

Beverly High School Athletic Department  
100 Sohier Road  
Beverly, MA 01915

James Coffey – Athletic Director

Telephone: 978-921-6141

FAX: 978-921-6184

---

Dear Beverly High School Parent/Guardian:

Thank you for attending this informational meeting at Beverly High School. Your son or daughter has shown interest in participating in interscholastic athletics for the 2009-2010 school year. This meeting has been scheduled to foster better communication between the athletic office, coaches and parents of our student athletes.

Attached are all of the necessary forms that your son/daughter will need before the start of each athletic season. Please fill out all forms and return to the Beverly High School Athletic Office as soon as possible. This year's athletic fees are based on a sliding scale, depending on the sport (please refer to Beverly High School User Fee Scale Sheet). There is no family cap. Athletic user fees should be paid to the Athletic Department prior to the beginning of each sports season. All checks should be made out to Beverly Public Schools with the name of your son/daughter in the memo line along with the sport they will be playing. You may mail all forms to the above address, however all forms must be received by the first tryout date.

Also, please note that your son/daughter must have physical exam results on file within the last 13 months or he/she will not be allowed to participate in any athletic program. We will not accept an immunization record alone. You must show proof that your physician has performed a physical and that your son/daughter is physically fit to participate.

I wish you and your son and/or daughter a successful school year. If you have any questions, please feel free to contact me at 978-921-6141.

Sincerely,

Jim Coffey  
Athletic Director

Attachments:

- Consent for Athletic Participation Form – must be returned
- Physical Form – Valid within 13 months of the 1<sup>st</sup> practice/tryout (copy required each season)
- User fee form (to be returned with fee prior to tryouts)
- User Fee/Scholarship Form (Scholarship to be mailed to the Business Office)

Beverly High School Athletic Department  
100 Sohier Road  
Beverly, MA 01915

James Coffey – Athletic Director

Telephone: 978-921-6141

FAX: 978-921-6184

---

## Beverly High School User Fee Scale 2009-2010

The following User Fee's will be assessed to each sport.

\$100

Middle School Cross Country, Middle School Spring Track

\$200

Girl's Gymnastics, Girl's Volleyball, Golf, Boy's & Girl's Tennis  
Boy's & Girl's Cross Country  
Cheerleading, Boy's & Girl's Indoor Track, Wrestling,  
Boy's & Girl's Spring Track

\$250

Boy's & Girl's Lacrosse, Swimming, Field Hockey, Boy's & Girl's  
Soccer, Boy's & Girl's Basketball, Softball, Baseball

\$300

Football, Boy's & Girl's Ice Hockey

# Athletics 2009-2010 User Fees

## Athletics Grades 6-12

Student: _____ Grade: _____ School: _____ Sport: _____	Enter dollar amount for sport for grades 9-12 or \$100 for grades 6-8	\$ _____ *See Below for corresponding fee
---	---	--

And if you have additional children involved in Athletics in Grades 6-12, enter the information below

Student: _____ Grade: _____ School: _____ Sport: _____	Enter dollar amount for sport for grades 9-12 or \$100 for grades 6-8	\$ _____ *See Below for corresponding fee
---	---	--

Student: _____ Grade: _____ School: _____ Sport: _____	Enter dollar amount for sport for grades 9-12 or \$100 for grades 6-8	\$ _____ *See Below for corresponding fee
---	---	--

Student: _____ Grade: _____ School: _____ Sport: _____	Enter dollar amount for sport for grades 9-12 or \$100 for grades 6-8	\$ _____ *See Below for corresponding fee
---	---	--

**\*If a Middle School Student is on a Varsity Team because of an MIAA Waiver, the athletic user fee for grades 9-12 will apply.**

Enter the total of the entries	\$ _____
--------------------------------	----------

**Note: Payment of Athletic User Fee does not guarantee playing time at the Varsity level. At the JV and Freshman levels, the Athletic Department will make every effort to encourage coaches to play all of their members.**

Payment is required prior to the *first try-out/practice* of the season and will be refunded if student/athlete does not make a team. Payment **will not** be refunded after the first game. Make your check payable to Beverly Public Schools and send it along with this form to:

Athletic Director Beverly High School 100 Sohler Road Beverly, MA 01915	\$100.00 \$200.00 \$250.00 \$300.00	Middle School Cross Country, Middle School Spring Track Gymnastics, Volleyball, Golf, Tennis, Cross Country, Wrestling, Cheerleading, Indoor Track, Spring Track Lacrosse, Swimming, Field Hockey, Soccer, Basketball, Softball, Baseball Football, Boys and Girls Ice Hockey
--	--	--

We would not want a family's current financial situation to be a reason for not participating. If you feel the need for help in paying for this opportunity, tuition scholarship information is available by calling the Business Office at 978-921-6100 Ext. 726 (Betty Patterson).

**THANK YOU** for supporting the Beverly Public Schools!

**BEVERLY PUBLIC SCHOOLS  
CONSENT FOR ATHLETIC PARTICIPATION  
2009-2010**

_____	_____	_____	_____
School	Grade	Home Room	Sport(s) Required for each season
_____	_____	_____	_____
Student's Last Name	First Name	MI	Date of Birth (Copy of Birth Certificate may be required)

**Parental Consent Release from Liability, and Indemnity Agreement**

We the undersigned father and mother or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Beverly, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parents) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her maturity resulting or to result from his/her participation in the voluntary athletic programs of the Beverly Public Schools' Department of Athletics; FURTHERMORE, we/I hereby agree to protect the City of Beverly and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor . growing out of or resulting from injury to said minor in connection with Us/her participation in the voluntary athletic programs of the Beverly Public Schools' Department of Athletics, and to INDEMNIFY, reimburse or make good to me City of Beverly or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the City or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omission while participating in said sports programs.

**Student/Athlete Contract**

I have received and read the Athletic Code of Behavior for Beverly High School student/athletes and understand that it will be enforced by the school's coaching staff and administration.

By signing this form, I acknowledge that I have read and agree to accept the foregoing responsibilities of players. I also understand and appreciate the fact that participation may result in injury, as indicated, and I do voluntarily assume the inherent risks in the sport.

_____	_____	_____
<b>Signature(s) of Parent(s) or Guardian(s)</b>	<b>Relationship</b>	<b>Parent E-Mail</b>

_____	_____	_____
<b>Signature of Student/Athlete</b>	<b>Date</b>	<b>Student E-Mail</b>

_____	_____
<b>Home Address</b>	<b>Zip Code</b>

_____	_____	_____
<b>Daytime Phone</b>	<b>Evening Phone</b>	<b>Cell Phone</b>

_____	_____
<b>Family Health Insurance Plan</b>	<b>Policy Number</b>

**\*It is the parent's responsibility to inform the coach of his/her medical issues/needs**



## MIAA RECOMMENDED SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

**PART A ~ HISTORY** (copy of physical will be required at the start of each season) **DATE of EXAM** \_\_\_\_\_

Student's Name		Sex	Age	Date of Birth
Grade	School	Sport(s)		
Address			Tel	
Physician			Tel	

**IN CASE OF AN EMERGENCY, CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_

**EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <i>If yes, check appropriate box and explain below:</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
8. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
10. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
11. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
12. Have you ever had racing of your heart or skipped heartbeat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm		<input type="checkbox"/> Foot
13. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	35. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	38. Record the dates of your most recent immunizations (shots) for:		
17. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____	Measles _____	
18. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____	Chickenpox _____	
19. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY: Optional</b>		
20. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	39. When was your first menstrual period? _____		
21. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. When was your most recent menstrual period? _____		
22. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	41. How much time do you usually have from the start of one period to the start of another? _____		
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	42. How many periods have you had in the last year? _____		
24. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	43. What was the longest time between periods in the last year? _____		
25. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Explain "Yes" answers here:</i> _____		
26. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
27. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
28. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

**I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.**

Signature of Athlete/Date \_\_\_\_\_ Signature of Parent-Guardian/Date \_\_\_\_\_

**PART B ~ PHYSICAL EXAMINATION**

Date of Exam \_\_\_\_\_

STUDENT (Please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )

Eyes: R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*\*Station-based examination only*

**PART C ~ CLEARANCE**

Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Exam \_\_\_\_\_

Name of physician (Please print): \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Beverly Public Schools  
 502 Cabot Street, Beverly, MA 01915  
 Attn: Joan Liporto - Business Office  
 2009-2010 Tuition Scholarship Application Form

Transportation  EEC  Music  Preschool  Kindergarten  Summer Academy  Athletics

Please check all that is applicable to your child.

Please submit an application for each child for which you desire a scholarship.

Current income verification must be submitted before the start of each school year.

Scholarship forms should be mailed to the above address with ALL pertinent info from below.

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

HOUSEHOLD MEMBERS	Monthly Income*	Any Other Income*	Total Monthly Income
1			
2			
3			
4			
5			
6			

**\*Please complete this form, enclose copies of all of the below documents that are applicable to your family, and mail to the above address:**

- |   |   |   |
|---|---|---|
| Last year's 1040 tax form<br>(Self-employed include Schedule C) | TANF Documentation<br>Last DSS Custody form | Proof of unemployment<br>Proof of Child support payments<br>Proof of disability/SS payments |
| Last three(3) pay stubs   |   |   |

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is for the sole purpose of determining eligibility for a tuition scholarship, is confidential, and that deliberate misrepresentation will disqualify me from consideration of such scholarship.

Parent Signature: \_\_\_\_\_

**NOTICE OF NONDISCRIMINATION**

All educational and non-academic programs, activities, and employment opportunities at Beverly Public Schools are offered without regard to race, color, sex, religion, ancestry, national origin, sexual orientation, disability, and any other class or characteristic protected by law.

*Please do not write in this space*

<b>Eligibility Determination:</b>	Approved _____	Denied _____
<b>Reason for Denial:</b>	Income Too High _____	Incomplete _____