



Greater Lawrence Technical School

Department of Athletics

Parental Consent, Release Form Liability and Indemnity Agreement

Year _____ Fall Winter Spring Sport _____

I/We, the undersigned parent(s) of _____
A minor, do hereby CONSENT to his/her participation in voluntary athletic programs sponsored by the Greater Lawrence Technical School (hereinafter referred to as the "voluntary sports program"). I/We RELEASE and discharge the Greater Lawrence Technical School District and its departments, officers, employees, and agents (hereinafter collectively referred to as GLTS), from any and all claims, damages, losses or expenses of whatever kind of nature which I/we may have or acquire as the parents(s) or guardians(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the voluntary sports programs. I/We also RELEASE and discharge GLTS from any and all claims, damages, losses or expenses of whatever kind of nature which said minor may have or acquire arising out of our resulting from, directly or indirectly, his/her participation in the voluntary sports programs. I/We furthermore agree to defend and INDEMNIFY GLTS against any claim, damage, loss or expense of whatever kind of nature that Andover may have to pay that arises from said minor's intentional. Grossly negligent or reckless acts or omissions while participating in the voluntary sports programs.

I/We hereby authorize Greater Lawrence Technical School employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the voluntary sports programs. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby RELEASE and discharge GLTS from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

Signature(s) of Parent(s) or Guardian(s) Date Relationship

Signature of Student Date

Print Student's Last Name First Name Middle Initial

Home Address City State Zip Code

Telephone Date of Birth Grade

IN CASE OF EMERGENCY

1. Name Telephone Relationship

2. Name Telephone Relationship



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Student - Athlete Roles and Responsibilities

In an effort to lessen the disparity between our team ideals and individual behavior, and to personalize these ideals in our athletic experience, the team adopts the following basic expectations of its members:

1. I will respect and abide by all MIAA, regulations, and policies. (Refer to the athletic office or website www.MIAA.net).
2. I will respect the dignity of all persons; therefore, I will not physically, mentally, or psychologically abuse or haze any person. (Refer to Greater Lawrence Technical School student handbook).
3. If I feel that someone on my team has been hazed, bullied or other wised harmed I will report the incident to my coach immediately.
4. I will neither use nor support the use of illegal drugs, alcohol, chewing tobacco, or the smoking of any substance.
5. I will be in school on time every morning and I know I must be in school before 9:00 am to be eligible to practice or participate in a contest.
6. I will exhibit good sportsmanship on and off the field of play.
7. I will comply with instructions from all coaches and teachers immediately.
8. I will have a physical on file before trying out for the team.
9. I will respect the property of others; therefore, I will neither abuse nor tolerate the abuse of property.
10. I will use language that is socially acceptable. Profanity, vulgar talk and obscene gestures will not be tolerated.
11. I will cooperate with teammates, coaches and officials.
12. I will be on time for practice.
13. I will strive for academic excellence and therefore; I will do my homework, go for extra help when needed, and do whatever it takes to strengthen my high school experience.

I, _____ have read and understand this athletic contract. I know if any rules are broken; the coach has the right to take appropriate actions including the possibility of suspending me from the team for as long as he/she feels necessary.

Signature Date

As a parent of a candidate of a Greater Lawrence Technical School athletic team, I have read and understand the above policies. I approve of these policies and will help my son/ daughter maintain these standards.

Signature Date



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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 Greater Lawrence Technical School are encouraged to take a free on-line course. These courses explain causes and effects of sport related head injuries and concussions. 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 understand the new law as well as understand the concerns for sport related head injuries.

Parent/Guardian Date

Student Date