



# HAVERHILL HIGH SCHOOL ATHLETICS

## Participant Packet 2023-2024



REGISTRATION ALSO NOW AVAILABLE ONLINE THROUGH [www.haverhillillies.com](http://www.haverhillillies.com)

Participant Packet Form covers all three seasons

Any participant in athletics must have this packet completed and returned to the athletic office before participation will be allowed.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M ☐ F ☐

Grade \_\_\_\_\_ Sport(s) \_\_\_\_\_

Student E-Mail \_\_\_\_\_

Student Mobile (optional) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

Parent Phone Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

In Case of Emergency, Contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

### PHYSICAL

Student-athletes must present a valid physical on an annual basis. Please provide a copy of student-athletes updated physical along with this packet. Physicals are valid for 13 months. Any student who has an expired or invalid physical will NOT be permitted to participate under any circumstances. Updated physicals should be submitted to the athletic department through the course of the year.

### DUE DATES

Participation Packet and Copy of Physical must be submitted no later than the following dates:

**FALL SPORT -- August 11**

**WINTER SPORT – November 17**

**SPRING SPORT – March 8**

Please submit 1) Completed Participation Packet and 2) Copy of valid physical by above dates via:

Mail to: Athletic Department Haverhill High School 137 Monument Street Haverhill, MA 01830	E-Mail: <a href="mailto:tobrien@haverhill-ps.org">tobrien@haverhill-ps.org</a> or <a href="mailto:agallagher@haverhill-ps.org">agallagher@haverhill-ps.org</a> <i>Documents must be scanned with appropriate signatures.</i>	Drop off at Haverhill High School at either Main Office or Athletic Department Office
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**HHS Medical History Form**

Student-Athlete Name

Grade

1. Has your child had a medical illness, injury or concussion since his/her last check up or sports physical? Y ☐ N ☐

If so, please explain:

2. Please provide a comprehensive history with up-to-date information relative to concussion history; any head, face or cervical spine injury history; and any history of co-existent concussive injuries:

3. Does/has your child have/had a disease that affects the function of an eye, ear, testicle, kidney, or lung? Y ☐ N ☐

If so, please explain:

4. List any surgeries, fractures, sprains or dislocations and date or age they occurred:

5. Has your child ever had any of the following?

a. Asthma	Y <input type="checkbox"/> N <input type="checkbox"/>	i. Allergies	Y <input type="checkbox"/> N <input type="checkbox"/>	q. Head Injury	Y <input type="checkbox"/> N <input type="checkbox"/>
b. Fainting and/or Convulsion	Y <input type="checkbox"/> N <input type="checkbox"/>	j. Blood Disorders	Y <input type="checkbox"/> N <input type="checkbox"/>	r. Concussion	Y <input type="checkbox"/> N <input type="checkbox"/>
c. Heart Murmur/Condition	Y <input type="checkbox"/> N <input type="checkbox"/>	k. Arthritis	Y <input type="checkbox"/> N <input type="checkbox"/>	s. Seizure	Y <input type="checkbox"/> N <input type="checkbox"/>
d. Rheumatic Fever	Y <input type="checkbox"/> N <input type="checkbox"/>	l. Mononucleosis	Y <input type="checkbox"/> N <input type="checkbox"/>	t. Dental Problems	Y <input type="checkbox"/> N <input type="checkbox"/>
e. Kidney Disease/or Injury	Y <input type="checkbox"/> N <input type="checkbox"/>	m. Pneumonia	Y <input type="checkbox"/> N <input type="checkbox"/>	u. Tumors	Y <input type="checkbox"/> N <input type="checkbox"/>
f. Heat Stroke/Exhaustion	Y <input type="checkbox"/> N <input type="checkbox"/>	n. Hepatitis	Y <input type="checkbox"/> N <input type="checkbox"/>	v. Bridges/False Teeth	Y <input type="checkbox"/> N <input type="checkbox"/>
g. Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>	o. Bronchitis	Y <input type="checkbox"/> N <input type="checkbox"/>	w. Frequent Headache	Y <input type="checkbox"/> N <input type="checkbox"/>
h. High Blood Pressure	Y <input type="checkbox"/> N <input type="checkbox"/>	p. High Cholesterol	Y <input type="checkbox"/> N <input type="checkbox"/>		

Please explain every "Yes" answer to above (Date and Treatment). Also list any serious illness not previously listed:

6. Does the student-athlete take any prescription or nonprescription medications, pills, or use an inhaler? Y ☐ N ☐

If so, please list:

7. Has he/she taken any supplements/vitamins to help gain, lose weight, or to improve performance? Y ☐ N ☐8. Is the student-athlete trying to gain or lose weight right now? Y ☐ N ☐9. Does the student-athlete lose weight regularly to meet weight requirements for your sport? Y ☐ N ☐10. Has the student-athlete experienced any of the following during or after exercise: dizziness, fainting, chest pain, unusual exhaustion, racing of your heart or skipped heart beat? Y ☐ N ☐

If so, please explain:

11. Has any family member or relative died of heart problems or of sudden death before age 50? Y ☐ N ☐12. Has he/she had a severe infection (for ex. myocarditis or mononucleosis) within the last month? Y ☐ N ☐13. Has a physician ever denied or restricted participation in sports for any heart problems? Y ☐ N ☐14. Has the student-athlete had numbness or tingling in arms, hands, legs, or feet? Y ☐ N ☐15. Does he/she wear glasses? Y ☐ N ☐ Contact Lenses? Y ☐ N ☐ Type16. Does the student-athlete use any corrective equipment or devices that aren't usually used for sports or position (for ex. Knee brace, special neck roll, foot orthotics, retainers on teeth, hearing aid)? Y ☐ N ☐

If so, please explain:

17. Has he/she had a Tetanus booster within the past ten years? Y ☐ Date: N ☐18. Do you know any reason for your child not to participate in any sports? Y ☐ N ☐

If so, please explain:



## HHS Participation Packet 2023-2024

Student-Athlete Name

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By giving my permission, I will accept responsibility for helping to administer the Haverhill High Student Handbook and Parent/Student-Athlete Handbook, and release my son/daughter to be treated by medical personnel and transported to a medical facility in the event of an injury. Pertinent medical information contained in the student-athlete's history form will be shared with the student-athlete's coach. By its nature, participation in interscholastic athletics includes the risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletics programs, it is impossible to eliminate the risk. Participants can, and have the responsibility to, help reduce the chance of injury. Players must obey all safety rules, report all physical problems to the coaches and athletic training staff, follow a proper conditioning program, and inspect their own equipment daily.

**Further high school rules and MIAA rules may be found in the Student Handbook or online at [www.haverhillhillies.com](http://www.haverhillhillies.com) . A coach of an individual sport may set additional guidelines for the participants of his/her sport. All student-athletes shall abide by the rules and regulations set forth by their coaches and athletic department.**

### •Consent and Release Form:

I, the undersigned parent or guardian of my child, a minor, does hereby consent to my child's participation in voluntary athletic programs of the Haverhill Public Schools. I also agree to forever release the Haverhill Public Schools, the Haverhill School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic programs of the Haverhill Public Schools ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Haverhill Public Schools voluntary athletic program.

I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Haverhill Public Schools voluntary athletic programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in the Haverhill Public Schools athletic programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer involuntarily through the Haverhill Public Schools Athletic Program.

### **PARENT OR GUARDIAN**

**By signing this Permission Form, we acknowledge that we have read and agree with all information contained within and accept the risk of injury while participating in Haverhill High Athletics. We also acknowledge that we have read and agree with all rules and regulations set forth in the Haverhill Parent/Student-Athlete Guide and viewed the Parent/Student-Athlete Presentation video in its entirety.**

**PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

**WE HEREBY STATE THAT TO THE BEST OF OUR KNOWLEDGE, ALL ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.**

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*Student-Athlete Name*

has my permission to participate in Haverhill High School Athletics during the 2023-2024 sports seasons.

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Signature of Parent/Guardian

Date

Print or Type Name

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Signature of Student-Athlete

Date

Print or Type Name



### **AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT**

I, the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student-athlete at \_\_\_\_\_  
(Student Athlete Name – Please Print) \_\_\_\_\_  
\_\_\_\_\_ who plans on participating in \_\_\_\_\_  
(Name of School) \_\_\_\_\_ (Sport)

I understand that Northeast Rehabilitation Hospital Network ("NRH") is contracted by the school to provide sports medicine services for the school's athletes. I hereby give consent for a Certified Athletic Trainer and/or other NRH sports medicine clinical staff to provide sports medicine services for the above minor. Sports medicine services include, but are not limited to: administering first aid for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer and/or sports medicine clinical staff will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for and rehabilitate athletic injuries. I understand that a written report of any athletic injury assessment for the athlete will be confidentially maintained in the files of the training room or school nurse's office.

I hereby authorize the Athletic Trainer and/or other NRH clinical staff who provide services to the above-named athlete to disclose information about the athlete's injury assessments and post injury status. I understand such disclosure will be done, as needed, with the involved coaching staff, Athletic Director of the school, the school nurse, any treating healthcare provider and/or consulting concussion management specialist.

I understand that there is no charge to me for the above listed athletic training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the physician or provider of his/her choice.

Injured athletes that have been evaluated and/or treated by a physician must submit written clearance from that physician to the Athletic Trainer prior to the athlete being permitted to resume activity. In circumstances where an athlete has been removed from play because of a suspected head injury or concussion, the athlete will not be permitted to return to play until the athlete is evaluated by a healthcare provider, receives medical clearance and written authorization from that provider. This Authorization shall remain in effect for one sports season beginning with the date set forth below.

Parent/Guardian Name(Print) \_\_\_\_\_ **\*Signature** \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to student athlete \_\_\_\_\_ Cell/Work phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Student Athlete Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Allergies \_\_\_\_\_  
Current Medications (ie asthma inhalers, epi-pen) \_\_\_\_\_  
Physical impairments \_\_\_\_\_  
Other pertinent medical history (surgeries, diabetes, seizures, heart condition, past concussions, etc) \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

#### **Pre-Participation Head Injury/Concussion Reporting:**

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 headaches, difficulty concentrating, fatigue) for most recent concussion: \_\_\_\_\_

**\*Student Athlete Signature** \_\_\_\_\_

**\*Parent/Guardian Signature** \_\_\_\_\_

#### **Statement Acknowledging Receipt of Education and Responsibility to Report Signs/Symptoms of Concussion:**

I, \_\_\_\_\_ of Haverhill High School hereby acknowledge having received education about the signs, symptoms and risk of sports related concussion. I also acknowledge my responsibility to report to the school, athletic trainer, coaches, and my parent(s)/guardian(s) any signs/symptoms of a concussion.

**\*Signature and Printed Name of Student Athlete** \_\_\_\_\_

\_\_\_\_\_ Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs/symptoms and risks of sport related concussion and acknowledge my responsibility to report to the school athletic trainer, and coaches, any signs/symptoms of a concussion in the above minor.

**\*Signature and Printed Name of Parent/Guardian** \_\_\_\_\_

\_\_\_\_\_ Date

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