

MCCPS Athletics - Student Eligibility (Rev. 3/18)

Per MCCPS Athletic rules and regulations, all student/athletes will be held accountable for the following:

1. **Parent/Guardian Permission** – a signed and dated parent/guardian form must be submitted and kept on file at the school.
2. **Physical Examinations** – each student athlete is required to pass a physical examination performed by a registered physician one year prior to participation. Physical examinations are good for one year from the date of examination and must be continually renewed to remain eligible. A copy of this exam must be filed with the nurse.
3. **Birth Certificates** – an original copy of each student/athlete’s birth certificate/official documentation must be submitted to the athletic office no later than two weeks into the athletic season.
4. **Academics**
 - a. Student/athletes must be in good academic standing (at or above proficiency in the CUE, no missing assignments, appropriate behavior) to remain on a team. Students who fall below the expected levels will be given one (1) opportunity to get back on track. If the student continues to fall below the expected level, a discussion of the student’s academic performance with all core subject teachers will be held, and if determined, the student will be removed from the team.
 - b. **Student Behavior** – student/athletes are EXPECTED to behave appropriately at all times, and are REQUIRED to have all schoolwork completed. Student/athletes who chose to misbehave and/or do not have all their schoolwork in order, will be immediately suspended from the next contest. Team fees **WILL NOT** be refunded if a student/athlete is disqualified due to poor behavior, suspension and/or academics.
5. **Injuries**
 - 1.1 If any injury or illness occurs during the season, which requires medical attention, the student/athlete must submit written approval from the attending physician to the health office prior to returning to athletic participation.
 - 1.2 Any student/athlete who is injured or ill prior to the start of a season, which required medical attention but would join the team at some point during the season, must submit written approval in accordance to rule 5.1.
6. **Student Handbook** – all student/athletes are subject, first and foremost, to school rules and regulations governing student behavior as cited in the school’s student handbook. Violations of school rules resulting in suspension (in/out of school) from school will automatically disqualify student involvement in athletic contests.
7. **Attendance** – student/athletes will not be allowed to participate in any athletic contest on the same day they are absent from school unless the absence has been approved in advance by the head of school or his/her designee. Student/athletes must be in attendance for at least half of the school day in order to be eligible to participate in an athletic contest. If a contest is scheduled for a weekend, the student/athlete must be in school the Friday before for at least half of the day.
8. **Alcohol/Tobacco/Drugs** – during the course of the season, student/athletes are prohibited from using, consuming, possessing, purchasing, giving away or being in the presence of any beverage containing alcohol, tobacco products, marijuana, steroids or controlled substances.

Penalties will be determined on a case-by-case basis by the coaches and the administration of the school and handled in accordance with the school’s student handbook.
9. **Steroid use** – use of Anabolic Androgenic Steroids is strictly prohibited.
10. **Amateur status** – all student/athletes must be of amateur status. An amateur is defined as an athlete/participant who competes for the intrinsic value of the game and at no time, under any circumstances accepts money or compensation for his/her efforts involving the activity in question.

I have read, agreed with, and will follow the above MCCPS Athletic rules and regulations pertaining to student/athlete’s eligibility.

Student/Athlete Signature: _____

Parent/Guardian Signature: _____

Date: _____

MCCPS Athletics – Parental Permission/Waiver Form

Name _____ **Grade** _____ **Telephone** _____

Address _____

Parent/Guardian's Name _____

Emergency Contact _____ **Telephone** _____

Family Doctor _____ **Telephone** _____

Family Medical Insurance _____ **Policy No.** _____

My child has permission to participate in interscholastic athletics. By authorizing, parent/guardian agrees to release and hold harmless the Marblehead Community Charter Public School's (MCCPS) administrators, coaches and their employees from any, and against all: liability, loss, damages, claims, or actions for bodily injury and/or property damage, in accordance with current state and federal law, arising out of participation in this program.

I give permission to coaches, and MCCPS staff to authorize medical treatment in case of emergency. I certify that my child is covered for injury under my health insurance policy. I attest to the accuracy of all information given in the form above and on the additional forms contained in this packet.

I give permission to coaches, MCCPS staff, any responding ambulance service and/or hospital to provide emergency treatment for my child in the event of an illness or an injury. In the event of a serious injury or illness, every attempt will be made to contact the legal guardian listed. Emergency medical treatment however, will not be delayed while trying to make this contact.

I understand there is an inherent risk in playing sports and that the range of injury can be minor to severe. I also understand that all equipment issued is the property of the Marblehead Community Charter Public School and is to be returned within 48 hours of the season close or I will assume the current replacement cost. To my knowledge, my son/daughter has not been treated for any pre-existing pathological conditions that could be aggravated by participating in interscholastic athletics.

List previous injuries or pathological conditions: _____

I also give permission for my child to be transported to and from any athletic event. I understand the policy will be to provide transportation by school bus for away games, but in the event transportation is not available, private transportation may be needed. These vehicles will be driven by responsible adults (parents of athletes, or coaches) and they cannot be held responsible for any accident or injury that may occur.

In addition, I acknowledge that Marblehead Community Charter Public School does not always provide transportation to all games therefore I may be required to arrange transportation.

I have read the above statements, understand and agree to their terms, and will help my son/daughter to carry out his/her responsibilities as a MCCPS student/athlete.

Parent or Guardian Signature

Date

MCCPS Athletics – Agreement Terms

Player Agreement

I agree to:

- Treat coaches, teammates, opponents, referees and spectators with courtesy and respect.
- 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 them for making mistakes.
- Follow the instructions of my coach(es) regarding playing time and position.
- Work hard, concentrate, cooperate and sacrifice for the good of the team.
- Be responsible for arriving on time and to notify my coach(es) ahead of time if I am going to be late or miss practices and/or games.
- Obey all team rules.

I understand that failure to comply with the above agreement may result in removal from the team.

Players Name: _____
(Please Print)

Signature: _____ **Date:** _____

Parent/Guardian Agreement

I understand that:

- The use of alcohol and tobacco products by parents or other spectators is prohibited during practices and/or games

I agree to:

- Not coach or give instructions to players including my own child during practices and/or games.
- Never openly express criticism for players of other teams.
- Never openly criticize referees during a game.
- Never confront the coach(es) 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.
- Be a positive role model for others to follow.

I certify that I have read, understand and agree to adhere to the above athletic policies set forth by the Marblehead Community Charter Public School.

Parent/Guardian Name: _____
(Please Print)

Signature: _____ **Date:** _____

MCCPS Athletics - Anti-Discrimination Policy

It is the goal of the Marblehead Community Charter Public School to provide a safe and secure learning environment for all without distinction based on race, gender identity, religion, ethnicity, disability, gender, or sexual orientation. Discrimination, sexual or bias-motivated harassment, and violations of civil rights disrupt the educational process and will not be tolerated.

Other Notes & Registration Slip

Please check the website and your schedule for practice and game times.

Students will be responsible for supplying equipment requested of the coaching staff.

We are looking for parent volunteers to help with fundraising ideas, act as an assistant coach, and any other help would be greatly appreciated! If this is something that interests you, please make note of it on the form below.

Player's Name: _____

Grade: _____

The player participation fee is \$200.00. Checks should be made payable to MCCPS

- Checks should be submitted no later than the date of the first practice.
- All athletic/pre-participation forms must also be submitted prior to gaining eligibility to compete.

Email address for communication: _____

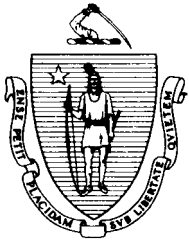
I am interested in becoming a parent volunteer:

Name: _____

Preference if any (please circle):

- 1) Fundraising
- 2) Organizing a concession stand
- 3) Media relations
- 4) Event help

other (please specify) _____



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

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 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): _____

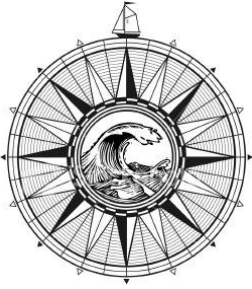
Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____
 (Please print)

Student Athlete:

Signature/Date _____



Marblehead Community Charter Public School
17 Lime Street, Marblehead, MA 01945
Tel: 781-631-0777 Fax: 781-631-0500
Email: myoung@marbleheadcharter.com
Web: marbleheadcharter.org

CONCUSSION POLICY AND PROTOCOL

Dear Parent/Guardian,

MA regulation 105 CMR 201.000 requires that all parents/guardians of any student who plans on participating in extracurricular athletic activities complete a yearly course on concussions. No student is eligible to compete until the parent/guardian has completed the concussion training. This can be accomplished by:

- Completing an online course on concussions, printing the completed certificate and providing a copy of the certificate to the Athletics Director:

<http://www.cdc.gov/headsup/youthsports/training/index.html>

Or

- Reading the concussion written materials and signing this form that you have read and understand the educational materials available to you.

Concussion materials and resources may also be found at:

<http://www.cdc.gov/headsup/youthsports/index.html>

Please attach your completed certificate to this form, or sign below that you have read and understand the concussion educational materials.

Please remember that no student will be allowed to practice or compete until the following items have been completed:

- Annual physical exam (within 1 year of extracurricular athletic activity).
- Completion of a concussion educational program (online or read and understand educational materials).

******Winter & Spring Registration: If your child participated in MCCPS Athletics a prior season during the 2018-19 school year, signing this form will acknowledge you have already completed your required training.***

I hereby state that I have read and understand the concussion materials provided.

Parent/Guardian Signature _____

Date _____