

Arlington High School Athletic Department

869 Massachusetts Avenue, Arlington, MA 02476-4701

Phone (781) 316-3550

Fax (781) 316-3558

Spy Ponders



TO: Arlington High School Parents and Athletes

FROM: Athletic Department

DATE: June, 2011

This is an information packet to help you prepare for the
2011-2012 athletic season.

MIAA Rules & Regulations Governing Athletics

56. Student Eligibility: Physical Education/Medical Coverage

56.1 All students must pass a physical examination within thirteen months of the start of each season.

Students who meet this criteria at the start of the season will remain eligible for that season.

Physical examinations must be performed by a duly registered Physician, Physician's Assistant or Nurse Practitioner:

PENALTY: A student in violation shall be suspended for the number of contests in which he/she participated without a proper physical.

PLEASE DO NOT MAIL

Physical/Parent Permission/or Concussion Forms TO THE HIGH SCHOOL

The AHS School Nurses will be reviewing physicals and clearing students before try-outs on the day of the specific sport your child is trying out for. Students must bring the following forms with them:

- A copy of their physical dated within the last 13 months
Students that have already turned in an up- to -date physical or are still eligible for sports from last season's physical will be on the Nurse's Clearance List
- A completed Parent Permission form
- An annual completed Concussion form
- All forms are included in this packet

ACTIVITY FEES BY SPORT

The Fee schedule and the Scholarship forms are in this packet.

Each student-athlete is required to pay an Athletic Fee in order to participate in athletics. For each season they participate, payment is required before uniforms are issued. Scholarships can be granted on a financial need basis.

MEMORANDUM

To: Athletic Parent(s)/Guardian(s)

From: Diane Johnson, CFO
Business Office

Date: February 15, 2012

Subject: **Requirements for Athletic Try-Outs**

On March 6, 2012 and March 7, 2012 the Athletic Department will be holding sign-ups for the Spring season. Your child must bring the following to be considered for try-outs:

1. Completed Physical form
2. Completed Concussion Form
3. Completed Parent Permission Form
4. Completed Promissory Note (**ALL** students must have completed promissory note, SEE SAMPLE COMPLETED NOTE)
5. If applying for a scholarship (financial aide) you must have the completed promissory note, completed grant form, and the first two (2) pages of your 2010 tax return (i.e. 1040EZ, 1040A, or 1040). Also, tax returns must show student as a dependent.

The fee must be paid in full, or payment plan chosen before a student will be issued a uniform and able to participate. If a student is not eligible to participate on a team, no payment will be required. No partial check payments will be accepted (please note: student will be considered not paid and not eligible to participate).

Please note that if an unpaid sport exists for the school year 2010-2011, this must be paid before your child can try-out for the Spring season.

MASSACHUSETTS SCHOOL HEALTH RECORD
Health Care Provider's Examination

Name _____ Male Female Date of Birth: _____

Medical History _____

Pertinent Family History

Current Health Issues

Y N

- Allergies: Please list: Medications _____ Food _____ Other _____
 History of Anaphylaxis to _____ Epi-Pen@: Yes No
- Asthma: Asthma Action Plan Yes No *(Please attach)*
- Diabetes: Type I Type II
- Seizure disorder: _____
- Other *(Please specify)* _____

Current Medications (if relevant to the student's health and safety) Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

Physical Examination

Date of Examination: _____

Hgt: _____ (____%) Wgt: _____ (____%) BMI: _____ (____%) BP: _____

(Check = Normal / If abnormal, please describe.)

- | | | |
|--|--|--|
| <input type="checkbox"/> General _____ | <input type="checkbox"/> Lungs _____ | <input type="checkbox"/> Extremities _____ |
| <input type="checkbox"/> Skin _____ | <input type="checkbox"/> Heart _____ | <input type="checkbox"/> Neurologic _____ |
| <input type="checkbox"/> HEENT _____ | <input type="checkbox"/> Abdomen _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dental/Oral _____ | <input type="checkbox"/> Genitalia _____ | |

Screening:

- | | | | | | |
|-------------------|---|--------------------|---|--------------------------------------|---|
| | (Pass) (Fail) | | (Pass) (Fail) | | (Pass) (Fail) |
| Vision: Right Eye | <input type="checkbox"/> <input type="checkbox"/> | Hearing: Right Ear | <input type="checkbox"/> <input type="checkbox"/> | Postural Screening: | <input type="checkbox"/> <input type="checkbox"/> |
| Left Eye | <input type="checkbox"/> <input type="checkbox"/> | Left Ear | <input type="checkbox"/> <input type="checkbox"/> | <i>(Scoliosis/Kyphosis/Lordosis)</i> | |
| Stereopsis | <input type="checkbox"/> <input type="checkbox"/> | | | | |

Laboratory Results: Lead _____ Date _____ Other _____

The entire examination was normal:

Targeted TB Skin Testing: Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors): Date of PPD: ____; Results: ____mm.

Referred for evaluation to: _____ Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:

- | | | | |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Fine/Gross Motor Deficit |
| <input type="checkbox"/> Emotional/Social | <input type="checkbox"/> Behavior | <input type="checkbox"/> Other | |

Comments/Recommendations: _____

Y N **This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:** _____

Y N **Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.**

Signature of Examiner Circle: MD, DO, NP, PA

Please print name of Examiner

Group Practice

Telephone

Date

Address

City

State

Zip Code

Please attach additional information as needed for the health and safety of the student.

MDPH 05/31/05



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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 Arlington High School must also take a free on-line course. Two free online 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. The course can be found at: <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. In order to participate on any athletic team at Arlington High School this course must be completed annually. Thank you very much for your cooperation.

Parent/Guardian

Date

Student

Date

Arlington Public Schools
REQUIRED MEDICAL and PARENT PERMISSION FORM
INTERSCHOLASTIC ATHLETICS
2011-2012 SCHOOL YEAR

MIAA Rule 17 – *All students must pass a physical examination within thirteen months before participating in any sport...Any student who does not fulfill this requirement is considered ineligible. Contests in which the student participates in violation of this rule including **FORGED PHYSICAL EXAMINATION** must be forfeited.*

PARENT/GUARDIAN – Please answer the following questions and **SIGN RELEASE FORM**

Student's Name _____ Sex M () F () YOG _____ HR _____
Address _____ Town _____ ZIP _____
Birthdate _____ Grade _____ HomePhone () _____ Emergency Phone () _____
Parent(s) Names _____(W)() _____ Cell() _____
Parent(s) E-mail _____
Family Physician's Name _____ Tel. # () _____
School attended last year _____

STUDENT HEALTH INFORMATION

1. Previous Head Injury/Concussion YES () Dates _____ NO ()
2. Food/Insect/Medication/ Allergies _____
3. Current medications _____
4. Eyeglasses/contacts/hearing aids other _____
5. Other concerns _____

If the Nurse/Trainer/Athletic Director determines that an injury or condition has occurred that requires a medical clearance a **RETURN TO PARTICIPATION** form must be completed by the physician.

I hereby give my permission for my son/daughter to participate in the **ARLINGTON HIGH SCHOOL ATHLETIC PROGRAM** for the school year of 2011-2012.

SIGNATURE OF PARENT

DATE

ARLINGTON PUBLIC SCHOOLS

Promissory Note ~ Athletics FY 2011-2012

Promissory Note must be submitted before trying-out

Student Name: _____

Parent Name: _____

Address: _____

Phone: _____

E-mail: _____

I, _____, promise to pay Arlington Public Schools the applicable athletic fee for _____ (see attached payment schedule for each sport), in the amount of \$_____. I would like to select the following payment option:

CHECK ONE:

- | | <u>Season</u> | <u>3 Monthly Payments</u> |
|---|---------------|---------------------------|
| <input type="checkbox"/> Credit Card Payment in Full | \$ | |
| <input type="checkbox"/> Three Monthly Credit Card Payments | | \$ |
| <input type="checkbox"/> Payment in Full via Check
(check enclosed, payable to the Town of Arlington) | \$ | |
| <input type="checkbox"/> I have attached the completed Scholarship/Grant form, and required tax returns.
Submitting a scholarship application does not guarantee a reduction in fees. Depending on income status, I may be responsible for 25%, 50% or 100% of the fee for my sport. If I am responsible for some payment, I will be contacted by the Business Office. | | |

Important: Failure to pay as agreed will result in non-participation.

Families must pay in full or have chosen the payment plan (noted above), in order for student's uniform to be released to them. I am submitting the required payment information; I understand if my child is not eligible to participate on a team I am not responsible for payment.

Parent/Guardian Signature

Return to: Arlington Public Schools/ Business Office
P. O. Box 167
Arlington, MA 02476



(Complete payment authorization)

ARLINGTON ATHLETIC
PAYMENT FORM

I wish to pay for my child's athletic fee by:

- Visa
- Master Card
- Check (payment in full only)

CREDIT CARDS: I authorize that payments may be made as follows: (please check one)

- One Lump Sum payment of \$_____.
- Three (3) monthly payments of \$- per payment schedule (+ \$3.00 monthly processing fee)
(PAYMENTS ARE DUE ON THE 15 TH OF EACH MONTH and PAY DATES ARE:

Fall: Payments due September, October, and November

Winter: Payments due December, January, and February

Spring: Payments due April, May, and June

Credit Card Account Number:

Expiration Date:

Name On Account: _____

Address: _____

Phone Number: _____

Signature: _____

Please List all High School Siblings (for tracking of Family Cap purposes)


(Complete promissory note)

	A	B	C	D	E	F	G	H	J
1	Please Note: the following Athletic Fees								
2	A Family Cap has been instituted per the School Committee on December 14, 2010 and will be applied as follows:								
3	Per Family \$1,250.00								
4									
5									
6	FY 2011 - 2012 ATHLETIC FEES								
7									
8	Season	Sport	Full Fee	Monthly Pymt	Monthly Admin.Fee	Total Monthly	3 Month Total		
9	Fall	Cheering	100.00	33.33	3.00	36.33	109.00		
10	Fall	Cross Country	100.00	33.33	3.00	36.33	109.00		
11	Fall	Field Hockey	200.00	66.67	3.00	69.67	209.00		
12	Fall	Football	500.00	166.67	3.00	169.67	509.00		
13	Fall	Golf	300.00	100.00	3.00	103.00	309.00		
14	Fall	Soccer	250.00	83.33	3.00	86.33	259.00		
15	Fall	Volleyball	200.00	66.67	3.00	69.67	209.00		
16	Winter	Cheering	100.00	33.33	3.00	36.33	109.00		
17	Winter	Basketball	300.00	100.00	3.00	103.00	309.00		
18	Winter	Gymnastics	600.00	200.00	3.00	203.00	609.00		
19	Winter	Ice Hockey	700.00	233.33	3.00	236.33	709.00		
20	Winter	Indoor Track	200.00	66.67	3.00	69.67	209.00		
21	Winter	Swimming	300.00	100.00	3.00	103.00	309.00		
22	Winter	Wrestling	200.00	66.67	3.00	69.67	209.00		
23	Spring	Baseball	300.00	100.00	3.00	103.00	309.00		
24	Spring	Lacrosse	200.00	66.67	3.00	69.67	209.00		
25	Spring	Outdoor Track	200.00	66.67	3.00	69.67	209.00		
26	Spring	Softball	300.00	100.00	3.00	103.00	309.00		
27	Spring	Tennis	200.00	66.67	3.00	69.67	209.00		
28	Spring	Volleyball	200.00	66.67	3.00	69.67	209.00		

SAMPLE
ARLINGTON PUBLIC SCHOOLS
Promissory Note ~ Athletics FY 2011-2012
Promissory Note must be submitted before trying-out

Student Name: John DEERE
Parent Name: Thomas DEERE
Address: 11 Apple St. Arlington, MA 02474
Phone: 555-555-5555
E-mail: TDEERE@.com

I, Thomas DEERE, promise to pay Arlington Public Schools the applicable athletic fee for FOOTBALL (see attached payment schedule for each sport), in the amount of \$ 500⁰⁰. I would like to select the following payment option:

CHECK ONE:

- | | <u>Season</u> | <u>3 Monthly Payments</u> |
|---|---------------|---------------------------|
| <input type="checkbox"/> Credit Card Payment in Full | \$ | |
| <input checked="" type="checkbox"/> Three Monthly Credit Card Payments | | \$ 169.67 |
| <input type="checkbox"/> Payment in Full via Check
(check enclosed, payable to the Town of Arlington) | \$ | |
| <input type="checkbox"/> I have attached the completed Scholarship/Grant form, and required tax returns.
Submitting a scholarship application does not guarantee a reduction in fees. Depending on income status, I may be responsible for 25%, 50% or 100% of the fee for my sport. If I am responsible for some payment, I will be contacted by the Business Office. | | |

Important: Failure to pay as agreed will result in non-participation.

Families must pay in full or have chosen the payment plan (noted above), in order for student's uniform to be released to them. I am submitting the required payment information; I understand if my child is not eligible to participate on a team I am not responsible for payment.

Thomas Deere
Parent/Guardian Signature

Return to: Arlington Public Schools/ Business Office
P. O. Box 167
Arlington, MA 02476



(Complete payment authorization)

SAMPLE

ARLINGTON ATHLETIC PAYMENT FORM

I wish to pay for my child's athletic fee by:

- Visa
- Master Card
- Check (payment in full only)

CREDIT CARDS: I authorize that payments may be made as follows: (please check one)

- One Lump Sum payment of \$_____.
- Three (3) monthly payments of \$- per payment schedule (+ \$3.00 monthly processing fee)
(PAYMENTS ARE DUE ON THE 15 TH OF EACH MONTH and PAY DATES ARE:

Fall: Payments due September, October, and November
Winter: Payments due December, January, and February
Spring: Payments due April, May, and June

Credit Card Account Number:

9999-9999-9999-9999

Expiration Date:

4/13

Name On Account:

Thomas DEERE

Address:

11 Apple St, Arlington, MA 02474

Phone Number:

555-555-5555


Signature:

Thomas Deere

Please List all High School Siblings (for tracking of Family Cap purposes)

Joseph Deene _____

Carol Smith _____


(Complete promissory note)

"ALL SPORTS" PASSES

PARENTS OF ATHLETES – We are offering a special rate for season tickets for all our **HOME** athletic events.

Each parent may purchase an **ALL-EVENT PASS** for **\$45.00**

ADDITIONAL PASSES are **\$15.00** – with the purchase of at least one parent pass.

If you wish to purchase passes for your family, please fill in the information below.

Your pass is good for all **HOME**
FOOTBALL, SOCCER, BASKETBALL, HOCKEY AND WRESTLING EVENTS

EXCEPT THOSE LISTED BELOW

GAME DAY '11

ARLINGTON CLASSIC BASKETBALL

MIAA Tournament Games

Ted Dever
Athletic Director

.....

Athlete's name: _____

Address: _____

Telephone number: _____

PLEASE list the names of each person below:

Parent:	\$45
Parent:	\$45
Sibling:	\$15
Sibling/Grandparent	\$15
Sibling/Grandparent	\$15
Sibling/Grandparent	\$15
Sibling/Grandparent	\$15

PLEASE MAKE CHECKS PAYABLE TO: *Arlington High School General Fund*

A Message to Parents of Student-Athletes

The following is a list of general information issues that parents need to be aware of:

➤ **Level of commitment expected of student-athletes is high.**

Practice sessions are held every weekday from 3:30 PM until 5:30 PM. Games are held two or three times per week. Sometimes, practices or games are held on weekends. In general, varsity and junior varsity teams require an additional level of commitment than freshman teams. However, even the freshman teams require a demanding schedule.

➤ **Practice sessions and games are held during school vacations.**

Christmas/New Year Vacation – Every varsity, junior varsity and freshman teams practice and play games during this vacation. This is during the winter sports season.

February Vacation – Only winter sports varsity teams and individuals involved in state tournaments and state/class events practice or play during the February vacation.

April Vacation – All varsity, junior varsity and freshman teams practice and play games during this vacation. This is during the spring sports season.

➤ **It is imperative that student-athletes attend practice sessions.**

Students who miss practice sessions will usually be penalized by having their playing time in games lessened. Student-athletes gain skills and knowledge of their chosen sport during practice sessions. Accordingly, the importance of practice participation cannot be diminished.

➤ **Academic responsibilities take priority over athletics.**

Participating in high school athletics can be a very rewarding experience for students. But, working hard and striving for excellence in the classroom should be each student's top priority. Accordingly, all students are allowed to arrive late or are excused from athletics for academic purposes.

➤ **School absences or school disciplines apply to athletics.**

Any student who is absent from school cannot participate in athletics unless the Principal excuses the absence. In addition, all disciplinary actions taken by the school against a student directly applies to athletics.

The Athletic Dept. strongly discourages the use of any alcohol, tobacco, or drug use.

MIAA Rule 62.1

From the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not, regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any controlled substance.

PENALTIES

FIRST VIOLATION

Loss of 25% of all interscholastic contests in that sport.

SECOND & Subsequent Violations

Loss totaling 60% of all contests in that sport.

2012 SPRING SPORTS SIGN -UPS

6-Mar-12

7-Mar-12

Tuesday

Wednesday

RED GYM

3:00	Outdoor Track	Girls Tennis
3:20	Outdoor Track	Boys Tennis
3:40	Baseball	Boys Lax
4:00	Baseball	
4:20	Boys Volleyball	
4:40	Girls Lax	
5:00		
5:20	Softball	
5:40		

***Please bring your completed Sign Up Packet:
including signed parent permission form,
completed concussion course form, copy of
current physical examination and payment of
athletic fee along with promissory note!!!!***

SPORTS OFFERED AT ARLINGTON HIGH SCHOOL

FALL

BOYS

Cross Country
Football
Golf
Soccer

GIRLS

Cross Country
Field Hockey
Volleyball
Soccer
Cheering (Gray Squad - Football)

WINTER

BOYS

Basketball
Ice Hockey
Indoor Track
Swimming
Wrestling

GIRLS

Basketball
Ice Hockey
Indoor Track
Swimming
Gymnastics
Cheering (Gray Squad - Hockey)
Cheering (Maroon Squad - Basketball)

SPRING

BOYS

Baseball
Lacrosse
Tennis
Outdoor Track
Volleyball

GIRLS

Softball
Lacrosse
Tennis
Outdoor Track

Crew (Fall and Spring) is offered at Belmont High School where AHS Students can also participate
Call 774-208-7808 for more information

CHEERLEADING TRYOUTS

Due to a statewide rule change, cheerleading tryouts for the fall squads took place this past spring. Cheerleading tryouts for our (2) winter squads will take place in November, 2011.

You may participate in only ONE sport per season.