

DURFEE HIGH SCHOOL ATHLETIC DEPARTMENT
SPRING SEASON: ATHLETIC REGISTRATION FORM

STUDENT INFORMATION: *(please print)*

Student Name: _____ Grade: _____ Sport: _____

Address: _____ Zip Code: _____

Email: _____ Home Phone #: _____

PARENT/GUARDIAN INFORMATION: *(please print)*

Mother (Guardian): _____ Father (Guardian): _____

Work Number: _____ Work Number: _____

Cell Number: _____ Cell Number: _____

MEDICAL INFORMATION: *(PLEASE CIRCLE ALL THAT APPLY TO YOUR CHILD or NONE)*

<i>Life Threatening Allergies</i>	<i>Cardiac Conditions</i>	<i>Diabetes</i>	<i>Carries EpiPen</i>
<i>Missing Paired Organ</i>	<i>Carries Inhaler</i>	<i>Seizures or Convulsions</i>	NONE

PLEASE EXPLAIN CIRCLED CONDITIONS: _____

List all Current medications: _____

List Other Medical Conditions/Recent Surgeries: _____

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING: *(State – Mandated)*

Has Student ever experience any traumatic head injury? YES / NO

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? YES / NO Date: _____

Has Student been cleared to return to full Athletics? YES / NO *(If "YES" – Please attach copy of Doctor's clearance note)*

Please Complete Both Sides

CONCUSSION TRAINING COURSE: (State – Mandated)

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.

How to Take the Concussion Exam

1. Go to www.nfhslearn.com
2. Click on "Concussion in Sports-What You Need to Know"
3. The website will ask you to register prior to taking the exam.
4. Follow instructions to register, and then take the exam.

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.

RISK OF INJURY:

We are aware that playing in any sport can be dangerous in nature involving MANY RISK OF INJURY. We understand that the dangers and risks of playing or participating in interscholastic athletics include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of my body, general health and wellbeing. We understand that the dangers and risks of playing or practicing in interscholastic athletics may result not only in injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and especially to enjoy life.

Because of the dangers of participating in interscholastic athletics, we recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

PERMISSION TO TREAT AND PARTICIPATION:

I hereby give my son/daughter permission to participate in interscholastic sports at Durfee High School. My son/daughter and I understand that rules and policies included in the DHS Student-Athlete 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): _____
