

Ware Jr Sr High School Athletic Department
237 West Street, Ware, MA 01082

Tel. # 413-967-6234

Fax # 413-967-9053

AGREEMENT TO PARTICIPATE AND PARENTAL CONSENT FORM
STUDENT ATHLETE

I am aware that participating in any interscholastic sport can be a dangerous activity involving many risks of injury.

I understand that the dangers and risks of participating in _____ include death, serious neck and/or spinal injury or impairment to other aspects of my body, general health or well being.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach's instruction regarding playing techniques, training and team rules, and to obey such instructions. I also understand that in order to maintain my eligibility to participate in interscholastic sports, I must abide by these instructions, as well as all applicable athletic association, school and team rules.

In connection with the Ware Public School District permitting me to practice, play, or try out for the _____ team, and to engage in all activities related to the team, including practicing, playing and travel, I hereby voluntarily assume and understand all risks associated with participation.

Student's Name: _____
(please print)

Grade: _____

Student's Signature: _____

Date: _____

PARENTAL CONSENT

I have read a copy of the Agreement to Participate in Interscholastic Athletics. Therefore, I understand the potential risks of injury and the responsibilities of my child while participating in the interscholastic sports program.

I hereby grant my permission for my child to participate in _____
(Name of sport / activity)

I also give permission for my child to receive medical treatment in case of injury during a practice or game.

I understand that if my child has an IEP or 504 Plan, information in the plan may be shared with the coach(es) to insure every student receives what he or she needs.

Parent/Guardian Name: _____ Date: _____
(please print)

Parent/Guardian Signature: _____ Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Name and telephone number of person to contact in the event of an emergency if the above

Ware Jr Sr High School Athletic Department
Player and Parent / Guardian Agreement
Player Agreement

I agree to:

- Treat coaches, teammates, opponents, referees and spectators with courtesy and respect.
- To follow the Ware Jr Sr High School student handbook and athletic policies.
- To follow the MIAA rules of participation in interscholastic athletics.
- To refrain from any use of alcohol, drugs, or tobacco during the season. This includes ON or OFF school grounds. Violation of this will result in serious disciplinary action in compliance with the MIAA and Ware Jr / Sr High School policies:
- Return promptly all practice/game equipment and uniforms issued to me or pay for such equipment if lost or stolen.
- Play to win but always fairly and with good sportsmanship.
- Accept the decisions of referees without gesture or argument.
- Control my temper and not use inappropriate, derogatory or vulgar language.
- Never criticize the play of others and never blame others for my mistakes.
- Follow the instructions and training rules of my coach(es) without argument. This includes instructions regarding playing time and position.
- Work hard, concentrate, cooperate and not be disruptive in practices and games.
- Obey any team rules the coach puts in place.

If I am accepted on the squad or team, I promise to obey all training rules and regulations listed above. I understand that failure to obey them will result in my dismissal from the team. This code is in effect during the entire sport season and all athletic activities, including practices, games, and bus trips. I also understand that I am not allowed to participate in athletic activities without prior documentation of an updated physical examination.

Player Name: _____ Player Signature: _____

Date: _____

Parent / Guardian Agreement

understand that:

The Ware School District policy is that use of alcohol and tobacco products is prohibited anywhere on the Ware Public School grounds. (The Ware Public School campus is made up of the Koziol Elementary School, Ware Middle School, Ware Jr Sr High School, and the adjoining fields and grounds including Memorial Field and Irenville Park during the spring season)

I agree to:

- Not coach or give instructions to the players, including my own child, during games or practices.
- Not to be present on the playing field or playing court during practices and/or games as a volunteer or spectator.
- Avoid openly expressing criticism for players of either team.
- Avoid openly criticizing referees during a game.
- Never confront the coach(es) or team manager with emotional issues in front of the players.
- Never use inappropriate, derogatory or vulgar language during a practice or game.
- Ensure my child has the means to arrive and be picked up on time for practices and games.
- Encourage my child to be the best team player that he or she can be.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
 GOVERNOR

TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
 SECRETARY

JOHN AUERBACH
 COMMISSIONER

**PRE-PARTICIPATION HEAD
 INJURY/CONCUSSION REPORTING FORM
 FOR EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

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): _____

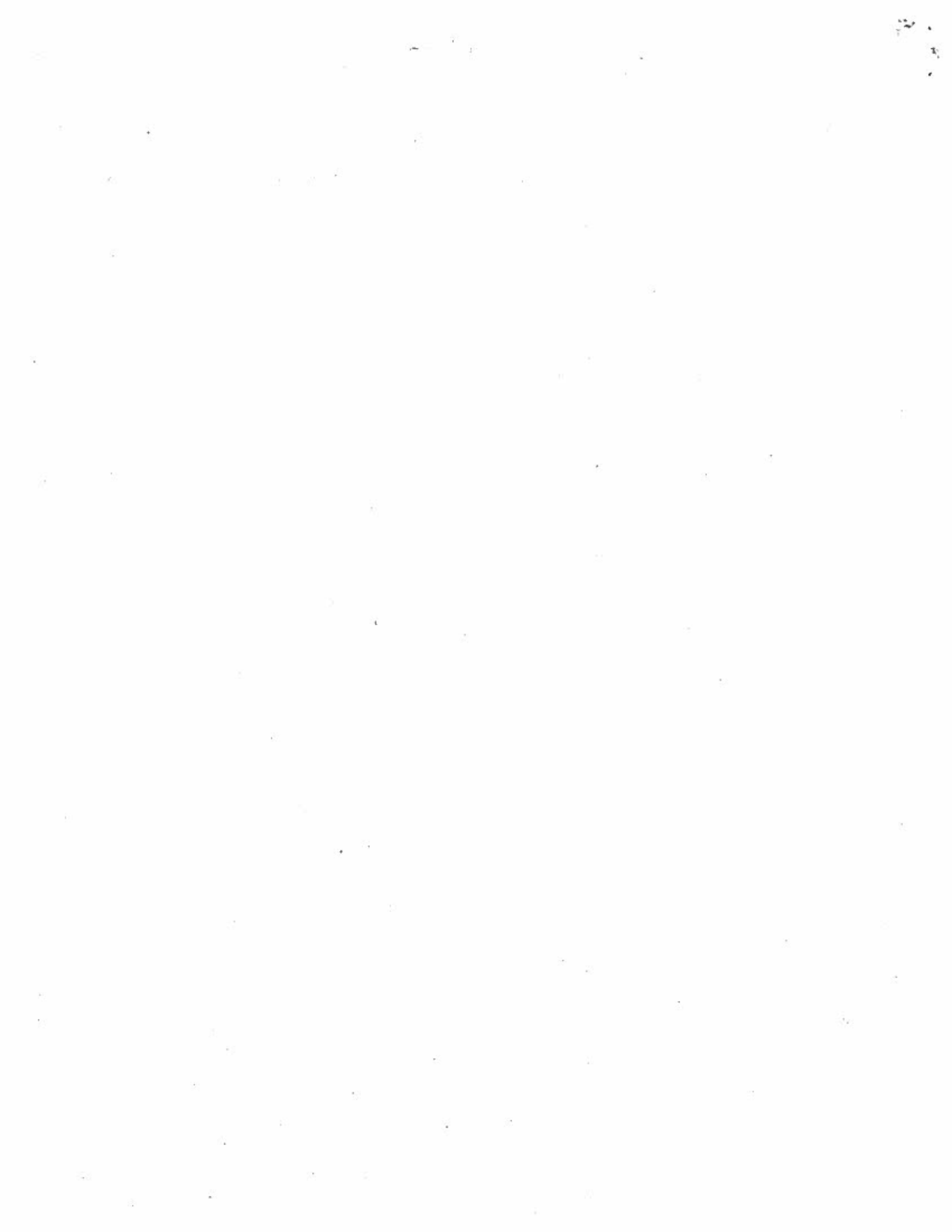
Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____
 (Please print)

Student Athlete:

Signature/Date _____



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USER FEE POLICY

WE UNDERSTAND THAT A \$100.00 USER FEE IS REQUIRED FOR EACH SPORT THE STUDENT ATHLETE PARTICIPATES IN AT WARE JR SR HIGH SCHOOL. WE ALSO FURTHER UNDERSTAND THAT ONCE HE/SHE MAKES THE TEAM THE USER FEE IS NON-REFUNDABLE IF HE/SHE IS SUSPENDED, EXPELLED, BECOMES INELIGIBLE, OR LEAVES THE TEAM FOR ANY OTHER REASON.

Student's Name: _____ Grade: _____
(please print)
Student's Signature: _____ Date: _____
(please print)
Parent/Guardian Name: _____ Parent/Guardian Signature: _____
Date: _____

ACKNOWLEDGMENT RECEIPT OF WARE JR SR HIGH SCHOOL
EXTRA-CURRICULAR HANDBOOK

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE WARE JR SR HIGH SCHOOL EXTRA-CURRICULAR HANDBOOK. I UNDERSTAND THAT IT IS MY OBLIGATION TO IMMEDIATELY READ THE POLICY AND ABIDE BY THE POLICY AT ALL TIMES.

Student's Name: _____ Grade: _____
(please print)
Student's Signature: _____ Date: _____
(please print)
Parent/Guardian Name: _____ Parent/Guardian Signature: _____
Date: _____

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STUDENT ATHLETE EMERGENCY FORM

Student's Name: _____ Grade: _____
(please print)

Student's Signature: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(please print)

Date: _____

Health Insurance:
Company: _____ Insured Name: _____
Type: _____ Number: _____

(Example: BC/BS, Master Medical, HMO, etc.)

I hereby give a physician or medical person permission to treat the above named student in case of an emergency.

Emergency Phone Numbers: _____
(day)

(evening)

Other Contact Person:
Name: _____
(please print) _____
(day)

(evening)

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(please print)