nurse to my child's guidance counselor and teachers, for the purpose of providing temporary academic modifications, if necessary.

Name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Doctor: _____ Dr. Phone Number: _____

Parent/guardian phone numbers that can be used in case of injury or emergency:

Home: _____ Work: _____ Cell: _____

If any questions please contact any of the following:

Lou Silva, Athletic Director

Christine Nader, High School Nurse

Ashlee Lathrop, Certified Athletic Trainer

Marshfield High School Athletics

Pre-Participation Form

In accordance with the Massachusetts law regarding sports-related head injuries and concussions, all schools must adhere to the new regulations by meeting the following requirements:

- Student-athletes, parents, coaches, athletic trainers, athletic directors, nurses, physicians, and volunteers are required to learn about the consequences of head injuries and concussion through training programs and written materials.
- Athletes and their parents **must** inform their athletic trainer, prior to the beginning of the season, of any history of head injuries.
- The law states any athlete suspected of a concussion during practice or a game must be removed from play and **requires** written clearance from a licensed medical professional concussion prior to their "return to play" (As stated in the Marshfield High School Concussion Policy)

Parents and students who will participate in competitive, intramural, and/or club sports and activities at Marshfield High School must take a free online course to learn about sports-related head injuries and concussions. This is an on-line course that contains all the information required by law.

The online course is available through the Centers for Disease Control and Prevention and can be accessed through the following link:

www.cdc.gov/concussion

Please sign below indicating you have read the material above and completed the online course. This is a requirement prior to any participation in any extracurricular activity at Marshfield High School. Thank you for your support and cooperation.

1. Has your son/daughter ever sustained an injury to their head, neck or spine? Yes No
2. If yes, please briefly explain the injury, month and year of the injury, and the amount of time missed due to that injury.

Parent/Guardian _____ Date _____

Student _____ Date _____