

## FALL RIVER PUBLIC SCHOOLS ATHLETICS PROGRAM

### SEASONAL REGISTRATION FORM

<b>STUDENT INFORMATION</b> <i>(please print)</i>		
Student Name:	Grade:	Sport:
Address:	Zip Code:	
Email:	Home Phone:	

<b>PARENT/GUARDIAN INFORMATION</b> <i>(please print)</i>	
Mother (Guardian):	Father (guardian):
Work Number:	Work Number:
Cell Number:	Cell Number:

<b>MEDICAL INFORMATION</b> PLEASE CIRCLE ALL THAT APPLY TO YOUR CHILD or <b>NONE</b>			
Life Threatening Allergies	Cardiac Conditions	Diabetes	Carries EpiPen
Missing Paired Organ	Carries Inhaler	Seizures or Convulsions	<b>NONE</b>

PLEASE EXPLAIN CIRCLED CONDITIONS: \_\_\_\_\_

List all Current medications: \_\_\_\_\_

List Other Medical Conditions/Recent Surgeries: \_\_\_\_\_

<b>PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING</b> <i>(State – Mandated)</i>		
Has Student ever experience any traumatic head injury? <b>YES / NO</b>		
If “YES” – Please provide the following information for each head injury experience:		
Date of Injury:	Medical Attention Received: YES / NO	Concussion Diagnosed: YES / NO
Date of Injury:	Medical Attention Received: YES / NO	Concussion Diagnosed: YES / NO
Please provide information about the duration of symptoms for most recent concussion (such as headache, fatigue, difficulty concentrating):		
Has Student been cleared to return to full academics? <b>YES / NO    Date:</b>		Has Student been cleared to return to full Athletics <b>YES / NO</b> <i>(If “YES” – Please attach copy of Doctor’s clearance note)</i>

<b>CONCUSSION TRAINING COURSE</b> <i>(State – Mandated)</i>
To ensure continued safety for all athletes participating in athletics at Durfee High School. The state of Massachusetts, along with the MIAA, have mandated that all student-athletes, as well as their parents, must participate in the Nation Federation of State High School Association’s concussion awareness program.
<b>How to Take the Concussion Exam</b>
<ol style="list-style-type: none"> <li>1. Go to <a href="http://www.nfhslearn.com">www.nfhslearn.com</a></li> <li>2. Click on “Concussion in Sports-What You Need to Know”</li> <li>3. The website will ask you to register prior to taking the exam.</li> <li>4. Follow instructions to register, and then take the exam.</li> <li>5. <b><i>After completing both the online concussion course and corresponding exam, your son/daughter must return their certificate to the Athletic Department. Student-athletes cannot participate in team activities unless this certificate is properly submitted.</i></b></li> </ol>

<b>PERMISSION TO PARTICIPATE &amp; RELEASE</b>
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I give permission for my son/daughter \_\_\_\_\_ to participate in Interscholastic sports at Durfee High School. My son/daughter and I understand that rules and policies included in the DHS Athletic Handbook will be enforced. I/We further agree not to hold the city of Fall River, the Fall River Public Schools and/or employees, agents and assigns, responsible for any injury occurring to my son/daughter in the proper course of such interscholastic sport(s) or related travel. In case of an accident, I give permission to have any son/daughter treated or any medical emergency that might arise in the event I cannot be contacted, or in extreme emergency, where immediate treatment is necessary. I/We accept full responsibility for costs of any such emergency treatment

**Parent/Guardian Signature** *(required)*: \_\_\_\_\_