

High School Athletic Fees 2011-2012

	Sport	Full Fee	Reduced Lunch Fee	Free Lunch Fee
Fee 1	Alpine Skiing, Football, Basketball, Ice Hockey, Golf, Nordic Skiing, Wrestling	\$231	\$92	\$46
Fee 2	Baseball, Cross Country, Diving, Field Hockey, Indoor Track, Lacrosse, Soccer, Softball, Swimming, Tennis, Track, Ultimate Frisbee, Volleyball	\$193	\$77	\$41
	FAMILY CAP	\$1,100	\$440	\$220
	INDIVIDUAL CAP	\$522	\$209	\$104

- ❖ Students may only participate in one sport per season.
- ❖ Reduced fees are based on Free or Reduced Lunch eligibility. Eligibility forms are available in the main office of the High School and Middle School. Completed forms must be submitted to the High School or Middle School main office to determine eligibility.
- ❖ **Current sport physicals must be on file with the nurse at school before the first day of tryouts and practices for the season. Sports physicals are valid for 395 days from exam date.**
- ❖ Please contact the Health Room at the High School and/or Middle School to check on the status of your sports physical – High School Health Room phone - 362-1743/1744 ~ Middle School Health Room phone – 362-1974.
- ❖ Checks should be made out to **ARHS Athletics** and include athlete's name and sport.
- ❖ **One check is requested per athlete.**
- ❖ **All outstanding sports fees from previous seasons must be paid in full to participate in sports. No exceptions.**
- ❖ **If you have questions please call the athletic office 362-1747**
- ❖ Sports information may be found at www.highschoolsports.net or on the cancellation/update line after 1:00 p.m. at 362-1798

Middle School Athletic Fees 2011-2012

	Sport	Full Fee	Reduced Lunch Fee	Free Lunch Fee
Fee 1	Alpine skiing, Wrestling (hs jv)	\$231	\$92	\$46
Fee 2	Cross Country, Field Hockey, Girl's lacrosse (hs jv team), Softball, Track & Field, Ultimate Frisbee, Volleyball,	\$193	\$77	\$41
Fee 3	Intramural Ultimate	\$50	\$25	\$25
	FAMILY CAP	\$1,100	\$440	\$220
	INDIVIDUAL CAP	\$522	\$209	\$104

Fee Paid _____ Emergency Card Rcvd. _____ All Forms Signed & Recvd. _____ Academically Cleared _____ Physical Cleared _____

**AMHERST PELHAM REGIONAL SCHOOLS
ATHLETIC PARTICIPATION FORM**

Name _____ Sport _____ YOG _____
(Please Print)

Level: High School _____ Middle School _____ Boys _____ Girls _____ Coed _____

Part I Student Participation (to be completed and signed by the candidate)

Age as of September 1st 2011 _____ Birthdate _____

I agree to make every effort to keep my academic eligibility and to live up to the standards of this school and the team and abide by all of the policies and procedures set forth in the ARHS Student and Athletic Handbooks and the rules and regulations for the Massachusetts Interscholastic Athletic Association.

Signature of Athlete

Date

Part II Parental Approval (to be completed and signed by parent/guardian)

I have read the policies and procedures set forth in the ARHS Student and Athletic Handbooks and understand that those policies and procedures set forth therein will be enforced by the Amherst Regional High School and the Department of Athletics.

It is with my approval and consent that _____ may participate in the interscholastic Athletic Program at Amherst Regional High School. This includes practices, games and team travel. I do understand and assume that there is always the risk of possible injury to my child during such athletic activities and travel. I realize that the risk of injury may be severe, including but not limited to, the risk of fractures, brain injuries, paralysis or even death. I have received and read information regarding Concussion in Sports – What you need to know.

Signature of Parent/Guardian

Print Last Name

Date

Part III Insurance Coverage (to be completed and signed by parent or guardian)

I understand that my child may not participate in interscholastic athletics at the Amherst Regional Schools unless he/she is adequately covered by the School Accident Insurance Plan (offered by the school) or by a family insurance policy which will cover any possible injury. My child is covered by _____ insurance and has my permission to take part in the athletic program.

Signature of Parent/Guardian

Date

AMHERST PELHAM REGIONAL SCHOOLS
CHEMICAL HEALTH POLICY FOR STUDENTS PARTICIPATING IN ATHLETICS

The penalties listed below do not preclude other disciplinary action that is established in the school's Student Handbook, including suspension or expulsion from school, for violation of the school's drug policy. In the case of suspension or expulsion from school, a student loses all rights to participate or attend school activities or events.

Athletics are a privilege. In order to be eligible for participation, students must adhere to academic and attendance policies as stated in the handbook. In addition, to sustain eligibility, students shall not use, consume, possess, buy or give away any alcoholic beverage, steroids, marijuana or any other controlled substances. All students, parents, or guardians are required to read this policy statement and sign this statement of understanding. No student will be eligible to participate in any extra-curricular activity without this signed agreement on file with the coach or Athletic Director.

Any student participating in athletics, who is found by the Principal to have violated this policy, will not be eligible for participation for the next consecutive contests totaling 25% of all contests in that sport. While that student may not actually participate in any games or events, he/she must attend all required practices/events. Students who violate this policy are also required to meet with the student assistance counselor at the school, or with another qualified counselor/therapist.

When the Principal confirms, following an opportunity for the student to be heard, that a second or subsequent violations has occurred, the student shall lose eligibility for 60% of their season. The Chemical Health Rule has been extended to be inclusive of the period from: the first allowable day of fall practice, through the end of the academic year or final athletic competition of the year, whichever is later.

In addition to the above mandates, the MIAA prohibits the use of any tobacco product by any in season athletes.

With my signature below, I state that I am aware of and understand the Chemical Health Policy. I further understand the consequences of my failure to abide by this policy.

Athlete Signature

Date

With my signature below, I, the parent/guardian of the above named candidate, state that I am aware of and understand the Chemical Health Policy. I further understand the consequences if my child is found to violate this policy.

Parent/Guardian Signature

Date



Amherst High School/Middle School Sports Participation Emergency Card

Last Name: _____ First Name: _____ YOG: _____ Gender: Male Female
 DOB: _____ Email: _____
 Street Address: _____ Town: _____
 Home Phone: _____

Emergency Contact Information:

In case of an emergency, the athletic staff will make every attempt to contact a parent, a guardian, or a designated emergency contact before calling the student's primary health care provider. Your child will be transported by ambulance to an emergency care facility if necessary.

Person to be called first-

Parent/Guardian Name: _____
 Home: _____ Cell: _____ Work Phone: _____

Person to be called second-

Parent/Guardian Name: _____
 Home: _____ Cell: _____ Work Phone: _____

IN CASE OF EMERGENCY please list two local individuals to be contacted who may assume responsibility if the above person(s) are unable to be reached. Include phone numbers with area code for home and work as well as the individual's relationship to the athlete.

Other: _____ Relationship: _____
 Home: _____ Cell: _____ Work Phone: _____

Other: _____ Relationship: _____
 Home: _____ Cell: _____ Work Phone: _____

Family Physician:

My child's medical coverage is covered by: _____ Phone: _____
 Policy #: _____ Group #: _____

Family Dentist:

My child's dental coverage is covered by: _____ Phone: _____
 Policy #: _____ Group #: _____

Athletes Health History:

Heart Condition Diabetes Asthma
 Migraines ADD/HDD Vision Problems Depression
 Seizure Disorder Hearing Problems Orthopedic

Allergies:

Food: _____ Insects: _____ Medications: _____
 Environment: _____ Other: _____

Current Medications: (Specify type and dosage)

Parent/Guardian Signature: _____ Date: _____

AMHERST - PELHAM *Regional* SCHOOL DISTRICT
AMHERST, MASSACHUSETTS

Amherst Regional High School
21 Mattoon Street
Amherst, Massachusetts 01002
(413) 362-1700 FAX (413) 549-9704 www.arps.org/hs

Mark Jackson, Principal
Diane Chamberlain, Assistant Principal
Miki Lee Gromacki, Assistant Principal

AMHERST-PELHAM REGIONAL HIGH SCHOOL
RICH FERRO – INTERIM ATHLETIC DIRECTOR
ferro@arps.org (413)-362-1747

STATE LAW REGARDING SPORTS RELATED HEAD INJURY & CONCUSSIONS

The Commonwealth of Massachusetts Executive Office of Health and Human Services now require 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 sustains any head injury 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 Amherst High School must receive and read a copy of the National Federation of State High School Associations Concussion Information Packet or 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 State High School Associations. 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 or have read and understand the NFHS Concussion Information Materials. This is required in order to participate on any athletic team at Amherst High School.

Thank you very much.

Parent/Guardian (print name) Signature

Date

Student (print name) Signature

Date