



Nashoba Valley Technical High School
Winter Sports 2016-2017 Information

Dear Prospective Nashoba Tech Student Athletes and Parents;

Welcome to the Vikings! The Nashoba Tech athletic program is looking forward to the 2016-2017 season. Being a student athlete is a commitment and during the season varsity programs will compete or practice six days a week and can expect to participate on weekends and over vacations/holidays. Freshman and JV teams can *expect a minimum* of 5 days a week, which also may include weekends, vacations/holidays

The Nashoba Tech Vikings participate in the Colonial Athletic League and offer multiple sports for participation per season. As the kick-off to the Winter Season nears please see below our Winter Sports Offerings.

Winter Sports Offerings:

Basketball Boys and Girls (Varsity, JV)
Ice Hockey Varsity
Wrestling Varsity
Winter Cheerleading

***** There will be a Winter Sports Information Night and Meet and greet with the Coaches on Thursday, November 17th at 6:00 p.m.***

All Winter Sports begin on Monday, November 28, 2016

For information on how to register for a Winter sport please visit the Athletics Page at www.nashobatech.net Students must have a current physical on file at the school and completed all registration forms listed below in order to participate on the first day of tryouts/practice.

- 1) A Sport/Activity Consent and Release Form (enclosed)
- 2) A Student Emergency and Health Form (enclosed) ** You do not need to complete a new one if one has already been submitted previously.
- 3) Current Physical from your doctor (within the last 13 months from August 2015). If the School nurse has that on file – you do not need to send in another copy.
- 4) Concussion History Form (enclosed)

If you have any further questions please contact my office at (978) 692-4711, ext. 1126

Thank You.

James Creed
Athletic Director

NASHOBA VALLEY TECHNICAL HIGH SCHOOL
2016-2017

Sport/Activity Consent and Release Form

Sport/Activity _____

I, the undersigned parent or guardian of _____
(student name), a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs of the Nashoba Valley Technical High School, 100 Littleton Road, Westford, MA.

I also agree to forever release Nashoba Valley Technical High School District, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of Nashoba Valley Technical High School District ("the Releasees") from any and all claims, rights of action and cause of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Nashoba Valley Technical High School District recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceeding of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injures to my child or property damage resulting from my child's participation in the Nashoba Valley Technical High School District of voluntary athletic or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in the Nashoba Valley Technical High Schools athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Nashoba Valley Technical High School athletic or recreation programs.

Name: _____ Date: _____
(Please print clearly)

Signed: _____

Nashoba Valley Technical High School
School Year 2016-2017...
Student Emergency and Health Form
(please complete and return to the school nurse)

Grade _____
ID# _____

Student Name _____ Date of Birth _____ Birthplace _____

Address _____
Last First Town _____ Zip _____ Circle sex: Male/Female

Father/Guardian _____ Address _____ Town _____ Zip _____

Employer _____ Address _____ Town _____ Zip _____

Mother/Guardian _____ Address _____ Town _____ Zip _____

Employer _____ Address _____ Town _____ Zip _____

Parent/Guardian Email: _____

Siblings

Name	Age	School

Telephone Numbers: Include extensions and other prompts.

	Home	Work	Cell	Other
Mother/Guardian				
Father/Guardian				

With whom does the child reside? _____ List address & phone _____
 Primary language at home: _____ if different

Emergency Contacts: Local persons to be notified in case of emergency or illness, when you are unable to be reached. **Your child will only be released to the care of those listed below.**

Name	Relationship	Home Tel.	Work	Cell

Health History: Life Threatening Allergies

Indicate if your child has a *physician verified* allergy to any of the following. *If yes, please provide official documentation by your child's physician to the school nurse at the beginning of the school year. All medication requires a written physician's order.

Bee Stings _____ Peanuts _____ Nuts _____ Food (please specify) _____ Other _____ Medications _____

Describe your child's allergic reaction. _____ Emergency Care Plan _____

Is Epi Pen required? Yes No Is Benadryl required? Yes No

Has Epi Pen ever been used? Yes No Has Benadryl ever been used? Yes No

Does your child carry his/her own Epi Pen? Yes No Asthma inhaler Yes No

Indicate treatment for allergic reaction at school. _____

Please complete reverse side of form.

Illness/Chronic Conditions:

Please list any illnesses your child is being treated for: _____

Does your child have any dietary or physical limitations: _____

(Please note that a note from your child's physician is required to excuse a child from any school activity, including physical education.)

Please add any information regarding your child's physical or emotional status which may help us make their education more productive: _____

Medications: Please list prescription and over the counter medications your child takes. Include herbal treatments.

Name of Medication & Dose	Reason	Home	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Prescription and over-the-counter medications which your child must take at school require an MD/NP order – please refer to the Medication Policy for details.

Vision Eyeglasses _____ Contact Lenses _____ Date of last eye exam _____

Dental Dental Insurance Yes No Do benefits include? Fluoride _____ Cleanings _____ Sealants _____
Does your child visit the dentist every six months? Yes No Date of last exam _____

Health Care Provider Information:

Physician:	Name	Street Address	Town	Zip	Telephone
Dentist:	Name	Street Address	Town	Zip	Telephone

Health Insurance Name of company _____ Mass Health _____ No Insurance _____

Subscriber _____ Policy Number _____ Hospital Preference _____

Confidential Information I grant permission to the school nurse to share health information about my child, on a need to know basis, with his/her teachers and coaches. Yes _____ No _____

Medical Release I understand that the Nashoba Technical High School has a responsibility to my son/daughter to use responsible and prudent judgment in maintaining his/her health while engaged in the school's programs. With this in mind and in my absence: In the event of an injury or illness, I hereby give my permission for my son/daughter to receive medication and/or any other appropriate treatment (including emergency surgery) by an area doctor, hospital or other appropriate medical facility.

Parent/Guardian Signature: _____ Date: _____

Health Care Provider Release I grant the school nurse permission to exchange information with my child's health care provider. I understand that I can limit or revoke this consent at any time. Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

Medication Permission

The school physician allows the school nurse to administer acetaminophen (Tylenol) or ibuprofen (Motrin/Advil) as directed for such complaints as headache, cramps or dental concerns. Tums are also available for stomach upset & heartburn. Medications may be given only once per day up to five times in a two week period. Medications required more frequently must be ordered by an MD/NP.

Please indicate if you give permission for the school nurse to administer medications to your child:

Acetaminophen yes/no _____ Ibuprofen yes/no _____ Tums yes/no _____

Parent/Guardian Signature: _____ Date: _____

Please complete reverse side of form.



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

**PRE-PARTICIPATION HEAD
 INJURY/CONCUSSION REPORTING FORM
 FOR EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, *prior* to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____
 (Please print)

Student Athlete:

Signature/Date _____



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**REPORT OF HEAD INJURY DURING
 SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a possible concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes ____ no ____

If yes, was a concussion diagnosed? yes ____ no ____

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

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____

Nashoba Valley Technical High School
Educational Materials re: MDPH Concussion in Sports

Concussion Information and Educational Responsibilities Information

What does the law do?

This law requires that public schools and, in addition, any other schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules make sure that student athletes and their parents, coaches, athletic directors, school nurses and physicians and others learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student athlete becomes unconscious or suffers a known or suspected concussion during a game or practice, the law mandates removing the student from play or practice, and requires written certification from a licensed medical professional for “return to play”.

The law also prohibits coaches, trainers and others from encouraging or permitting a student athlete to use sports equipment as a weapon or to engage in sports techniques that unreasonably endanger the health and safety of him/her or other players, such as helmet to helmet hits.

The Department of Public Health requires both parents/guardian and student athletes themselves participate in such a course or receive printed materials with information about concussions.

How can I complete this interscholastic athletic head injury safety training?

Two free on-line courses are available and contain all information required by the law, including the signs and symptoms of concussion, how to respond to a suspected concussion, what you need to do to help an athlete when s/he is cleared to safely return to play, and what you can do to prevent sports related head injuries. Both courses provide certificates of completion. You should keep this certificate because schools may be collecting that information in order to comply with the law. Both courses are free.

1. Heads Up: Concussion in Youth Sports from the Centers for Disease Control and Prevention

The first on-line course is available through the Centers for Disease Control and Prevention at:

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

The training uses expert interviews and interactive elements to train coaches and others on concussion. This course includes additional materials for coaches, parents, athletes and school nurses. Additional educational materials on concussion and their impact can be found at: <http://www.cdc.gov/concussion/>

CDC has information available for individuals, including parents and athletes whose first language is Spanish and may not find the on-line course accessible:

- Coaches: http://www.cdc.gov/concussion/pdf/Coach_Guide-a.pdf and http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf
- School nurses: <http://www.cdc.gov/concussion/HeadsUp/schools.html>
- Athletes: http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet-a.pdf
http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet_Spanish-a.pdf
- Parents: http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet-a.pdf
http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet_Spanish-a.pdf

2. **Concussion in Sports: What You Need to Know from the National Federation of State High School Associations.**

The second on-line is available through the NFHS. You will need to click the “order here” button and complete a brief registration form to take the course. However, you do not need to be a member of NFHS to access this course. Go to:

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

Do parents and athletes have other responsibilities under this law?

Yes. Students and their parents or legal guardians must provide information to the school regarding any previous sports head injury at the start of each sports season. The Department of Public will be developing a sample form for this purpose. In the interim, parents and athletes can be asked to provide this information in a format selected by the school. However, these forms must require the signature of both the student and the parent or legal guardian. Coaches must receive this information prior to allowing any student to participate in an extracurricular athletic activity so they can identify students who are at greater risk for repeated head injuries.

The required training applies to one school year and must be repeated for every subsequent year.

The following forms will be necessary to participate in athletics with regards to concussions:

1. Completion of the ***Signed Acknowledgement Form*** (Appendix #5 - attached to the end of this document) that both parents/guardians and student athletes must have completed. Demonstrates that they have completed and understood the content of a MDPH on-line concussion course and agree to abide by the rules outlined in the NNTHS Athletic Handbook (available online).
2. Completed ***Pre-Participation Head Injury/Concussion Reporting Form for Extra-Curricular Activities*** (see Appendix State Form #1).

Commonwealth of Massachusetts: Anti-Hazing Law

Chapter 269: Section 17. Hazing; organizing or participating; hazing defined

Whoever is a principal organizer or participant in the crime of hazing, as defined herein, shall be punished by a fine of not more than three thousand dollars or by imprisonment in a house of correction for not more than one year, or both such fine and imprisonment.

The term "hazing" as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation. Notwithstanding any other provisions of this section to the contrary, consent shall not be available as a defense to any prosecution under this action.

Chapter 269: Section 18. Failure to report hazing

Whoever knows that another person is the victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such person can do so without danger or peril to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than one thousand dollars.

Chapter 269: Section 19. Copy of Secs. 17 to 19; issuance to students and student groups, teams and organizations; report

Each institution of secondary education and each public and private institution of post secondary education shall issue to every student group, student team or student organization which is part of such institution or is recognized by the institution or permitted by the institution to use its name or facilities or is known by the institution to exist as an unaffiliated student group, student team or student organization, a copy of this section and sections seventeen and eighteen; provided, however, that an institution's compliance with this section's requirements that an institution issue copies of this section and sections seventeen and eighteen to unaffiliated student groups, teams or organizations shall not constitute evidence of the institution's recognition or endorsement of said unaffiliated student groups, teams or organizations.

Each such group, team or organization shall distribute a copy of this section and sections seventeen and eighteen to each of its members, plebes, pledges or applicants for membership. It shall be the duty of each such group, team or organization, acting through its designated officer, to deliver annually, to the institution an attested acknowledgement stating that such group, team or organization has received a copy of this section and said sections seventeen and eighteen, that each of its members, plebes, pledges, or applicants has received a copy of sections seventeen and eighteen, and that such group, team or organization understands and agrees to comply with the provisions of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post secondary education shall, at least annually, before or at the start of enrollment, deliver to each person who enrolls as a full time student in such institution a copy of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post secondary education shall file, at least annually, a report with the board of higher education and in the case of secondary institutions, the board of education, certifying that such institution has complied with its responsibility to inform student groups, teams or organizations and to notify each full time student enrolled by it of the provisions of this section and sections seventeen and eighteen and also certifying that said institution has adopted a disciplinary policy with regard to the organizers and participants of hazing, and that such policy has been set forth with appropriate emphasis in the student handbook or similar means of communicating the institution's policies to its students. The board of higher education and, in the case of secondary institutions, the board of education shall promulgate regulations governing the content and frequency of such reports, and shall forthwith report to the attorney general any such institution which fails to make such report.