# **STUDENT ATHLETE HANDBOOK**

#

# **2023-2024**

#

# **MILFORD HIGH SCHOOL**

 

# **100 WEST STREET**

# **MILFORD, NEW HAMPSHIRE 03055**

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 **Philosophy**

The athletic program should be an integral part of the overall educational process at Milford High School. Our aim is to develop competitive athletes, but not to lose sight of educational values such as sportsmanship, health & wellness, and scholastic excellence. Each athletic program should be comparable to that of other subjects or activities and should aid in fostering positive school morale.

**Objectives of Interscholastic Education-Based Athletics**

1. Provide opportunities to develop skills and to experience the satisfaction of performing effectively in emotionally charged situations.
2. Contribute to the development of a health and fitness attitude that will provide a lifelong interest during adult life.
3. Satisfy the physiological needs of growing young adults.
4. Contribute to the development of a wholesome appreciation for a well-developed and properly conditioned body.
5. Contribute to the development of desirable social and citizenship qualities such as responsibility, respect for authority, leadership and fellowship abilities, respect for the rights and properties of others, harmonious and cooperative group activity, and respect for individual differences.
6. Help students learn to deal effectively with emotional strains and stresses.
7. Contribute to the satisfaction of certain psychological needs such as self-understanding, self-expression, understanding of others, challenge, confidence, acceptance, recognition, and approval.
8. Contribute to the development of desirable character traits including persistence, determination, unselfishness, will-to-win, alertness, maximum effort, discipline, teamwork, resourcefulness and tenacity.
9. To display courtesy and respect to officials, coaches, spectators, and visiting teams.
10. Success shall be measured not by wins and losses, but by the progress and growth that the student athlete experiences as both an individual and a member of a team.

**CODE OF ETHICS AND CONDUCT**

**GUIDELINES FOR STUDENTS AND COACHES**

* Participants shall represent the school in an exemplary manner at all times. These include, but are not limited to team buses, visiting schools, locker rooms prior to and after contests, social media technology, and behavior on the field/court of play.
* They should show respect toward their opponents, coaches, team mates, and game officials at all times.

**GUIDELINES FOR SPECTATORS**

* Spectators should respect the judgment of the coaching staff.
* Spectators should respect game officials and accept their decisions.
* Spectators should watch games only from those areas defined by each school or the game officials as spectator areas. They should not directly call out to individual players, coaches, or officials in an unsportsmanlike manner, Make inappropriate distracting noises, go onto the field of play, or run up and down sidelines.

**NHIAA GUIDELINES**

**A PARENT-COACH COMMUNICATION GUIDE**

The NHIAA has prepared a guide to facilitate effective communication between parents and coaches. The following five areas should be considered and may prove to be beneficial to our student athletes.

**COMMUNICATION YOU SHOULD EXPECT FROM YOUR CHILD’S COACH**

* Coach’s and program’s philosophy.
* Individual and team expectations.
* Locations and times of all practices and games.
* Team requirements, i.e., practices, special equipment, off season conditioning.
* Procedure followed should your child be injured during practice or games.
* Any discipline that may result in the denial of your child’s participation.

**COMMUNICATION COACHES EXPECT FROM PARENTS**

* Concerns expressed directly to the coach.
* Notification of schedule conflicts well in advance.
* Specific concerns with regard to a coach’s philosophy and/or expectations.
* Support for the program and the attributes of dedication, commitment, and responsibility that are essential ingredients for success and excellence.

**APPROPRIATE CONCERNS TO DISCUSS WITH COACHES**

* The treatment of your child, mentally and physically.
* Ways to help your child improve and develop.
* Concerns about your child’s behavior.

**ISSUES NOT APPROPRIATE TO DISCUSS WITH COACHES**

* Playing time.
* Team strategy.
* Play calling.
* Other student athletes.

**IF YOU HAVE A CONCERN TO DISCUSS WITH A COACH**

* Call to set up an appointment with the coach.
* If the coach cannot be reached, call the Athletic Director. A meeting will be set up for you with the coach.
* Please do not attempt to confront a coach before, after, or during a practice or game. These can be emotional times for both the parent and the coach, and this situation does not promote resolution or objective analysis.

**SPORTSMANSHIP**

[**NH.I.A.A. By-Law**](http://nh.i.a.a.by-law/)Article VIII: Sportsmanship:Section 3: Disqualification

from an Interscholastic Athletic Event

The following policies for disqualification shall apply in all sports:

* Any player who is disqualified before, during or after a game at the Reserve, Junior Varsity, or Varsity level for exhibiting unsportsmanlike conduct shall not participate in the next scheduled interscholastic athletic event, including NHIAA Tournament contests. Any player who is disqualified from a game and participates in the next scheduled interscholastic athletic event, including NHIAA Tournament contests, will cause that school's game/event to be forfeited in the event of a win. In the event of a loss, the matter will be referred to the Sportsmanship Committee for action.
* If a player is disqualified, they must complete the NHIAA Sportsmanship Certification in order to return to play after their one-game suspension.
* If any player received a second game disqualification during the season, that individual will be required to forfeit any participation in that interscholastic sport at any level, for the balance of that season.
* If the game disqualification is administered in the final contest of the season (including tournament play), the penalty shall be carried over in that sport and invoked at the first regular season game the following academic year. If a disqualification is administered to a graduating senior or a coach in his final game of coaching for that school, it is the expectation of the NHIAA that the school will take immediate and appropriate disciplinary action.

Any player who leaves the bench during an interscholastic athletic event where an altercation is taking place in the playing area shall receive a one game disqualification for the next scheduled game.

 **Policy 4085 (JLCJ) CONCUSSIONS AND HEAD INJURIES**

*Related Policy:* [*EBBB*](https://z2policy.ctspublish.com/policy/) (4024)

The Milford School District is committed to ensuring the safety of students while at school and when participating in any school-sponsored events. The Board is aware that head injuries, including concussions, can happen to any student, not just an athlete, and that the risk of catastrophic injuries or death is significant when a concussion or other head injury is not properly evaluated and managed.

Section A of this policy applies to all students of the District who experience or are suspected to have experienced a concussion or other traumatic brain injury, whether in school or out, while Section B pertains to student-athletes and other students participating in school sports or other district athletic activities.

A. Provisions relating to all Students Who have Experienced a Concussion or Traumatic Brain Injury.

1. Definitions: For purposes of this policy, the terms below will have the ascribed meanings.

"Head injury" means injuries to the scalp, skull, or brain caused by trauma, and shall

include a concussion which is the most common type of sports-related brain injury.

"Health care provider" means a person who is licensed, certified, or otherwise statutorily

authorized by the state to provide medical treatment (physician, advanced registered

nurse practitioner, licensed physician's assistant, or dentist).

"Student-athlete" means a student involved in any intramural sports program conducted

outside the regular teaching day or competitive student sports program between schools

in grades 4 through 12.

"Sports" means intramural sports programs conducted outside the regular teaching day

for students in grades 4 through 12 or competitive athletic programs between schools for

students in grades 4 through 12, including, without limitation, all NHIAA sanctioned

activities, including cheer/dance squads, or any other district-sponsored sports or

activities as determined by the board or administration.

1. Duty to Report. All District employees shall report any accident or incident which

involves a student head injury. The report should be filed in the same manner provided

under Board policy 4024 [EBBB](https://z2policy.ctspublish.com/policy/) as for that of any accident requiring first aid.

Additionally, teachers should report to the school nurse (or administrator in charge if the

nurse is unavailable) if the student appears to have any difficulty with academic tasks that

the teacher believes may be related to concussion. The school nurse or an administrator

will notify the student's parents/guardians or emergency contact and treating health care

provider with the proper release of information.

1. Return to Learning Protocols. After a student has suffered a concussion, whether in

school or not, before full resumption of academic work, the building principal or his/her

designee will work with the school nurse, a student's parent/guardian, healthcare

provider, teacher(s), and other appropriate district staff, to establish a graduated learning

reentry plan. The plan will support the student's full return to academic activities, and

ease the stress of making up past work while engaged in present work. The plan must

include:

* Step-by-step instructions and details for students, parents/guardians and school personnel;
* Time frames for physical and cognitive rest within first few days post-injury and throughout the recovery as needed;
* Guidance on graduated return to extracurricular athletic activities and classroom studies, including classroom accommodations or modifications;
* Frequency of assessments by the school nurse, school physician if applicable, neuropsychologist or athletic trainer until full return to the classroom and extracurricular athletic activities are authorized;
* Any provisions relative to "return-to-play" for student-athletes;
* A plan for communication and coordination among school personnel and with the parents/caregivers and the student's healthcare provider.

Section 504 or other such accommodations or modifications when appropriate will be

developed in accordance with applicable law and Board policies.

1. Concussion Awareness and Education. To the extent possible, the District will

implement concussion awareness and education into physical education and/or health

education curriculum.

B. Provisions relating to Students Participating in Sports and Athletic Programs.

Consistent with the National Federation of High School (NFHS) and the New Hampshire Interscholastic Athletic Association (NHIAA), the District will utilize recommended guidelines, procedures and other pertinent information to inform and educate coaches, youth athletes, and parents/guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to play after a concussion or head injury.

1. Compliance with NHIAA Procedures and Protocols. All coaches, officials or licensed athletic trainers will comply with NHIAA recommended procedures for the management of head injuries and concussions.

1. Immediate Removal from Play and other NHIAA Protocols. Any coach, official, licensed athletic trainer, or health care provider who suspects that a student-athlete has sustained a concussion or head injury in a practice (including tryouts or training) or during a competition shall immediately remove the student-athlete from all physical activity.

1. "Return to Play". A student-athlete who has been removed from play shall not return to play on the same day, nor until (a) a Return to Learning Plan has been established consistent with paragraph A.3 of this policy, (b) he/she is evaluated by a health care provider and receives medical clearance and written authorization from that health care provider stating the student-athlete is symptom free and may return to play, and (c) the student-athlete's parent/guardian provides written permission for the student-athlete to return to play.

The District shall limit a student-athlete's participation as determined by the student's

treating health care provider, unless, based upon the judgment of the coach or licensed

athletic trainer, greater limitations are appropriate.

If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed

at any time during the return-to-activity program, the coach must immediately remove the

student-athlete from play. Depending on previous instructions, the athlete may need to be

re-evaluated by the health-care provider, or may have to return to the previous step of the

return-to-activity program.

1. Parent Information Sheet. On a yearly basis, the Athletic Director shall assure that a concussion and head injury information sheet is distributed to each student-athlete and the athlete's parent/guardian prior to the student-athlete's initial practice (including try-out) or competition. This information sheet may be incorporated into the parent permission sheet that allows students to participate in extracurricular athletics.

1. Coach Training. All coaches, including volunteer coaches, will complete training in head injury and concussion management as recommended and/or provided by NHIAA, New Hampshire Department of Education and/or other pertinent organizations. The Athletic Director is responsible for assuring compliance with this provision.

1. Annual Review of NHIAA Concussion Protocols by Athletic Director. No less than annually, the Athletic Director or his/her designee shall review any changes that have been made in procedures required for concussion and head injury management or other serious injury by consulting with the NHIAA and the District's on-call physician. The Athletic Director shall take steps to implement the then current procedures and protocols as soon as possible.

Legal References:

RSA 200:49, Head Injury Policies for Student Sports

RSA 200:50, Removal of Student-Athlete

RSA 205:51, School Districts; Limitation of Liability

RSA 200:52, Definitions

RSA 200:63, Head Injuries; Return to Learning and Plan

Adopted: 10/2012

Revised: 01/2014, 04/2021

**Policy 5014 HAZING**

No person associated with any organization sanctioned by the School District shall engage in or be associated with hazing, nor shall any such person participate in any secret fraternity or organization that is related to a District-sanctioned activity.

Student hazing means any act directed toward a student, or any coercion or intimidation of a student, to act or participate in, or submit to any act, when:

1. Such act is likely, or would be perceived by a reasonable person, as likely to cause physical or psychological injury to any person; and
2. Such an act is a condition of initiation into, admission into, continued membership in, or association with any organization, even if the student willingly participates in the activity.

Hazing is further defined as an activity which recklessly or intentionally endangers the mental or physical health or safety of a student for the purpose of initiation, admission, or affiliation with any organization sanctioned by the District.

“Endanger the physical health” shall include, but is not limited to, such physical acts as whipping, beating, branding, exposure to elements, forced consumption of food, alcohol, or drugs, or any forced physical activity, outside of that associated with acceptable athletic conditioning appropriate to the sport, that could adversely affect the physical health or safety of an individual.

“Endanger the mental health” shall include any activity which would subject the individual to mental stress such as sleep deprivation, exclusion from social contact, or any forced activity that would affect the dignity of the individual.

Students or employees who violate this policy will be subject to disciplinary action up to and including expulsion for students and termination for employees. All incidents of hazing should be reported to school authorities. The Superintendent/designee shall report to local law enforcement officials incidents of reported hazing to which he/she has knowledge.

References:

RSA: 631:7 NH Administrative Rules, Ed 306.04

Adopted: 6/2011

**ELIGIBILITY OF ATHLETES**

In order for a student to compete in interscholastic athletics, they must fulfill completely all the regulations and requirements set forth by the NHIAA and/or the local school district SAU#40.

It is a school requirement that the student must be covered by insurance before he may participate on any interscholastic athletic team. School insurance coverage includes regular school sessions, going to and from school, and all school sponsored and school supervised activities including interscholastic football.

Students:

* Must be carrying a minimum of three (3) course units that meet everyday during his/her sports season and must have passed a minimum of two (2) units of course work in the previous marking period. Fall athletes must pass a minimum of two units of course work that meet everyday during the 4th quarter of the previous year.
	+ A student with a grade of "F" in more than 2 out of 4 courses in a quarter prior

to the start of a sport shall be ineligible to play. A student passing a minimum of two classes with a failing grade in one or two additional courses shall be placed on Academic Probation. Should this status continue to the next report card, the student shall become ineligible to play. Students entering grade

9 in the fall for the first time do not have to meet the Scholastic Standing

requirements.

* Academic Probation Policies: Any student that is passing a minimum of 2 classes, but failing one or two others, on a quarterly report (marking term), will be placed on Academic Probation.
* Any student on Academic Probation will have 3 weeks of school from the distribution of the report card to bring all grades to a passing mark. If after three weeks the student is failing any one class, they will be ineligible to participate in a game or meet until all grades are brought up to a passing mark.
* If after the next 3 week cycle, they are still failing any class, they will be ineligible for the remainder of the quarter.
* An incomplete grade that is currently failing counts as a failure until it is made up.
* Any deviation from this policy must be approved by the Athletic Director and Principal.
* Must have successfully passed a physical examination by a doctor. If passed in the

freshman year, the exam will be good through graduation. Physical forms will be kept on

file by the athletic trainer. It is strongly recommended, but not required, that a student

should have a second physical prior to the beginning of the junior year.

o If the student has had an injury which has required doctor's care, the student

will need a doctor's certificate in order to resume practice/playing. If an athlete is

withheld from athletic participation by a physician, the athlete must have written

approval from THAT physician prior to returning to his/her sport.

* Must attend school the day of a practice or event, or must attend school on the Friday prior to a weekend practice or event.
* An athlete who does not attend school by 11:00 am during the day due to illness, injury, oversleeping, etc. may not participate in a scheduled game or practice that day, evening, or weekend. Being late to school following an away contest is not an excused absence unless waived by administration due to extenuating circumstances. A student returning to school on the day of a doctor's appointment may attend a practice or a game on that day with the doctor's written permission. Examples of excused absences in the student handbook include: doctor/dental visits, verified college visits, religious holidays, bereavement, and school-sponsored or sanctioned activities.
* Must meet the age requirement. A student who has reached the age of 19 on or after September 1 may represent the school.
* Must not have changed schools, except upon change of residence of their parents or an approved transfer change per NHIAA Policies.
* Must not have, at any time, received financial remuneration for participation in any athletic activity.
* Must not have been in high school for more than eight semesters beyond the 8th grade.

**Non-School Competition: A member of a school team is a student athlete who is regularly present for, and actively participates in, all team practices and competitions. Bona fide members of a school team are prevented from missing a high school practice or competition to compete with an “out-of-school” team.**

**Whenever a conflict arises between the high school team practice or competition and an out-of-school practice or competition on the same day, the high school team practice or competition must be honored by the student athlete. Priority must be given at all times to the high school team, its practices, and its contests unless a waiver has been granted by the athletic director and principal on a case by case and event by event basis.**

**NHIAA Penalties: Any student who violates this rule, unless a waiver has been granted as stated above, for the first time shall be declared ineligible for the next four (4) consecutive interscholastic events or three (3) weeks of a season in which the student athlete is a participant, whichever is greater. This penalty is effective from the date of his or her last participation in a high school sport.**

**Any student athlete who violates this rule a second time or subsequent time shall be declared ineligible for participation in any high school sport for the balance of the school year.**

**GENERAL RULES AND REGULATIONS GOVERNING ATHLETICS**

It is fundamental that the coach is responsible for the behaviors, safety, and welfare of the members of their squad during practices and games. Student athletes are responsible to their coach for their conduct on and off the field, during their season.

1. Athletes should plan their time so that they devote sufficient time to their academics and so that their involvement in an athletic activity does not interfere with their studies. Academic or disciplinary commitments must be met before athletic responsibilities.
2. The possession or use of tobacco products, including smokeless and e-cigarettes, vaping, alcoholic beverages, illegal drugs, and illegal use of controlled substances is strictly forbidden. Any athlete guilty of an infraction of this rule will be subject to the following consequences:
* 1st offense:Athletes will not be allowed to participate with the team, in any way, for twenty-one (21) calendar days. If the number of days is greater than the remainder of the season, the days will be added on to the next season that the athlete participates in. If the student seeks out help in the form of an assessment by a certified addiction counselor or enrollment in an appropriate program, the suspension can be reduced to fourteen (14) days.
* 2nd offense: Athletes will be suspended from participation for the remainder of the season. This policy does not preclude punishment of a student under the school drug and alcohol policy in appropriate situations. Additional consequences will be considered by school administration.
* Athletes who have been suspended from school will not be allowed to participate in any school activity for the entire duration of their suspension. This includes all team activities, practices and games. Students will also serve a one game/event suspension for each day in suspension, including those during time served.
1. Athletes should maintain a good attendance record.
2. Good sportsmanship will be encouraged both in victory and defeat.
3. Students who participate in athletic activities are school leaders and should assume their responsibilities at home, in school, and in the community. These responsibilities include the appropriate use of social media technologies that include, but not limited to Twitter, Facebook, Internet forums, and photographs. The use of social media in an inappropriate manner may result in disciplinary action.
4. Athletes should be sure that all injuries are given proper attention, which the athlete should immediately report to the coach and Athletic Trainer.
5. Athletes will not use profane or inappropriate language.
6. Athletes should always work for the betterment of their school and their team.
7. Athletes should not allow employment to interfere with their responsibilities to their team or their schoolwork.
8. Athletes will attend all games and practices for the team of which they are members.
9. Athletes who anticipate being late or absent for a game or practice have a responsibility to the team and coach to advise the coach of this prior to the tardy or absence and make any necessary arrangements.

A violation of any of the rules may result in disciplinary action.

**SANCTIONS TO THE RULES AND REGULATIONS**

Students must be in good standing in the school to be permitted to participate in interscholastic sports activities. Violation of any school or team rule can cause disciplinary action by the coach. Coaches have the authority to suspend any athlete from their team as part of a disciplinary response.

* All violations of school and/or team rules should be punished in a fair manner commensurate with the seriousness of the infraction.
* A student may be declared ineligible if they conduct themselves in a manner that, in the opinion of school authorities, would reflect unfavorably upon the school or other students. This applies to all co-curricular activities, regardless of location.
* The New Hampshire Interscholastic Athletic Association (NHIAA) dictates that any student who does not comply with established school regulations will be declared ineligible.
* An ineligible student may not represent the school in any home or away interscholastic event, contest, or scrimmage situation. This student may practice with the team if extraordinary circumstances exist. Coaches must present such a situation to the athletic director and, only after approval from the athletic director, may special practice arrangements be made by the coach.

**GRIEVANCE PROCEDURES**

* The coaching staff and the Head Coach have the right of judgment in matters concerning enforcement of team rules.
* The student athlete has the right to appeal the coach’s decision regarding suspension or dismissal to the Athletic Director.
* The Principal will take action on matters requiring administrative attention. The Athletic Director will be consulted on all decisions as directed by the Principal or Assistant Principal.

**PRIVATE TRANSPORTATION**

No athletic team or team members will be transported in private cars for any reason unless the Athletic Director or Principal gives prior approval in writing. Buses will be chartered for away events by the school. Students who are members of the athletic teams going to a contest or game will return on the bus. If parents request to transport their son/daughter or, if there are extenuating circumstances, for other parents to transport team members, a transportation release form must be completed (with accompanying documents as needed) and submitted to the Athletic Director at least 24 hours in advance. For the purpose of team unity and cohesiveness, players should all use the school transportation.

**EQUIPMENT**

* No athletic equipment issued to squad members may be worn in physical education class or worn outside of practice or game situations. Athletes may wear jerseys to school on game days at the discretion of the coach.
* It is the athlete's responsibility to see that all equipment is returned in good condition. If the equipment issued is lost, stolen, or has had abnormal usage, the athlete shall be charged accordingly. Students are ineligible to participate in any athletic activity, tryout, or receive a uniform for the next season until the prior season’s equipment/uniform is returned or restitution is made.

**LETTER AND AWARDS REQUIREMENTS**

* Requirements for earning a letter have been established by the athletic department. Athletes will be informed of these requirements prior to the season.
* Special athletic awards may be given to those members who compete on teams that win their conference championship, state, or sectional titles or go undefeated. The type of award given is to be determined by the Coach, Athletic Director, Principal, Superintendent, and the Milford School Board.
* The coach shall recommend the members of his squad who have met the requirements for an award. These recommendations are to be based on the established criteria as outlined below and approved by the Director of Athletics. If any situations arise due to extenuating circumstances, a committee composed of the Principal, Director of Athletics, and the coach involved, shall make the final decision.

**Criteria to Receive a Letter**

* Attendance – Athletes should attend all practices and games unless there is a reasonable excuse, accepted by their coach and the athletic department policies. Athletes missing a practice for an unexcused reason or for an outside organization, club, or non-school team will not be eligible to receive a letter, unless a waiver has been granted by the Athletic Director and/or Principal. Athletes removed or suspended from teams due to disciplinary action are ineligible from receiving a letter.
* Sportsmanship – Athletes should realize that they are representing their school and community and should conduct themselves in an appropriate manner.
* Adherence to training rules – Athletes must abide by the training rules as set forth by the athletic department.
* Participation in games/contests – Varsity athletes must participate in at least 50% of games, meets, or contests to be considered eligible for a varsity letter (an exception for this requirement can be made in cases where an injury keeps an athlete from competing in 50% of the contests assuming they still attended all practices and games/meets). All students who participate on Reserve or Junior Varsity Level teams and fulfill the requirements in the above criteria will be eligible for a Certificate.
	+ In Indoor Track and Track & Field, participants must earn points in at least 50% of the meets in order to receive a varsity letter. In Cross Country, runners must finish in the top 7 in at least 50% of the meets to earn a Varsity letter.
* Service – Senior athletes who have successfully completed three years of service to a sport and meet all of the criteria, except 50% game/meet participation or points/top 7 criteria, may be awarded a varsity letter for their service, dedication, and loyalty to the team.

**Criteria for 4-Year Letter Winner Award**

In order to receive a 4-Year Letter Winner Award, recipients must receive a letter during each

year of their high school career.

* Students who have quit teams or been removed from teams due to disciplinary action are ineligible for this award. If extenuating circumstances occurred, the dismissing coach would be requested to provide appropriate information to appeal a specific case.

**Criteria for Outstanding Male and Female Senior Athlete Award**

* A senior must have earned varsity letters in at least two sports during their senior year.
* Students who have quit teams or been removed from teams due to disciplinary action are ineligible for this award. If extenuating circumstances occurred, the dismissing coach would be requested to provide needed information on the situation.
* Recipients must have demonstrated outstanding character and loyalty to Milford and its athletic program.
* Students must have represented the school well at all times while remaining in good academic standing.
* Seniors must be nominated by their coach or member of the Athletic Department.
* Coaches will meet to review applicants and vote for the deserving individual.

**Criteria for Ed Nichols’ Lions Club Award**

* A senior must have earned varsity letters in at least two sports during their senior year.
* Students who have quit teams or been removed from teams due to disciplinary action are ineligible for this award. If extenuating circumstances occurred, the dismissing coach would be requested to provide needed information on the situation.
* Recipients must have demonstrated outstanding character and loyalty to Milford and its athletic program.
* Students must have represented the school well at all times while achieving High Honors in their academic standing.
* Seniors must be nominated by their coach or member of the Athletic Department
* Coaches will meet to review applicants and vote for the deserving individual.

**Criteria for the NHIAA 3 Sport Athlete Award**

* Each recipient must be a senior who has participated in 3 sports each year for 4 years. The sports must be recognized by the NHIAA and run by Milford High School.
* Students who have quit teams or been removed from teams due to disciplinary action are ineligible for this award. If extenuating circumstances occurred, the dismissing coach would be requested to provide appropriate information to appeal a specific case.

**MILFORD HIGH SCHOOL & ATC**

**Student Transportation – Release and Waiver of Liability**

**PLEASE CAREFULLY READ EVERY LINE OF THIS RELEASE AND WAIVER OF LIABILITY. IT PREVENTS YOU FROM BRINGING LIABILITY CLAIMS AGAINST THE MILFORD SCHOOL DISTRICT AND ITS OFFICIALS, EMPLOYEES, AGENTS, VOLUNTEERS, AND REPRESENTATIVES.**

Students on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (athletic team) may be driven by a parent/guardian, transport themselves, or ride with another parent, to and from an athletic event during the 2023-2024 school year.

In consideration of being permitted to drive themselves, or to ride with another parent, the undersigned:

1. Hereby releases, waives, discharges, covenants not to sue, indemnifies and holds harmless Milford High School or the Milford School District, its officials, employees, agents, volunteers, and representatives (hereinafter “Releasees”) from all liability to the undersigned, and his*/*her representatives, heirs, and successors in interest (hereinafter "undersigned”) for any and all loss, injury, illness, or damage, and any claim or demands therefore on account of death, injury, or illness of the undersigned or damage to the property of the undersigned, whether caused by the negligence of the Releasees or otherwise, arising from or related to the undersigned’s presence and/or transportation.

\_\_\_\_\_ (initial)

2. Hereby agrees to indemnify, save, and hold harmless the Releasees from any loss, injury, liability, damage, or cost they may incur due to the transportation of the undersigned to and from the event and location noted above.

\_\_\_\_\_ (initial)

3. Hereby assumes full responsibility for all risks of bodily injury, personal injury, or property damage including but not limited to death, paralysis, brain injury, heart attack, cardiovascular injury, stroke, aneurysm, broken bones, torn tendons or ligaments, torn muscles, spinal injury, damage to organs, disease, infection, emotional distress, illness, and any other physical or emotional injury, medical or psychiatric condition, or complication of any kind whatsoever, due to any cause, including the negligence of Releasees or otherwise, arising from or related to the undersigned’s transportation to and from (site)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and that he/she/they understands the above list of possible risks is not exhaustive and that unknown and/or unanticipated risks may result in property damage, bodily injury, personal injury, or death.

\_\_\_\_\_ (initial)

4. Hereby understands and agrees that, in accordance with NH RSA 236:14, persons under the age of 18 are prohibited from operating a motor vehicle with more than one passenger less than 25 years of age who is not a member of the driver’s family unless accompanied by a licensed, responsible adult who is at least 25 years of age and in the front seat, during the first 6 months of holding a license. \_\_\_\_\_ (initial)

5. Hereby represents and warrants the student, if driving, has a valid driver's license, current vehicle registration and inspection, and current automobile and driver liability insurance. The driver has a minimum of $100,000 per person and $300,000 per accident liability, $100,000 property damage, and $5,000 medical payments in automobile insurance on the vehicle being used for transportation. A copy of these documents will be left in the main office prior to the day of the event. \_\_\_\_\_ (initial)

6. Hereby represents that, based on my knowledge and belief, the vehicle that will be used is in good working condition and has no known defects that would interfere with the safety of the driver and any passengers. \_\_\_\_\_ (initial)

7. Hereby represents that the vehicle being used has at least one working seat belt per vehicle occupant. \_\_\_\_\_ (initial)

8. Hereby represents that the driver will abide by all local, state, and federal laws and regulations related to motor vehicles, and the driver will not use handheld communication devices such as, but not limited to, cell phones while operating a moving vehicle. In the event any such device needs to be used, the driver agrees to park the vehicle prior to using the device. \_\_\_\_\_ (initial)

9. Hereby represents that he/she/they has/have read every line of this Release and Waiver of Liability carefully and had an opportunity to review it with legal counsel. \_\_\_\_\_ (initial)

10. This Release and Waiver of Liability shall be binding to the fullest extent permitted by law. If any provision of this Release and Waiver of Liability is found to be invalid or unenforceable, any such provision shall be divisible, and shall not affect in any way the remaining provisions, which shall remain in full force and effect. \_\_\_\_\_ (initial)

**Please complete Section A, B, or C on the next page**

**Part A**: If your child is riding with another parent:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to transport my child to and from athletic events during the 2023-2024

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ athletic season. I agree to all conditions stated in items 1, 2, 3, 4, 9, and 10 above.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND I UNDERSTAND THAT I AM GIVING UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B**: If you are driving your child and/or other students:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to transport my child and the

students listed below to and from athletic events during the 2023-2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ athletic season.

I agree to all conditions stated in items 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 above.

Students:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND I UNDERSTAND THAT I AM GIVING UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part C**: If your child is driving themselves:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for my child to

drive to and from athletic events during the 2023-2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ athletic season. I further agree

to all conditions stated in items 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 above.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND I UNDERSTAND THAT I AM GIVING UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CONCUSSION OR HEAD INJURY**

**RETURN TO PLAY FORM**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Date of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider Medical Clearance and Written Authorization to Return to Play

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with Health Care License # \_\_\_\_\_\_\_\_\_\_\_\_\_

 (print health care provider name)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print business name and address)

by signing this Concussion or Head Injury Return to Play Form certify the following:

* I am licensed, certified, or otherwise statutorily authorized by the State of New Hampshire to provide medical treatment and am trained in the evaluation and management of concussions.
* I examined the above-named student on the date listed below.
* I explained to the student and the student's parent/guardian the nature and risks of concussions or head injuries including the risks of continuing to play and practice after sustaining a concussion or head injury.
* I have medically cleared the above-named student to return to play and practice without any restrictions.
* The above-named student has my written authorization to return to play and practice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Health Care Provider Date

Parent/Guardian Written Permission to Return to Play

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent/guardian of the above-named

 (print name of parent/guardian)

student who was removed from play at a practice or game because of a suspected concussion or head

injury. By signing this Concussion or Head Injury Return to Play Form, I certify the following:

* My child was evaluated by our health care provider who is listed above and has received written medical clearance to return to play and practice.
* Our health care provider has explained to us the nature and risk of concussions and head injuries including the risks to my child of continuing to play and practice after sustaining a concussion or head injury.
* I understand, acknowledge, and accept the risks of my child returning to play and practice.
* I understand and acknowledge that my child cannot return to play and practice without my written permission.
* I give my written consent and permission for my child to return to play and practice.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian Date

**IMPACT CONCUSSION TESTING**

The Milford High School Athletic Department has an innovative program for our student-athletes. This program will assist your physician/nurse in evaluating and treating head injuries (i.e., concussion). In order to better manage concussions sustained by our student athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of the head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport try-outs, practices or competitions. The non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test; essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It is not, however, an IQ test.

If a concussion is suspected, the athlete will be required to retake the test. Both the preseason and post-injury test data is given to our contracted doctor to help evaluate the injury. The test data will enable these health professionals to determine when return to play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details. Per contract regulations, testing can only be used on student­ athletes currently in-season or if their injury occurs just prior to the start of the sport season as indicated by the NHIAA. Testing cannot be used for athletes trying to return to a non-NHIAA sanctioned sport.

The ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. This program provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Milford High School administration, coaches, and athletic training staff are striving to keep your child's health and safety at the forefront of the student athlete experience. Please return that attached page with the appropriate signatures. If you have any further questions regarding this program, please feel free to contact the MHS Athletic Director

 

 **MILFORD SCHOOL DISTRICT IMPACT CONSENT FORM**

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information and understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction.

I \_\_\_\_\_ Agree \_\_\_\_ Disagree to participate in the ImPACT Concussion Management Baseline

Program.

Printed Name of Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Previous Concussion Information

Date Symptoms Experienced Length of Symptoms

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[www.impacttest.com](http://www.impacttest.com/)

**CONCUSSION INFORMATION FOR ATHLETES AND PARENTS**

**AT MILFORD HIGH SCHOOL**

1. Recognition of Concussion

Concussion may be caused by a direct blow to the head or elsewhere on the body from an "impulsive" force transmitted to the head. You can have a concussion even if you are not knocked out!

If you think you may have a concussion, let your coach and /or athletic trainer know right away.

Common signs and symptoms of sports-related concussion

| Signs (observed by others): | Symptoms (reported by athlete) |
| --- | --- |
| Athlete appears dazed or stunned | Headache |
| Confusion (about assignment, plays, etc.) | Fatigue |
| Forgets plays | Dizziness, lightheadedness |
| Unsure about game, score, opponent | Feeling unsteady on feet |
| Moves Clumsily {altered coordination} | Nausea or vomiting |
| Balance problem | Double vision, blurry vision |
| Personality change | Sensitive to the light or noise |
| Responds slowly to questions | Feels sluggish |
| Forgets events prior to trauma | Feels "foggy" |
| Forgets events after the trauma | Problems concentrating |
| Loss of consciousness (any duration) | Problems remembering |

2. ImPACT computerized testing

Computerized testing is required for all contact/collision sport athletes this year. All athletes will have to take the baseline test before beginning practice (similar to the requirement for annual physicals). Contact/collision sport athletes will complete baseline testing every other year.

| FALL | WINTER | SPRING |
| --- | --- | --- |
| Field Hockey | Basketball |  Baseball |
| Football | Alpine Skiing |  Lacrosse |
| Soccer | Wrestling |  Pole Vault |
| Spirit | Spirit | Softball |
| Volleyball | Hockey |   |

* When testing, please give your best effort and ask questions if you do not understand something when taking the test. Questionable results will require retesting.
* If you have a concussion during the season, you will be tested after the concussion to determine when your scores return to baseline.

3. What to expect if you have a concussion during the season:

* For your safety, you will not be allowed to return to play or drive yourself home on the day of your injury.
* The athletic trainer (AT) or coach will decide the safest way for you to get home on the day of your injury.
* Parents/guardians will be called.
* The school nurse and the AT will closely monitor your symptoms during and after school, respectively. You must report to them every school day.
* You will be withheld from all physical activity including sports and gym classes.
* You will take a follow-up ImPACT test within 2 or 3 days after the injury with the Athletic Trainer.
* As needed, accommodations (e.g., shorter classes, lighter homework) will be made to help you get back to school. School counselors and teachers, among others, may be involved in this process. If you have trouble concentrating, be sure to let people know.
* Once all concussion signs/symptoms have resolved with return to normal academic workload, you will take another follow-up ImPACT test.
* You must have written medical clearance as described below, be asymptomatic both at rest and during activity, and have returned to full school activities to start the return to play program. Return to ImPACT baseline scores is required before the return to play program can begin.
* In cases where you have been treated and monitored solely by the AT, clearance from the AT will be acceptable.
* In cases where you have a physician or other provider for the concussion, you must have written clearance from a primary care physician or specialist (not the Emergency Room physician) for progression to activity.

4. Progression is individualized, and will be determined on a case-by case basis. Factors that may affect the rate of progression include previous history of concussion, duration and type of symptoms, age, and sport/activity in which you participate. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport will progress more slowly.

5. After the clinical exam and ImPACT test results have returned to baseline levels, you have resumed full school activities, and you have appropriate medical clearance, you will begin a supervised return to play progression. Generally, you will not progress faster than one step per day.

* Light aerobic exercise – Walking , stationary bike
* Sport-specific training (e.g., skating in hockey, running in soccer)
* Non-contact training drills
* Full-contact training after medical clearance
* Game play

Note: if you experience post-concussion symptoms during any of these steps, you should drop back to the previous asymptomatic level and resume the progression after 24 hours.

6. The AT will decide appropriate activities for the day and explain what you are allowed to do on any given day during recovery. For your safety, you must stick to what the AT decides you are allowed to do until you receive full return to sports clearance.

7. The AT and/or treating physician will provide final clearance to RTP. The parent/guardian will be also need to provide written permission in accordance with the NH Senate Bill 402 for the athlete to return to play

**MILFORD SCHOOL DISTRICT**

**Emergency Information/Health Form**

(*To be completed by Parent/Guardian each season*)

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year & Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED, PLEASE NOTIFY:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL/HEALTH INFORMATION

Name of Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Coverage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT TO PARTICIPATION AND ACKNOWLEDGEMENT OF RISKS**

I hereby acknowledge an awareness that participation in the sport listed above involves a risk of injury, which may include severe injuries possibly involving paralysis, permanent mental disability, or death, and that these injuries may occur in some instances as a result of unavoidable accidents. I accept these risks in giving consent to participation during the season noted above by the undersigned athlete. **Initial:\_\_\_\_\_**

**PERMISSION TO PROVIDE EMERGENCY TREATMENT**

On rare occasions an emergency arises and we are unable to contact the parent/guardian. In order that no delay occurs that may jeopardize the life of the student, the school requests permission from the parent or guardian to seek emergency treatment. **Initial:\_\_\_\_\_**

I hereby grant permission to the Milford School District to administer First Aid, administer epinephrine if necessary, secure proper medical treatment, and/or hospitalize my son/daughter in case of emergency, provided they are unable to communicate with me, and according to their best judgment, further delay might jeopardize the life of my son/daughter. **Initial:\_\_\_\_\_**

**Athlete Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Health Questionnaire for Sports Participation**

*Please answer each question below. Those marked yes, please explain below to the best of your ability.*

Date of Last Tetanus Booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One

1. Have you ever been in a hospital for an operation or other reason? NO YES

2. Do you take any kind of medicine every day? NO YES

3. Do you have asthma or allergies (hives, medicine, bee sting?) NO YES

4. Are you under a physician’s care for any problems now? NO YES

5. Have you ever felt dizzy or had chest pains during or after exercise? NO YES

6. Do you have a heart murmur or other heart conditions? NO YES

7. Have you ever fainted or “blacked out” during exercise? NO YES

8. Have you ever had a heat illness such as heat exhaustion or stroke? NO YES

9. Have you ever had a concussion or suffered loss of consciousness or memory? NO YES

10. Have you ever had a fracture, dislocation, sprain, strain or other injury to any

 body part? NO YES

11. Do you have any eye problems, wear glasses or contacts? NO YES

12. Have you ever been told not to participate in any sport? NO YES

13. Are you diabetic? NO YES

14. Do you have a Sickle Cell Trait? NO YES

If you answered yes to any of the questions above or have any information to add, please do so below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PHYSICAL EXAMINATION FOR SPORTS PARTICIPATION**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_

Medical Problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This young person is entering a program of strenuous activity. In addition to a brief assessment of general health, the following specific items should be noted:

Date of Exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

| ITEM (Specially Note) | AGE | ITEM (Specially Note) | AGE |
| --- | --- | --- | --- |
| SKIN (Acne, Herpes, Athletes Foot) |   | ABDOMEN (Organomegaly) |   |
| MOUTH (Caries, Prosthesis) |   | GENITALIA-MALE (Lesions, Testes, Hernia) |   |
| EYES-EARS (Pupils, Perforation, Discharge) |   | MUSCULOSKELETAL SCREEN |   |
| LUNGS-AIR ENTRY (Wheezing) |   | TANNER MATURITY (Circle one: 1 2 3 4 5) |   |
| HEART (Murmur, Rhythm, Size) |   | OTHER OBSERVATIONS |   |

Please check one of the following and sign below:

[ ] Full participation in sports program is approved

[ ] Limited participation in sports program is approved, with the following restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Printed Name and Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature Date

**MILFORD HIGH SCHOOL**

**STUDENT ATHLETE HANDBOOK**

**ACKNOWLEDGMENT FORM**

Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the Student Athlete Handbook, and I understand the rules and policies which regulate Athletics at Milford High School. I agree to abide by these rules and policies, and I understand that a failure to follow these may present consequences for my actions. I also understand that my coach may have additional training rules and policies for which I am also responsible.

I understand that the athletic activities offered by Milford High School require dedication, hard work, and strenuous athletic exertion. I understand that those who participate in athletics are exposed to the risk of injury including serious permanent injury.

I understand additional information such as NHIAA and NCAA eligibility, health forms, and baseline concussion testing may be posted on the MHS website.

ImPACT Testing: All students participating in a contact sport must agree to fully participate in the ImPACT Concussion Management Program. The school’s contracted concussion management specialist and the athletic trainer has my permission to communicate with the athlete’s doctor.

I hereby give my consent for the above-named student to compete in Milford High School approved sports’ programs and travel with the coach or other representatives of the school on any away trips.

It is understood that the high school does not assume responsibility in case an accident occurs.

The undersigned agrees to be responsible for the safe return of all athletic equipment or uniforms issued by the school to the above-named pupil.

This form, once signed and returned, is in effect throughout the entire school year for each sport season played.

Athlete's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_