

Franklin High School Athletic Department Information

In order for an athlete to be cleared for participation on any FHS team they must complete the following forms and meet the criteria listed below:

1. PHYSICAL EXAMINATION FORM: All students must pass a physical exam within (13) months of the start of each season. **Students who meet the criteria at the start of the season will remain eligible for that season.** This form must accompany the student athlete participation form. The school offers a free physical in June, November, and March to assist athletes in this requirement in the event they are not able to see their own doctor. A separate MIAA form signed by a parent is necessary in order to get the school physical. Physical dates are posted on the school/athletic website and announced during the school day.

2. ATHLETIC PACKET (The following items must be returned to the athletic office):

1. Copy of Permission/Medical Form
2. Copy of Physical

3. PAY A USER FEE: The athletic fee is per athlete/per sport. The fee schedule is
\$450.00 –Boys and Girls Ice Hockey
\$175.00- Boys and Girls Cross Country, Indoor Track and Outdoor Track
\$200.00- All other sports

- Parents are encouraged to pay online using our new on line payment system at <https://unipaygold.unibank.com/Customers.aspx>
- Checks will still be accepted and must be made payable to the “Town of Franklin”
- Financial assistance is available for those that participate in the free/reduced lunch program. Please contact the Athletic Director.

4. USER FEE REFUND POLICY: If an athlete participates in any practices of a sport in any given season but drops off the team prior to the first scheduled competition, their user fee will be refunded or applied to another sport. If any athlete is present at the first or subsequent scheduled competitions, their user fee will not be refunded or applied to another sport. No refunds will be given after two weeks from the start of the season without the Athletic Director’s approval.

(Participation Form on Reverse Side)

**FRANKLIN HIGH SCHOOL
ATHLETIC DEPT.
PERMISSION/MEDICAL FORM**

I hereby give my permission for my son/daughter to participate in competitive athletics at Franklin High School. I understand that my child's participation in athletic programs is voluntary and that my child and I are free to choose not to participate in these programs. I also understand and agree that such activity involves the potential for minor, major or catastrophic injuries, which are inherent in all contact/non-contact sports.

Student's Name: _____ Grade _____

Home Address: _____ Home Telephone Number _____

Mother's cell# _____ Father's cell# _____

Parent Email: _____ Medical Insurance Carrier : _____ Policy# _____

Sport: _____ Physical Date: _____

I HAVE READ AND UNDERSTAND

1. The standard eligibility rules governing the Commonwealth of Massachusetts Secondary Schools,
2. Loyalty to the high school team and non-school team competition rule and Hazing Law, Chapter 536,
3. The regulations of the Franklin High School interscholastic program as outlined in the Student & Parent Athletic Reference Guide including but not limited to, the Alcohol/Drug Policy, MIAA rules and academic eligibility.
4. Athletes are responsible for all issued equipment. Lost or stolen equipment will be paid for by the athlete that is missing the equipment at the conclusion of the season.
5. I understand that pictures of my son/daughter may be posted on athletic websites
6. The Franklin Public Schools are not responsible for any medical or hospital charges incurred resulting from my child's participation in athletic programs.
7. Charges will be billed to my family's medical insurance or directly to parents/guardians by the medical service provider.
8. I do hereby consent to my child's participation in voluntary athletic programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Franklin from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as a parent/guardian of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after [he/she] has reached [his/her] majority resulting from [his/her] participation in the Franklin Public Schools athletic programs.
9. I give my consent for my child to accompany the team on its out-of-town trips.
10. I also give my permission for the team physician, school nurse, E.M.T. or coach to render first aid as deemed necessary.

MEDICAL HISTORY (Describe /List any accidents, operations, allergies for which your child receives treatment, or any other medical conditions below):

ACCIDENTS: _____ OPERATIONS: _____

ALLERGIES: _____ OTHER: _____

EPIPEN: ___ Yes ___ No INHALER: ___ Yes ___ No

Emergency Contact: _____ Phone# _____

I give the coach or person in authority my consent to seek whatever medical treatment may be necessary in the event that my son/daughter is injured or requires medical care while in his/her charge and a parent/guardian cannot be reached.

X _____ DATE _____
Signature of Parent/Guardian

X _____ DATE _____
Signature of Student Athlete

The above student has met all the criteria for participating in FHS Athletics: _____

STUDENT-ATHLETE/ PARENT CONCUSSION FORM

There is a new law regarding concussions and athletics. It requires that players and parents be made aware of the issues and new strategies to help prevent concussions, as well as a focus on their symptoms.

All players have been asked to take the IMPACT concussion baseline test. It will be used as part of the clearance of any of our athletes that may be concussed. Players have also been made aware of the symptoms and the policies that are used by the FHS athletic department surrounding concussions

Parents are asked to please review the information contained in the website below:

www.cdc.gov/concussion/HeadsUp/online_training.html

Parents do not have to print out receipt of passing the concussion test. However, both players and parents to sign this sheet.

By signing this sheet, you have read and reviewed recent concussion information.

Player Signature

Parent Signature

Date