

**Gloucester
Athletic Department**

IMPORTANT
ATTACHED MEDICAL FORM

Please return all forms to the Athletic Office only at Gloucester High School.

**THESE FORMS MUST BE RETURNED TO BE ELIGIBLE FOR A
TRY-OUT AND PARTICIPATION IN A SPORT**

1. User Fee (\$369.00, football, field hockey, soccer, golf, cheering, basketball, ice hockey, gymnastics, baseball, softball, lacrosse, tennis, **(\$241.00**, cross-country, winter track, spring track, **Middle School, \$84.00**, cross-country, spring track, basketball, field hockey, & ice hockey **\$369.00**.

If you have...free lunch (\$102.00), reduced lunch (\$201.00) per sport.

2. Check To: Gloucester High School Athletic Department
To be passed into **Head Coach**

Medical form: To be passed into **Head Coach**

All Athletic obligations must be cleared prior to tryouts.

**GLOUCESTER HIGH SCHOOL ATHLETIC DEPARTMENT
INTERSCHOLASTIC ATHLETIC REGISTRATION
& PERMISSION FORM**

This form is intended to be used as a permission and registration sheet for student-athletes who wish to play a sport at Gloucester High School. This form can be filled out once and used for **all three-sport seasons**.

NAME _____
(please print)
ADDRESS _____ CITY _____
PHONE _____ DATE OF BIRTH _____
YEAR OF GRAD. _____ HOME ROOM _____

PLEASE CHECK SPORT YOU PLAN TO PLAY FOR EACH SEASON

FALL SPORTS		WINTER SPORTS		SPRING SPORTS	
<u>BOYS</u>	<u>GIRLS</u>	<u>BOYS</u>	<u>GIRLS</u>	<u>BOYS</u>	<u>GIRLS</u>
<input type="checkbox"/> Football	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball
<input type="checkbox"/> Soccer	<input type="checkbox"/> Cross-Country	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track
<input type="checkbox"/> Cross-Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track	<input type="checkbox"/> Track	<input type="checkbox"/> Track	<input type="checkbox"/> Lacrosse
<input type="checkbox"/> Golf	<input type="checkbox"/> co-ed Cheerleading	<input type="checkbox"/> co-ed Cheerleading	<input type="checkbox"/> co-ed Gymnastics	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Tennis

****Parents please list here any sports you do not want your son/daughter to play****

We have read the policies and procedures as set forth in the Gloucester High School compass and understand that the policies and procedures set forth therein will be enforced by the Gloucester High School Department of Athletics. If you have not received a copy of the handbook, please contact the school I have read the Athletic Code of Behavior and the MIAA Drug & Alcohol Policy. We realize that there is an inherent risk of injury in all sports. We realize the risk of injury may be severe, including, but not limited to, the risk of fractures, brain injuries, paralysis or even death.

Our Signature below also indicates that the above named student-athlete has permission to participate in sports at Gloucester High School.

Signature _____ Date _____
(student-athlete)

Signature _____ Date _____
(parent/guardian)

PARENT/GUARDIAN NAME _____

HOME PHONE _____ WORK PHONE _____

MEDICAL INSURANCE CO. _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

DATE OF PHYSICAL: _____ DOCTOR'S NAME: _____

STUDENT (and COACH) ELIGIBILITY: CHEMICAL HEALTH/ALCOHOL/DRUGS/TOBACCO

From the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not, regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product, marijuana; steroids; or any controlled substance. This policy included products such as “NA or near beer”. It is not a violation for a student to be in possession of a defined drug specifically prescribed for the student’s own use by his/her doctor. This MIAA statewide minimum standard is not intended to render “guilt by association”, e.g. many student athletes might be present at a party where only a few violate this standard. This rule represents only a minimum standard upon which schools may develop more stringent requirements.

If a student in violation of this rule is unable to participate in interscholastic sports due to injury, academics, or otherwise, the penalty will not take effect until that student is able to participate again.

FIRST VIOLATION MINIMUM PENALTIES: When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contest totaling 25% of all interscholastic contests in that sport. For the student, penalties will be determined by the current or next season of participation. No exception is permitted for a student who becomes a participant in a treatment program. It is recommended that the student be allowed to remain at practice for the purpose of rehabilitation. Any fractional part of an event will be dropped when calculating the 25% of the season.

SECOND & SUBSEQUENT VIOLATIONS AND MINIMUM PENALTIES: When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 60% of all interscholastic contests in that sport. For the student, penalties will be determined by the current or next season of participation. Any fractional part of an event will be dropped when calculating the 60% of the season.

ATHLETIC CODE OF BEHAVIOR (As Stated in the Student Handbook)

1. All student-athletes must abide by the current Massachusetts Interscholastic Athletic Association (MIAA) Rules and Regulations Governing Athletes. These rules are available for review at the principal’s office, at the office of Athletics, and from each varsity head coach.
2. All team members are responsible for equipment issued to them and will be assessed for the replacement cost of any items lost or vandalized. Student-athletes not accounting for such replacement costs will be prohibited from further athletic participation until such assessments are paid. Any items lost, stolen, or vandalized must be reported to the supervising coach immediately. Also, issued athletic clothing is to be worn during scheduled athletic activities as designated by the team coach.
3. Team members traveling to away contests shall be properly attired as designated by their respective coach and must use only transportation by the School Department.
4. Any student-athlete absent from school the day of a scheduled game or practice will not be allowed to participate in either game or practice that day. Students who are absent from school on Friday or the last day of the week are ineligible to play in the weekend contests. The only exception of this rule is the student who has submitted in Writing an excuse for a “planned” absence to the Assistant Principal and who has received written permission to participate.
5. Inappropriate behavior will result in action taken at the discretion of the individual coach. This action may range from a warning to immediate suspension from the team depending on the severity of the offense. Some offenses which may result in disciplinary action are:
 - a. Use of profanity
 - b. Disrespect toward game officials
 - c. Tardiness or absence without prior approval of coach
 - d. Theft
 - e. Vandalism
 - f. Any violation of the provisions of Rule 19.
6. If a participant is expelled from a team due to disciplinary reasons or because of an infringement of any local, League, or state rules, the participant forfeits his/her claim to any awards or points earned for a sport that season.
7. The participant also forfeits the privilege of participating in the season’s award program.
8. Other actions unbecoming to a Gloucester High School student-athlete which are not specifically covered in this

Code shall be dealt with but not limited to, the above penalties, at the discretion of the supervising coach. Director of Athletics, and School Administration in accordance with Gloucester High School policies.

MIAA RECOMMENDED SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

PART A – HISTORY

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Tel. # _____

Physician _____ Tel. # _____

IN CASE OF AN EMERGENCY, CONTACT:

Name _____ Relationship _____ Tel (H) _____ (W) _____

EXPLAIN "YES" ANSWERS BELOW, CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

- | | YES | NO | | YES | NO |
|--|-------|-------|---|-------|-------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | _____ | _____ | 10. Do you use any protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | _____ | _____ |
| 2. Have you ever been hospitalized overnight? | _____ | _____ | 11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear? | _____ | _____ |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | _____ | _____ | 12. Have you ever had a sprain, strain, or swelling after injury? | _____ | _____ |
| Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | _____ | _____ | Have you broken or fractured any bones or dislocated any joints? | _____ | _____ |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | _____ | _____ | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | _____ | _____ |
| Have you ever had a rash or hives develop during or after exercise? | _____ | _____ | If yes, check appropriate box and explain below: | | |
| 5. Have you ever passed out during or after exercise? | _____ | _____ | Head _____ Elbow _____ Hip _____ | | |
| Have you ever been dizzy during or after exercise? | _____ | _____ | Neck _____ Forearm _____ Thigh _____ | | |
| Have you ever had chest pain during or after exercise? | _____ | _____ | Back _____ Wrist _____ Knee _____ | | |
| Do you get tired more quickly than your friends do during exercise? | _____ | _____ | Chest _____ Hand _____ Shin/Calf _____ | | |
| Have you ever had racing of your heart or skipped heartbeat? | _____ | _____ | Shoulder _____ Finger _____ Ankle _____ | | |
| Have you ever been told you have a heart murmur? | _____ | _____ | Upper Arm _____ Foot _____ | | |
| Has any family member or relative died of heart problems or of sudden death before age 50? | _____ | _____ | 13. Do you want to weigh more or less than you do now? | _____ | _____ |
| Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? | _____ | _____ | Do you lose weight regularly to meet weight requirements for your sport? | _____ | _____ |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | _____ | _____ | 14. Do you feel stressed out? | _____ | _____ |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | _____ | _____ | 15. Record the dates of your most recent immunizations (shots) for: | | |
| 7. Have you ever had a head injury or concussion? | _____ | _____ | Tetanus _____ Measles _____ | | |
| Have you ever been knocked out, become unconscious, or lost your memory? | _____ | _____ | Hepatitis B _____ Chickenpox _____ | | |
| Have you ever had a seizure? | _____ | _____ | Females Only: | | |
| Do you have frequent or severe headaches? | _____ | _____ | When was your first menstrual period? _____ | | |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | _____ | _____ | When was your most recent menstrual period? _____ | | |
| Have you ever had a stinger, burner, or pinched nerve? | _____ | _____ | How much time do you usually have from the start of one Period to the start of another? _____ | | |
| 8. Have you ever become ill from exercising in the heat? | _____ | _____ | How many periods have you had in the last year? _____ | | |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity? | _____ | _____ | What was the longest time between periods in the last year? _____ | | |
| Do you have asthma? | _____ | _____ | _____ | | |
| Do you have seasonal allergies that require medical treatment? | _____ | _____ | _____ | | |

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Signature of Athlete _____

Signature of Parent/Guardian _____

Date _____

PART B – PHYSICAL EXAMINATION

STUDENT (Please Print) _____ Date of Birth _____

Height: _____ Weight _____ % Body Fat (optional) Pulse _____ BP _____ / _____ (_____ / _____, (_____ / _____

Eyes: R20/ _____ L20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

NORMAL

ABNORMAL FINDINGS

INITIALS*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**Station-based examination only*

PART C – CLEARANCE

____ Cleared **DATE OF (P E) EXAM** _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Not cleared for: _____ Reason: _____

Name of physician (Please Print): _____ Date: _____

Signature of Physician: _____ Date: _____

Address: _____ Tel: _____

