



Keefe Technical High School Athletic Registration and Permission Form

This form serves as an official "Permission Slip" for your student-athlete to participate in any extracurricular athletic event. It must be **filled out completely** and returned to the Athletic Director prior to any activity (including practices) associated with Keefe Tech athletics. **Failure to provide all of the necessary information will prohibit your child from any type of participation.**

Student Name: _____ Yr of Graduation: _____ Date of Birth: _____

Student Address: _____ City: _____ Zip Code: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Physician in case of Emergency: _____ Physician Telephone: _____

Parent or Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please check below ALL sports your child may participate during this school year:

Fall Sports: Boys Football Cross Country Soccer Golf
Girls Volleyball Cross Country Soccer Cheerleading

Winter Sports: Boys Basketball Wrestling Hockey
Girls Basketball Cheerleading

Spring Sports: Boys Baseball Track and Field Volleyball Lacrosse
Girls Softball Track and Field

I give permission for my son/daughter _____ to participate in interscholastic sports at Keefe Technical High School. My son/daughter and I have read and understand the school athletic regulations and handbook, including the MIAA and Keefe Tech chemical health policies, as outlined in the handbook. I understand that all rules set forth will be enforced. I release and discharge South Middlesex Regional Vocational Technical School District (Keefe Technical School), its officers and employees, from any claims, direct or indirect, arising out of any personal injuries or property damage that I or my child may acquire from participating in any athletic program of Keefe Technical High School.

In case of accident, I give my permission to have my son/daughter treated for 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 the costs of any such emergency treatment. By signing below I certify that parent/guardian and student have completed the educational requirements per MIAA and Keefe Technical High School's concussion management protocol, and have completed the State-mandated Concussion online education component (www.cdc.gov/concussion).

SPORTS CLEARANCE

Before participation in any sport (including all practices), I understand that student must follow the Sports Clearance procedures set forth by Keefe Tech Health Services, which follow the MIAA regulations. **Please read the reverse side of this form, sign and date acknowledging you have read and understand.**

Parent/Guardian Signature: _____

Please print name: _____ Date: _____

Student Signature: _____

Please print name: _____ Date: _____

PLEASE READ REVERSE SIDE FOR IMPORTANT INFORMATION ON SPORTS CLEARANCE➔➔➔



Keefe Technical High School Sports Clearance Procedure

1. Sign-ups for individual sports conducted by coaches.
2. Student list given to Nurse's Office.
3. Individual Health Records are verified.
 - A. If a physical exam is on record within the last 13 months, student cleared to participate.
 - B. Grade 9 Students: If no physical exam on record, student must bring in a copy of recent (within last 13 months) physical exam by physician. **Grade 9 student cannot participate in sport without physical exam on record.**
 - C. Grades 10, 11, 12 Students: If no recent physical on record (but a physical exam is on record), student will be scheduled for **MIAA Clearance at Keefe Tech** from a Fallon Occupational Health nurse practitioner, at no charge to student.

Students scheduled for MIAA Clearance at Keefe Tech:

1. Sports Candidate Medical Questionnaire is given to student.
 2. Questionnaire must be completed by parent/guardian and signed by student and parent/guardian.
 3. Student can return completed form to Nurse or bring on day of physical.
No physical will be done unless form is returned completed and sign by both student and parent/guardian.
4. Final list of all cleared athletes will be given to coaches and Athletic Director prior to beginning of season.

Parent/Guardian Signature: _____

Please print name: _____ Date: _____

Student Signature: _____

Please print name: _____ Date: _____