

FALL RIVER PUBLIC SCHOOLS ATHLETICS PROGRAM

SEASONAL REGISTRATION FORM

STUDENT INFORMATION <i>(please print)</i>		
Student Name:	Grade:	Sport:
Address:	Zip Code:	
Email:	Home Phone:	

PARENT/GUARDIAN INFORMATION <i>(please print)</i>	
Mother (Guardian):	Father (guardian):
Work Number:	Work Number:
Cell Number:	Cell Number:

MEDICAL INFORMATION PLEASE CIRCLE ALL THAT APPLY TO YOUR CHILD or NONE			
Life Threatening Allergies	Cardiac Conditions	Diabetes	Carries EpiPen
Missing Paired Organ	Carries Inhaler	Seizures or Convulsions	NONE

PLEASE EXPLAIN CIRCLED CONDITIONS: _____

List all Current medications: _____

List Other Medical Conditions/Recent Surgeries: _____

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING <i>(State – Mandated)</i>		
Has Student ever experience any traumatic head injury? YES / NO		
If “YES” – Please provide the following information for each head injury experience:		
Date of Injury:	Medical Attention Received: YES / NO	Concussion Diagnosed: YES / NO
Date of Injury:	Medical Attention Received: YES / NO	Concussion Diagnosed: YES / NO
Please provide information about the duration of symptoms for most recent concussion (such as headache, fatigue, difficulty concentrating):		
Has Student been cleared to return to full academics? YES / NO Date:	Has Student been cleared to return to full Athletics YES / NO <i>(If “YES” – Please attach copy of Doctor’s clearance note)</i>	

CONCUSSION TRAINING COURSE <i>(State – Mandated)</i>
To ensure continued safety for all athletes participating in athletics at Durfee High School. The state of Massachusetts, along with the MIAA, have mandated that all student-athletes, as well as their parents, must participate in the Nation Federation of State High School Association’s concussion awareness program.
How to Take the Concussion Exam
<ol style="list-style-type: none"> 1. Go to www.nfhslearn.com 2. Click on “Concussion in Sports-What You Need to Know” 3. The website will ask you to register prior to taking the exam. 4. Follow instructions to register, and then take the exam. 5. <u>After completing both the online concussion course and corresponding exam, your son/daughter must return their certificate to the Athletic Department. Student-athletes cannot participate in team activities unless this certificate is properly submitted.</u>

PERMISSION TO PARTICIPATE & RELEASE
I give permission for my son/daughter _____ to participate in Interscholastic sports at Durfee High School. My son/daughter and I understand that rules and policies included in the DHS Athletic Handbook will be enforced. I/We further agree not to hold the city of Fall River, the Fall River Public Schools and/or employees, agents and assigns, responsible for any injury occurring to my son/daughter in the proper course of such interscholastic sport(s) or related travel. In case of an accident, I give permission to have any son/daughter treated or any medical emergency that might arise in the event I cannot be contacted, or in extreme emergency, where immediate treatment is necessary. I/We accept full responsibility for costs of any such emergency treatment
Parent/Guardian Signature <i>(required)</i> : _____

