

Please attach a copy of the student's current physical to this document when returned to CRLS.



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Due the Week of August 15, 2011

**Cambridge Rindge & Latin High School Athletic Department
Insurance Information, Informed Consent and Release for Participation, and
Consent for Medical Treatment and Medical Information for
Cambridge Rindge & Latin High School Athletic Program(s)**

Name of Student: _____ Date of Birth: _____
Student ID: _____ Grade: _____ Transfer Student: Y or N
Address: _____
(number, street, city and zip code)

Please print Fall, Winter, Spring Sports: _____

Name of Parent/Guardian (circle one) completing release: _____
(please print)

Address (if different from above): _____
Home Phone: _____ Work Phone: _____
(area code and number) (area code and number)

Emergency Contact _____ Relationship _____ Telephone # _____

A. Insurance Information, Insurance Selection and Informed Consent and Release for Participation

The undersigned parent/guardian of the above named minor child hereby certifies that adequate insurance protection exists for any accident or incident of whatever nature of kind or other associated expense incurred while participating in Cambridge Rindge & Latin High School Interscholastic Athletics.

Name of the Medical Insurance Company: _____
Name of Policyholder: _____
Policy/Group Numbers: _____ Policyholder Number: _____

I authorize the above named child to participate in the Cambridge Rindge & Latin High School Athletic Program(s). I understand that as a participant my child will be engaged in physical and athletic activities and that there are inherent risks in athletic participation, including athletic practices and competitions, and that such participation, which is voluntary, involves the potential for injury to my child. I also understand that such injuries may include total and/or permanent disability, paralysis or death. I am aware that participation in interscholastic athletics will involve traveling with the team, and that such traveling may expose my child to the risks of a motor vehicle accident as well as other risks and conditions that result from traveling. I understand that the Cambridge Public Schools will not accept responsibility for any injuries sustained. I acknowledge and agree that my child may assume the risks associated with participating in Cambridge Rindge and Latin School Athletic Program(s) and the various activities that will be conducted as part of the Cambridge Rindge & Latin High School Athletic Program(s). I also give permission for my child to be Impact Tested (to evaluate for concussion). I understand that my child will be obliged to abide by the conditions covering participating in interscholastic athletic activities, the school based rules and codes of conduct of the Cambridge Public Schools *Rights and Responsibilities Handbook*, *Cambridge Rindge and Latin School Handbook*, Massachusetts Interscholastic Athletic Association rules as well as rules of conduct promulgated by organizers of the Cambridge Rindge & Latin High School Athletic Program(s). I further understand that the Cambridge Public Schools expressly prohibits hazing and that any individual found to be a principle organizer or participant in any conduct or method of initiation into any organization which willfully or recklessly endangers the physical or mental health of any student or other person will not only lose all interscholastic privileges but also will be prosecuted to the fullest extent of the law. I also understand that the Cambridge Public Schools will not be responsible for expenses incurred if my child is sent home earlier than the scheduled return date due to his/her behavior that is unacceptable and/or compromises the health, safety or well-being of other individuals participating in the Cambridge Rindge & Latin High School Athletic Program(s). By signing this form and granting permission as state herein, I am releasing the City of Cambridge, Cambridge Public Schools, Cambridge School Committee and/or their respective officers, directors, agents and/or employees from and against all claims, losses and liabilities arising out of or related to my child's participation in the Cambridge Rindge & Latin High School Athletic Program(s).

Parent/Guardian Signature _____ Date _____

B. Sports Related Head Injury and Concussion Awareness

In accordance with state law and Massachusetts Interscholastic Athletic Association rules student athletes and their parents/guardians are required to learn about the consequences of head injuries and concussions through training programs and written materials. Two free on-line courses are available which 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. This course is at: <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000> The second on-line course is available through the Centers for



ATHLETIC DEPARTMENT

CAMBRIDGE RINDGE & LATIN PUBLIC SCHOOLS



Disease and Prevention at: www.cdc.gov/Concussion Copies of completion receipts from either of these on-line courses must be provided to the Athletic Director for the Cambridge Public Schools. Parents/guardians and student athletes also have the option to read the attached materials to obtain knowledge of the law and concussion management. Please initial below that you and your student athlete each have completed one of the on-line concussion courses and/or have read and understand the attached materials.

Parent/Guardian Signature _____ Student Signature _____ Date _____

C. Consent for Medical Treatment

In consideration of the foregoing, in the event of illness or injury to my child, I hereby expressly consent and grant authority to the Cambridge Public Schools and the Cambridge Rindge & Latin High School Athletic Department and/or their authorized representatives to seek, obtain, secure and authorize the administration of medical treatment for my child, including without limitation, first aid, CPR, AED or emergency procedures/treatments this may include, but are not limited to anesthesia, x-rays, medical and/or surgical diagnosis, and, if necessary, having my child transported to a medical facility for medical treatment. I also grant permission to the release of my child's medical information to first responders, any medical facility to which my child is transported for medical treatment and to the Cambridge Public Schools and the Cambridge Rindge & Latin Athletic Department or its authorized representatives. I acknowledge and agree that this also includes orthopedic injury rehabilitation and evaluation. However, I understand that the staff of the Cambridge Public Schools and/or Cambridge Rindge & Latin High School Athletic Department and/or their authorized representatives will make every reasonable effort to immediately contact me, in the first instance, when such illness or injury occurs. I further understand and acknowledge that I will bear the cost and expense of any medical treatment my child may receive.

Parent/Guardian Signature _____ Date _____

D. Non-Discrimination Statement and Compliance with Anti-Hazing Law

Both I and my child affirm that the constitution, by-laws, policies, regulations and practices of the Cambridge Rindge & Latin Athletic Department, the Greater Boston League and the Massachusetts Athletic Association do not restrict membership on the basis of race, creed, national origin, sex, age, disabilities and further, that the active members of the campus affiliate have authority independent of any national organization to determine membership. Both I and my child further acknowledge that we have received and read a copy of M.G.L. Chapter 269, Sections 17-19, An Act Prohibiting the Practice of Hazing. We each understand that a copy of this law must be distributed to members, plebes, pledges and applicants for membership of each student group, team and/or student organization at the student's school. We also understand and agree to comply with this law.

Parent/Guardian Signature _____ Student Signature _____ Date _____

E. Media Release

I hereby agree and give my permission for the Cambridge Public Schools and/or an individual School (the "School") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by the Cambridge Public Schools and/or the School for the Cambridge Public Schools and/or the School, including, without limitation, for posting on the Cambridge Public Schools and/or School's website, any website that has been approved by the Cambridge Public Schools Educational Technology Department and/or for broadcasting on television including Cambridge Educational Access (CEA). I hereby further agree that the Cambridge Public Schools is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as the Cambridge Public Schools and/or the School shall determine in their sole discretion without limitation, reservation or compensation to me or my child. By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Cambridge Public Schools and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for the Cambridge Public Schools and/or the School, including without limitation the Cambridge Public Schools' and/or the School, in all manner and media, as Cambridge Public Schools and/or the School determines in their sole discretion. I also understand that Cambridge Public Schools and/or the School shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Cambridge Public Schools and/or the School shall determine in their sole discretion. By entering into this informed consent and release and granting the permission as stated herein, I also am releasing the Cambridge Public Schools and/or the School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my child's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects. I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature: _____ Date _____

F. My child has the following medical conditions and is taking the following medications. I understand that I am obligated to update this information.

Circle all that apply and describe in detail: Allergies, Asthma, Heart, Lungs, Seizure Disorders, Muscular Bone Injuries, recent exposure to Chicken Pox or other contagious illness/disease, other (explain): **Head Injuries**, Diabetes, recent surgeries, and affected or impaired organs.

My child is taking the following medications: _____