Name _____ Fall Sport _____ Class _____

WAYLAND ATHLETICS CLEARANCE PACKET

In order for an athlete to be cleared for participation on any WHS team, they must complete the following forms:

Substance Abuse Prevention Contract/Policy
Student Athlete Participation Form
Head and Injury Concussion Form
Financial Assistance Form (OPTIONAL)
Family Cap Acknowledgment Form
Green Athletic Participation Form
Yellow Athletic Participation Form

Clearance packet forms must be submitted on scheduled dates – Aug. 2nd, 3rd & 4th. THIS INCLUDES PARTICIPATION IN FALL, WINTER AND SPRING SEASONS. Clearance packets submitted after Aug. 10 will not be processed.

PHYSICAL EXAMINATION FORM (**Bring to the nurse's office):** All students must pass in a physical examination within thirteen (**13**) months of the start of each season. **Physicals not previously submitted must be attached to clearance packet.**

PAY A USER FEE: A fee of $250.00 per athlete/per sport to be paid **before** participation in practice for each sport season. Use our **ONLINE PAYMENT CENTER** or make checks payable to: **"Wayland High School Athletics". Please write name of athlete and sport on check.** The family cap for the school year is **$1000.** RECEIPT OF ON LINE PAYMENT OR CHECK MUST BE SUBMITTED WHEN HANDING IN CLEARANCE PACKET. PACKETS WITHOUT RECEIPT OR CHECK WILL NOT BE ACCEPTED. (Speak with Athletic Office if any questions.)

*The **Crew**, **Ice Hockey and Sailing Teams** (sponsored as interscholastic programs at WHS) are not funded through the Wayland School budget; therefore, user fees are set independently in each of these sports. Please refer to the Wayland Hockey Association and Wayland-Weston Crew for these fees. The same rules and procedures apply for these teams. Only the fees are different and are **not eligible for consideration in the family cap.***

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, $150.00 of their user fee will be refunded or applied to any other sport in another season. If any athlete is present at the first or subsequent scheduled competitions, their user fee will not be refunded or applied to another sport.

FINANCIAL ASSISTANCE PROGRAM: If you need to apply for financial assistance, please access the application via the athletic website. Please do this in a timely manner to ensure that your son/daughter can be cleared for play. **THE SCHOOL BUSINESS ADMINISTRATOR NOW REVIEWS THIS FORM (return to Wayland Public Schools, P.O. Box 408, Wayland, MA 01778. There is a two-week lead-time for review and approval/denial of all applications.**

SUBSTANCE ABUSE PREVENTION POLICY

All Wayland high students shall not, regardless of the quantity, use, possess, consume, buy, sell, or give away alcohol, marijuana, steroids, illegal drugs or any controlled substance. This includes products such as "NA" or "near beer". Further, no student shall voluntarily be in the presence of nor voluntarily attend a function where drugs and/or alcohol are being used illegally. This policy is in effect for ALL students during the school year, from the beginning of the athletic pre-season in August, to the last day of school or tournament play, whichever ends latest.

An objective of this policy is to prevent all illegal substance use in regard to the students of the Wayland Public School District, but not to extend the policy beyond common sense to innocent attendance and law-abiding participation at an event such as a religious service or a wedding/wedding reception.

What follows are the response and protocols enacted when a student violates the chemical health policy and he/she is involved in an extra-curricular activity. The MIAA sets forth minimum response for violations involving student-athletes. WHS has adopted a parallel policy for students involved in non-athletic activities. All should note there might likely be multiple consequences for the same offense.

SUBSTANCE ABUSE PREVENTION POLICY FOR STUDENT ATHLETES

When students participate in athletics, they are representing Wayland High School and the Athletic Department to the community. Any violation of community alcohol and drug policy is inconsistent with the wellness values supported by the school and department. The protocol described below includes counseling and educational services to support a student's successful return to Wayland High School athletics.

The MIAA has informed member schools that the following rules are in effect 2 hours per day, 7 days a week. The Wayland Student Handbook states that this policy will be enforced during the entire school year (including Fall pre-season).

Response for violations of the Wayland High School Substance Prevention Policy

First Violation: When the principal or his/her designee confirms, following an opportunity for the student to be heard, that a violation occurred, the following would take place:
The student will lose eligibility for the next consecutive interscholastic contest totaling 25% of all interscholastic contests in that sport. For the student, these penalties will be determined by the season the violation occurs. No exception is permitted for a student who becomes a participant in a treatment program. The student will be allowed to remain at practice for the purpose of rehabilitation. Any decimal part of an event will be truncated, i.e. any fractional part of an event will be dropped when calculating the 25% of the season. The student will also forfeit his/her captaincy, if applicable. He/she is ineligible to serve in this capacity for the remainder of the school year in which the infraction occurs. The student will be assigned a case manager from the Triage Team. Before the student reengages in competitive play, he/she must attend a re-entry conference with the Athletic Director, the coach, and an administrator to determine his/her readiness to resume participation.

Second Violation: When the Principal or his/her designee confirms, following an opportunity for the student to be heard, that a violation occurred, the following would take place:
The student shall lose eligibility for the next consecutive interscholastic contest totaling 60% of all interscholastic contests in that sport. For the student, these penalties will be determined by

Substance abuse form cont'd…

The season the violation occurs. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 60% of the season.

The student will also forfeit his/her captaincy, if applicable. He/she is ineligible to serve in this capacity for one calendar year. He/she will be ineligible for athletic awards during the season in which the infraction occurs. The student will be assigned a case manager from the Triage Team.

If after the second violation, the student becomes a participant in an approved chemical dependency program or treatment program, the student may be certified for reinstatement in MIAA activities after a minimum of 40% of events. The director or a counselor of the chemical dependency treatment center must issue such certification. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 40% of the season.

Before the student reengages in competitive play, he/she must attend a re-entry conference with the Athletic Director, the coach, and an administrator.

Third Violation: When the Principal or his/her designee confirms, following an opportunity for the student to be heard, that a violation occurred, the following would take place:

The student will be assigned a case manager from the Triage Team.

A student who is found responsible for the third violation in 12 consecutive months is ineligible to participate in interscholastic competition for 12 consecutive months. He/she is ineligible to serve as captain during this period.

I have read the above policy and agree to abide by it as a condition for participating in interscholastic competition. If there are any questions regarding this rule, please contact the Athletic Office at (508) 358-7488.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Student Date

WAYLAND HIGH SCHOOL
ATHLETIC DEPARTMENT
STUDENT ATHLETE PARTICIPATION FORM

This application to compete in interscholastic athletics for Wayland High School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

I agree to conduct myself in such a fashion that will be of credit to my team, Wayland Public Schools and the Wayland community at all times; and I realize that failure to do so could result in disciplinary action, suspension or dismissal from a team.

I also agree to abide by all training rules, which may be sport-specific, and standards of conduct established by Wayland High School Athletic Department.

I also understand that the Department of Athletics and the Wayland School Department are not responsible for injuries I may sustain while participating in interscholastic athletics. I realize that such activity involves the potential for minor, major or catastrophic injuries, which are inherent in all contact/non-contact sports.

X_____ DATE _____
Signature of Student Athlete

X_____DATE _____
Signature of Parent/Guardian

STATE LAW REGARDING SPORTS RELATED HEAD INJURY & CONCUSSIONS

The Commonwealth of Massachusetts Executive Office of Health and Human Services now requires that all schools subject to the **Massachusetts Interscholastic Athletic Association (MIAA)** rules adhere to the following law. Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must 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 during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for "return to play."

Parents and students who plan to participate in any athletic program at Wayland High School must also take a free on-line course. Two free on-line courses are available and contain all the information required by the law.

The first is available through the **National Federation of High School Coaches**.

You will need to click the "order here" button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes.

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

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

www.cdc.gov/Concussion

Please sign below that you have read the above and completed one of the courses listed. This is required in order to participate on any athletic team at Wayland High School. Thank you very much.

_____ _____

Parent/Guardian Date

_____ _____

Student Date

Family Athletic Cap Acknowledgment Form

This form serves as a reference to inform the Wayland Athletics Department of families that have multiple children participating in the 2011-2012 sports season and may approach the $1,000 family cap per season. This form does not exhibit an obligation for families to pay the $1,000 family cap. The information will be utilized as a quick reference for family and Athletic Department inquiries.

(PLEASE PRINT)

Athletes Name _____ Fall _____ Winter _____ Spring _____

Athletes Name _____ Fall _____ Winter _____ Spring _____

Athletes Name _____ Fall _____ Winter _____ Spring _____

Athletes Name _____ Fall _____ Winter _____ Spring _____

Athletes Name _____ Fall _____ Winter _____ Spring _____

Fall	Winter	Spring
Physical	**Physical**	**Physical**
Payment CK / OL	**Payment CK / OL**	**Payment CK / OL**

GREEN ATHLETIC PARTICIPATION FORM (Coaches Copy)

Student athletes are responsible for having this form completed by a Parent/Guardian and The Health Office **PRIOR** to trying out for any sport. The GREEN ATHLETIC PARTICIPATION FORM must be handed to your coach on the 1st day of season.

TO BE COMPLETED BY PARENT OR GUARDIAN
(PLEAE PRINT)

Student Name: _____ Grade: _____ Male: _____ Female: _____
Address: _____ City: _____ Zip: _____
Father: _____ Mother: _____
Father Cell: _____ Mother Cell: _____
Father Work: _____ Mother Work: _____
Emergency: _____

I give permission for _____ to participate in interscholastic sports.

Parent / Guardian Signature _____ Date: _____

Please list pertinent medical information to be shared with the SCHOOL NURSE, ATHLETIC TRAINER AND COACH. If medical needs change, it is the responsibility of the parent/guardian to notify the school health office and coach.

Allergies (please list) _____
EPI Pen: Yes / No Asthma: Yes / No Inhaler: Yes / No

Medical History (Accidents, Operations, etc.)
_____
_____

Present Medications: _____
Health Insurance: Company: _____ Policy Number: _____

NAME AND TELEPHONE OF PHYSICIAN: _____

Ambulance will transport students in an emergency to the following hospitals: **Emerson, Metro West Medical Center, Framingham, or Newton-Wellesley.** **Please list 3** in order of preference:

1._____2_____3_____

If parent/guardian cannot be reached in case of serious emergency, I authorize the School to take the above-named child for treatment to one of the above named hospitals.

TO BE COMPLETED BY HEALTH OFFICE

NOTE: School nurse will review and keep physical on file in Health Office.

Health Office: Current Physical Exam: Yes or No

Date of Expiration: _____

Activity Restriction: Yes or No _____

Signature of Health Office Personnel: _____

YELLOW ATHLETIC PARTICIPATION FORM

(ATHLETIC TRAINER COPY)

LAST NAME_____FIRST NAME _____GRADE _____

I hereby give my permission for my son/daughter to participate in competitive athletics at Wayland High School.

I give (Student's Name) _____ my consent for him/her to accompany the team during its out-of-town trips. I accept the fact that the Wayland Athletics Program and the Wayland School Department are not responsible for injuries incurred in these sports. I realize that such activity involves the potential for minor, major or catastrophic injuries, which are inherent in all contact/non-contact sports. I agree to help my child abide by all training rules and conduct standards established by the Wayland Athletics Program. Unless I notify the school to the contrary, this approval allows participation during the entire year.

Wayland Public Schools carries catastrophic insurance only. It is each family's responsibility to carry their own health insurance. The school insurance the students purchase in homeroom is very limited in scope.

Medical Insurance Carrier:_____Policy#:_____

******PLEASE PROVIDE THE FOLLOWING INFORMATION******

Home Telephone Number (____) _____Home Address _____ _____

Father phone # (____) _____ Mother phone #(____)_____

Emergency Contact _____Phone # _____

Student Email_____ Parent Email _____

NAME AND TELEPHONE OF PHYSICIAN: _____

Ambulance will transport students in an emergency to the following hospitals: **Emerson, Metro West Medical Center, Framingham, or Newton-Wellesley.** **Please list 3** in order of preference:

1._____2_____3_____

If parent/guardian cannot be reached in case of serious emergency, I authorize the School to take the above-named child for treatment to one of the above named hospitals.

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

ACCIDENTS _____ OPERATIONS _____

_____ _____

ALLERGIES _____ OTHER _____

EPIPEN Yes No **INHALER** Yes No

***SIGNATURE OF PARENT/GUARDIAN*_____ *DATE*_____**