

ATLANTIS CHARTER SCHOOL

Athletic Permission Form

Parental Permission Form:

I hereby give my son/daughter permission to participate in Atlantis Charter High School Athletic Program. This includes all practices, contests and traveling sponsored and supervised by Atlantis Charter High School. I hereby release the City of Fall River, Atlantis Charter High School, and all officers, instructors, coaches and employees thereof from any claim what-so-ever from damages in case of injury or accidents to my son/daughter while participating in any way in this athletic activity.

This permission and release will become effective for this sport and season on the first day of participation either in practice or game and remain in effect as long as he/she attends school athletic practices, contests and other related activities or until revoked in writing by me.

We are aware that playing or practicing in any sport can be dangerous in nature involving MANY RISKS OF INJURY. We understand that the dangers and risks of playing or participating in the below listed sport 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 well-being. We understand that the dangers and risks of playing or practicing in the below listed sport may result not only in jury, but in 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 the dangers of participating in the below listed sport, we recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of Atlantis Charter High School permitting me to try out for the Atlantis Charter High School athletic team listed below and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing in that sport. We hereby assume all the risks associated with participation and agree to hold Atlantis Charter High School, it's employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which arise by or in connection with any participation in any activities related to the Atlantis Charter High School (please indicate sports team) _____ team. The terms hereof shall serve as a release and assumption of risks for my heirs, estate, executor, administrator, assignees, and all members of my family.

Parent/Guardian Signature _____ Date _____

Student Athlete's Name _____ DOB _____ Sport _____

Address _____ Zip Code _____

Home Phone # _____ Work Phone # _____

**ATLANTIS CHARTER SCHOOL
High SCHOOL ATHLETIC PROGRAM
STUDENT ATHLETE EMERGENCY INFORMATION AND
PERMISSION TO TREAT FORM**

Name: _____ Sport: _____ Date: _____

Address: _____ Phone Number: _____

Mother's Name: _____ Work #: _____ /Cell #: _____

Father's Name: _____ Work #: _____ /Cell #: _____

Please list two (2) emergency contacts:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

Medication taken regularly: _____

Allergies: _____

Does this athlete have Asthma? _____ Inhaler type: _____

Previous injuries or illness that could be of concern if a medical emergency arises:

List all injuries that resulted in loss of playing time or practice: _____

Health Insurance Co. Name: _____ Policy No. _____

In the event of a serious accident or illness, I request that a representative of the School System contact me. If I cannot be reached, I request that contact be made with our family doctor and his instructions be followed in the treatment of my child; if the emergency is such that immediate medical care is necessary, I authorize the School System to transport my child to a hospital for emergency care. The hospital, their agents, or licensed physician, may administer such emergency medical treatment as they deem necessary under the circumstance.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment. I wish the school authorities to take **no action or to:**

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

High School Athletic Program

Student Athlete Contract

In an effort to lessen the disparity between our team ideals and individual behavior, and to personalize these ideas in our athletic experience, the High School Athletic Program adopts the following basic expectations of its member:

1. I will respect and abide by all school rules, regulations, and policies.
2. I will respect the dignity of all persons; therefore, I will not physically, mentally, or psychologically abuse or bully any person.
3. I will neither use nor support the use of illegal drugs, alcohol, or the smoking of any substance.
4. I will be in school on time, every morning and I know I must be in school before () am to be eligible to practice or participate in a contest.
5. I will exhibit good sportsmanship on and off the field of play.
6. I will comply with instructions from all coaches and teachers immediately.
7. I will have a physical on file before trying out for the team.
8. I will respect the property of others; therefore, I will neither abuse nor tolerate the abuse of property.
9. I will use language that is socially acceptable. Profanity, vulgar talk and obscene gestures will not be tolerated.
10. I will cooperate with teammates, coaches, and officials.
11. I will be on time for practice and team scheduled events.
12. I will strive for academic excellence and therefore, I will do my homework, go for extra help when needed, and do whatever it takes to strengthen my high school experience.

I, _____ have read and understand this athletic contract. I know if any rules are broken; the coach has the right to take appropriate actions including the possibility of suspending me from the team for as long as he/she feels necessary.

Student Signature

Date

As a parent of a candidate of _____ athletic team, I have read and understand the above policies. I approve of these policies and will help my son/daughter maintain these standards.

Parent Signature

Date

ATLANTIS CHARTER SCHOOL

High SCHOOL ATHLETIC PROGRAM

STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS

The Commonwealth of Massachusetts Executive Office of Health and Human Services now require that all schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules adhere to the following law. Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student is suspected of having a concussion during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for "return to play."

Parents, and students who plan to participate in any athletic program at Atlantis Charter High School must also take a free on-line course. Two free on-line courses are available and contain all the information required by the law. The first is available through the National Federation of high School Coaches. You will need to click the "order here" button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes.

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=1500>

The second on-line course is available through the Centers for Disease Control and Prevention at www.cdc.gov/Concussion

Please sign below that you have read the above and completed on of the courses listed. This is required in order to participate on any athletic team at Atlantis Charter High School. Thank you very much.

Parent/Guardian Signature

Date

Student Signature

Date

High School Athletic Program

Parent/Spectator Code of Conduct

The participants, parents or legal guardians of student athletes shall be required to follow the Code of Conduct, set forth as follows. I hereby pledge to be responsible for my words and actions while attending a High School Athletic Program sports event and shall conform my behavior to the following code of conduct:

1. I will not engage in unsportsmanlike conduct with any coach, parent, participant, official or any other attendee.
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participants, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
5. I will not engage in the use of profanity.
6. I will not encourage my child, or any other person to engage in the use of profanity.
7. I will treat any coach, parent, player, participant, official or any other attendee with respect at all times regardless of sex, creed, color, national origin, sex or ability.
8. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
9. I will not initiate nor encourage my child to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
10. I will be responsible for the behavior of all those attending a High School Athletic Program sports event on my child's behalf.
11. I will not shout instructions, coach or direct players on the field from the stands nor the sidelines.
12. I will not address the officials from the sidelines in any manner.

I understand that any violation of this code of conduct could result in being banned from attending any High School Athletic Program events.

Parent Signature

Date



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

DEVAL L. PATRICK
 GOVERNOR

TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
 SECRETARY

JOHN AUERBACH
 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 _____

