

MILLIS ATHLETIC DEPARTMENT

MILLIS ATHLETICS REGISTRATION & EMERGENCY INFORMATION CARD

****TO BE COMPLETED AND SIGNED BY PARENT OR LEGAL GUARDIAN****

Name _____ Male / Female Date of Birth _____ Age _____ Grade _____

Parent/Guardian name(s) _____ Home Phone _____

Parent/Guardian alternate phones: Work _____ Cell _____

Work _____ Cell _____

Other Emergency Contact: Name _____ Phone _____ Relation to Athlete _____

Parent Email Address _____

Would you like to be added to the Millis Boosters email list for event notifications? Yes No

Please list all sports your child plans to participate in:

Fall _____ Winter _____ Spring _____

Allergies _____

Medications _____

Other Medical Alerts (i.e. asthma, diabetes, heart murmur, etc.) _____

Physician's Name _____ Phone _____

Health Insurance Company _____ HMO PPO POS Unknown

EMERGENCY PERMISSION: I authorize emergency medical treatment to be given to my child in the event of an injury or illness. In the event I cannot be reached in an emergency, I give permission to the emergency medical caregiver and/or physician selected by the school authorities to secure ambulance transportation, hospitalize, and secure and provide proper treatment for my child as deemed necessary. Also, should the need occur, the certified athletic trainer has my permission to discuss our son/daughters injury with the coach and/or appropriate administrator.

Signature of Parent/Guardian _____ Date _____

PERMISSION AND ELIGIBILITY INFORMATION

This is to certify that _____ has my permission to participate for Millis High School interscholastic competition for the school year 2010-2011. He/she understands that he/she must conform to the rules and regulations of the Millis Parent/Student Handbook, the Millis Athletic Department, and the MIAA.

Parent/Guardian Signature: _____ Date _____

HANDBOOK & EQUIPMENT AGREEMENT

This is to acknowledge that we have received a copy of the Millis High School Handbook, and we accept the responsibility of reading the enclosed policies regarding the athletic section. To the best of my knowledge, I am eligible to compete for Millis High School. We assume responsibility for all athletic equipment issued and for the return of this equipment at the close of each season.

Parent/Guardian Signature: _____ Student Signature: _____

STUDENT/ATHLETE PHYSICALS & FEES

Please check which one applies:

- Attached is a copy of the most current physical for my son/daughter. (Physicals are good if they were performed no longer than **13 months prior to the start of the season**. Return the completed physical form to the Athletics Dept.) OR
- My most current physical is on file with the Athletic Trainer.

The athletic fee for each season is \$220.00 per athlete, with a family cap of four athletic fees per family per year. Fees that include additional facilities fees, ie hockey, and golf, will have \$220.00 of the total fee applied toward the family cap.

- Attached is my check in the amount of **\$220.00 payable to "Millis Athletics"**
- Fee exemption - Our family has paid four user fees so far this school year.

MILLIS ATHLETIC DEPARTMENT



MILLIS PUBLIC SCHOOLS

245 Plain Street
Millis, MA 02054

**Voluntary Extra-Curricular Sport Activity
Parental Consent, Release from Liability and Indemnity Agreement
School Year 2010-2011**

We the undersigned father/mother/guardian(s) of _____, a minor, do hereby consent to his/her participation in voluntary extra curricular programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Millis, a municipal corporation of the commonwealth of Massachusetts, and it's successors, departments, officers, employees, servants and against, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the extra curricular sport programs of the Millis Public Schools; FURTHERMORE, we/I hereby agree to protect the town of Millis and its successors, departments, officers, employees, servants and agents against any claim for injury to said minor in connection with his/her participation in the Millis Public Schools' voluntary extra-curricular sport programs, and to INDEMINIFY, reimburse or make good to the Town of Millis or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said extra-curricular sport programs.

SCHOOL: _____

Please list **all sport(s)**: _____

Signature(s) of Parent(s) or Guardian(s): Date Relationship

Signature of Student

MILLIS ATHLETIC DEPARTMENT

**MILLIS ATHLETICS
PRE-PARTICIPATION MEDICAL HISTORY QUESTIONNAIRE**

TO BE COMPLETED WITH ATHLETE AND SIGNED BY PARENT OR LEGAL GUARDIAN

Name _____ Male/Female Date of Birth _____ Age _____

Today's Date _____

ALLERGIES _____

CURRENT MEDICATIONS _____

Will any be carried by your child for emergency use (i.e Epipen, Inhaler)? _____ Which? _____

ILLNESSES/MEDICAL CONDITIONS: DOES or HAS YOUR CHILD:

YES NO

_____ _____ Been hospitalized overnight in the past year? Reason: _____

_____ _____ Ever had surgery (for injuries or conditions)? When? _____
Why? _____

_____ _____ Ever become dizzy/fainted, or had unexplained shortness of breath during or after exercise?

_____ _____ Ever had chest pain/discomfort or a racing heart?

_____ _____ Ever had a physician deny or restrict sports participation due to heart problems?

_____ _____ Ever experienced chest tightness, wheezing, or uncontrollable coughing during or after exercise when otherwise healthy?

_____ _____ Ever had heat illness: heat stroke, heat exhaustion, dehydration? When? _____

_____ _____ Have any missing or non-functioning organs? Which? _____

_____ _____ Wear contact lenses, glasses, or protective eyewear? Which? _____

_____ _____ Ever suffered from/been diagnosed with any of the following? Please check off and explain:

YES NO

_____ _____ Heart Murmur

_____ _____ Enlarged heart

_____ _____ Asthma

_____ _____ Diabetes

_____ _____ Seizures

_____ _____ Epilepsy

_____ _____ Cancer

_____ _____ Frequent headaches

_____ _____ Migraine headaches

YES NO

_____ _____ Mononucleosis:
When? _____

_____ _____ High blood pressure

_____ _____ Low blood pressure

_____ _____ Stomach/Intestinal
problems

_____ _____ Kidney problems

_____ _____ Liver problems

_____ _____ Appendicitis

YES NO

_____ _____ Eating disorders

_____ _____ Thyroid problems

_____ _____ Sickle Cell Anemia

_____ _____ Ulcer

_____ _____ High cholesterol

_____ _____ Skin problems

(rash,warts,fungus,infections,etc.) _____

_____ Hearing problems

Explain any "YES" answers: _____

YES NO Do you take medication for any of the above? What medications? _____

YES NO Do you have a family history of any of the above? Explain: _____

YES NO Has any immediate family member suffered a sudden and/or unexplained death? _____

MILLIS ATHLETIC DEPARTMENT

INJURY HISTORY: DOES or HAS YOUR CHILD:

YES NO

____ Ever had a concussion, head injury, "bell ringer"? How many? _____

When? _____

Was there a loss of consciousness ("knocked out") or hospitalization? _____

Did the head injury cause you to miss playing time? _____ How long? _____

____ Ever had numbness or tingling in arms, legs, hands, feet?

____ Wear/use any special protective or corrective equipment/devices (i.e. braces-knee, ankle, wrist, etc.; orthotics; protective eyewear)? Explain: _____

Ever had an injury or problem with any of the following:

YES NO

____ Face
____ Neck
____ Pinched nerves,
burners, stingers
____ Shoulder, collarbone,
upper arm

YES NO

____ Elbow, forearm, wrist
____ Hand, thumb, fingers
____ Chest, ribs, sternum
____ Back, abdomen
____ Hernia:
Where? _____

YES NO

____ Hip, groin, thigh
____ Knee
____ Ankle, calf, shin
____ Foot, toe

****If yes, please explain and be specific.** Indicate what type of injury, when it originally occurred, left or right side, any recent reoccurrence.

EXPLAIN: _____

HEALTH/NUTRITION QUESTIONS FOR THE ATHLETE:

YES NO

____ Have you ever taken any supplements, vitamins, or other products to help you gain or lose weight or to improve your performance? Explain: _____

____ Do you regularly consume caffeine: soft drinks, coffee, Red Bull, energy drinks?
If so, Which? _____ How many/how often? _____

Please list any other medical conditions/problems not stated in this form (no matter how minor):

I certify that, to the best of my knowledge, the answers to the above questions are complete and correct. I understand that the medical staff has the right to ask for more information about anything listed above.

Athlete signature _____ **Parent/Guardian signature** _____

Date _____