

# MIDDLEBOROUGH HIGH SCHOOL PARENT PERMISSION, RELEASE AND INDEMNIFICATION AGREEMENT

I, the undersigned student aged 18 or over, or the undersigned parent or lawful guardian of (student name) \_\_\_\_\_, a minor, do hereby consent to the participation of (student name) \_\_\_\_\_ in the (event/sport, etc.) \_\_\_\_\_ program offered by Middleboro Public Schools. I/we understand that participation in the program is not required and that participation is voluntary.

I/we have read and understood the information provided by the school that explains that program or event, including the training of participants, the eligibility and safety rules, any equipment to be used, the medical insurance requirements and the school's emergency medical plan. I/we have had an opportunity to ask questions, and have had all of my/our questions adequately answered by school staff.

I/we understand the activities of this program or event, its rules and requirements and its potential risks. I/we accept these conditions and hereby grant permission for my/our child's participation. I/we hereby forever release the Town of Middleborough, the Town of Middleborough School Department and its officers, employees, agents and volunteers from any and all claims for damages with respect to or in connection with all known and unknown personal injuries incurred by my/our child while participating in the program or event except for damages caused solely by the negligence of the Town of Middleborough, the Town of Middleborough School Department or its officers, employees, agents and volunteers. I/we hereby agree to indemnify and hold harmless the Town of Middleborough, the Town of Middleborough School Department and its officers, employees, agents and volunteers with respect to any such claims for damages, which are not caused solely by the negligence of the Town of Middleborough, the Town of Middleborough School Department or its officers, employees, agents or volunteers.

**Witness the hand(s) and seal(s) of the undersigned this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

**Student Name:** \_\_\_\_\_

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

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

**Signature of student age 18 or over:** \_\_\_\_\_

(Approved by the Middleborough School Committee August 15, 2002)

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**For emergency purposes, would you please fill in the form below:**

**Home phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_

**Emergency contact number:** \_\_\_\_\_

# INTERSCHOLASTIC INSURANCE FORMS

Athlete \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

All students participating in any interscholastic athletic activity must be covered by an injury insurance plan. Students failing to provide documentation of appropriate insurance coverage will be denied the opportunity to participate as part of the Middleborough Schools' Interscholastic Athletic Program.

Please check type of coverage:

\_\_\_\_\_ A. Purchaser of student insurance and/or

\_\_\_\_\_ B. Personal insurance provided by parent or other source

If "A" is checked, please place signature below. The completed form must be returned to your coach before participating in any aspect of the athletic program.

If "B" is checked, please complete the following:

**Name or Plan** \_\_\_\_\_

**Name of company** \_\_\_\_\_

**Effective date of Plan** \_\_\_\_\_

**Group Name** \_\_\_\_\_ **Number** \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the above listed insurance is in force and further that such insurance will cover medical needs and injuries associated with participation in an interscholastic athletic program.

\_\_\_\_\_

Parent's Signature

# MIDDLEBOROUGH HIGH SCHOOL TRANSPORTATION POLICY

Recently the School Committee approved the following transportation policy:

School buses will be used for the transportation of students participating in co-curricular or extracurricular activities. However, when buses are not available, private vehicles may be permitted to transport students to or from school activities that fall within the academic day or extend the school day provided all of the following conditions are met:

- 1) The activity has the approval of the Superintendent of Schools.
- 2) The owner of the vehicle being used in transporting the students must file evidence with the Superintendent of personal liability insurance coverage on the vehicle in the amount of \$100,000/\$300,000 or more.
- 3) The parents of students to be transported in this manner will be fully informed as to this means of transportation and will sign a statement to this effect

As we are a team (baseball, boys/girls soccer, girls volleyball, boys/girls swimming, golf, ice hockey, boys/girls basketball, boys/girls tennis) that operates off campus, we *must* follow the above policy.

Please read and sign below:

I have read and understand the above policy.

I am \_\_\_ the owner of the vehicle and hereby confirm that the private vehicle to be used to travel to off campus facilities for practices and/or games meets the specified above liability insurance coverage.

I am \_\_\_ the parent of the student who will be transported in a private vehicle and I hereby confirm that I have been fully informed as to the means of transportation.

\_\_\_\_\_  
Vehicle Owner

\_\_\_\_\_  
Parent of Student to be Transported

MIDDLEBOROUGH PUBLIC SCHOOLS  
EVALUATION FOR  
**PARTICIPATION IN SPORTS**  
**Pre-Participation Health Examination Record**

\_\_\_\_\_  
 Last Name      First Name      Middle Initial      School      Grade

Age: \_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby give my consent for the above-named student to represent his or her school in athletic activities except those indicated on this form by the examining physician, provided that such athletic activities are approved by the State Association. I also give my consent for the student to accompany the school team on any of its local or out-of-town trips.

The \_\_\_\_\_ Board of Education has no responsibility to provide first aid at any of the games and the parent or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, then the parents do hereby release and forever discharge such persons and the \_\_\_\_\_ Board of Education from any liability arising out of any first aid or immediate treatment of injuries.

\_\_\_\_\_  
 Typed or Printed Name of Parent or Guardian

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

**HEALTH HISTORY (to be completed by student and parents prior to examination)**

YES	NO	Has student had any:	YES	NO	Is there any history of:
___	___	Chronic or recurrent illness?	___	___	Injuries req. treatment?
___	___	Illness lasting over 1 week?	___	___	Neck injury?
___	___	Hospitalizations?	___	___	Knee injury?
___	___	Surgery other than tonsillectomy?	___	___	Knee surgery?
___	___	Missing organs (eye, kidney, testicle)?	___	___	Ankle injury?
___	___	Allergy to any medication?	___	___	Other serious joint injury?
___	___	Problems with heart or blood pressure?	___	___	Broken bones/fractures?
___	___	Chest pain with exercise?			
___	___	Dizziness or fainting with exercise?	<b>YES</b>	<b>NO</b>	<b>Further history:</b>
___	___	Dizziness, fainting, frequent headaches or convulsions?	___	___	Is there any reason why
___	___	Concussion or unconsciousness?			this student should not participate in sports?
___	___	Heat exhaustion, heatstroke or other problems with heat?	___	___	Has any family member
					died suddenly at less than 40 years of age of
					causes other than an accident?
					Has any family member
					had a heart attack at less than 55 years?

<b>YES</b>	<b>NO</b>	<b>Does this student:</b>
___	___	Wear eyeglasses or contact lens?
___	___	Wear dental bridges, braces, plates?
___	___	Take any medication?

Date of last known tetanus (lockjaw) shot: \_\_\_\_\_

Use this space to explain any of the above YES answers or to provide any additional information:

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAMINATION**

Date: \_\_\_\_\_

Height \_\_\_\_\_ Vision: Right \_\_\_\_/\_\_\_\_ Normal w/o corrective lens

Weight \_\_\_\_\_ Normal w/corrective lens

Pulse rate \_\_\_\_\_ Left \_\_\_\_/\_\_\_\_ Abnormal w/o corrective lens

Blood pressure \_\_\_\_/\_\_\_\_ Abnormal w/corrective lens

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	Not	
	Normal	Abnormal
	Examined	Comments
		Examiner

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1. Eyes
  2. Ears, nose, throat
  3. Mouth and teeth
  4. Neck (soft tissue)
  5. Cardiovascular
  6. Chest and lungs
  7. Abdomen
  8. Genitalia-hernia
  9. Sexual maturity
  10. Skin and lymphatics
  11. Neck
  12. Spine
  13. Shoulders
  14. Arms and hands
  15. Hips
  16. Thighs
  17. Knees
  18. Ankles
  19. Feet
  20. Neurological
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**PARTICIPATION RECOMMENDATIONS**

\_\_\_\_\_ No history or physical findings on this exam would prohibit this student from participating in competitive sports: \_\_\_\_\_

\_\_\_\_\_ This student should have the following health problems evaluated or treated before participation recommendations can be made: \_\_\_\_\_

\_\_\_\_\_ This student has health problems that prohibit him or her from participating in the requested sports: \_\_\_\_\_  
 however, this student can participate in the following requested sports: \_\_\_\_\_

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\_\_\_\_\_  
**Physician**