



Mt. Ararat High School

2023-2024 Winter Athletics Registration

Registration Deadline - 11/6/23 (Girls Ice Hockey)
11/20/23 (All Other Winter Activities)

There are four (4) things that must be thoroughly completed before a student will be permitted to participate in a 2023-2024 Winter sport:

1. Complete this registration
 2. Meet all academic eligibility guidelines as outlined in the student handbook – reference the 2023-2024 Student Handbook available on the MTA High School website – mta.link75.org.
 3. Provide written documentation of a current physical examination (within the last 12-24 mos).
 4. Successfully complete the ImPACT Baseline Concussion Test as directed by the MTA Athletic Department and the Athletic Trainer.
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All Mt. Ararat High School students (grades 9-12) wishing to participate in a Winter Athletic program at the high school **MUST** complete this registration **BEFORE THE FIRST DAY OF PRACTICE ON NOV. 6TH (GIRLS ICE HOCKEY) AND NOV. 20TH (ALL OTHERS).**

Parents, please make sure that you and your student-athlete go through this entire online registration carefully and provide all necessary information. Also, be sure to read all material and review any supplemental documents referenced in this registration.

INFORMATION NEEDED TO REGISTER

It will be helpful to have the following information handy to complete the registration process:

- A copy of your most recent physical evaluation documentation from your doctor
- Doctor's Contact Information - Name, Address, Phone
- Health Insurance Information - Company, Group #, Policy #
- Emergency Contact Information

PHYSICAL EXAMS:

Each Mt. Ararat High School student-athlete **MUST** provide written documentation of a physical examination by a health care professional. High school student physicals must be within 24 months of the first day of practice/tryouts and it must be valid until the end of the Winter sport season (February 24, 2024).

All written proof of physical examinations must be submitted to the Mt. Ararat High School Athletic office, either on paper or through the online registration system. Please note on the documentation the specific Winter sport that your son/daughter will be participating in. Failure to submit updated physical exam documentation could result in a delay in the student-athlete's participation.

All physicals must be dated and signed by the physician and contain the date of the actual physical exam. The physical form must state that the student is cleared to participate in sports and activities. This online registration program will allow you to upload a copy of your most recent physical exam document.

SUBMITTING HARD COPY REGISTRATION

Once you have completed this registration packet, please turn it in to the Head Coach at the first day of practice.

Thank you for your cooperation with this registration process. We look forward to seeing your student-athlete competing for the Eagles this Winter!

Please circle the activity that you are registering for below:

Basketball – BOYS & GIRLS

Ice Hockey – BOYS & GIRLS

Wrestling

Swimming/Diving - BOYS & GIRLS

Competitive Cheering

Indoor Track – BOYS & GIRLS

Please provide all necessary information accurately and to the best of your knowledge, including spelling of names and important dates.

ATHLETE NAME _____

HOME ADDRESS _____

DATE OF BIRTH _____

GENDER: **MALE** **FEMALE** **OTHER**

DATE OF MOST RECENT PHYSICAL _____

PHYSICIAN WHO PERFORMED PHYSICAL _____

Please provide a copy of written documentation from the physician confirming that the student-athlete has had a physical OR is cleared to participate.

HEIGHT _____

WEIGHT _____

JERSEY SIZE _____ **SHORTS/PANTS SIZE** _____
List as current ADULT size (XS, S, M, L, XL, XXL, XXXL)

STUDENT-ATHLETE CONTACT INFORMATION

Email Address _____

Home Phone _____

Cell Phone _____

EDUCATION

What School Do You Attend? _____

Grade (For academic year 2023/2024) _____

Expected Year of Graduation _____

Date that student-athlete entered high school _____

Has this student-athlete ever repeated any grade since entering high school? Yes No

Type of School Attending During this Sport Season (Please circle one)

Public School

Home School

Private/Charter School

Name of Charter School (if applicable) _____

Foreign Exchange Student? Yes No

Transfer Student This Year? Yes No

Did your child transfer into Mt. Ararat High School this school year from another school?

If YES, from what school and what was the date of transfer?

PARENT / GUARDIAN INFORMATION

NAME _____

ADDRESS _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

FIRST EMERGENCY CONTACT

NAME _____

ADDRESS _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

RELATIONSHIP TO STUDENT-ATHLETE _____

AUTHORIZED TO PICK-UP / TRANSPORT? **YES** **NO**

SECOND EMERGENCY CONTACT

NAME _____

ADDRESS _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

RELATIONSHIP TO STUDENT-ATHLETE _____

AUTHORIZED TO PICK-UP / TRANSPORT? **YES** **NO**

PRIMARY CARE PHYSICIAN**NAME** _____**PHONE** _____**INSURANCE COVERAGE**

All students participating in Mt. Ararat High School Athletic programs **must** provide proof of possessing their own health insurance coverage in order to be eligible to participate. Enter here the name of your insurance company, group number and policy number as applicable.

CARRIER _____**SUBSCRIBER NAME** _____**GROUP NUMBER** _____**POLICY / ID NUMBER** _____☐

I do not carry insurance and need to purchase supplemental insurance from MSAD 75.

IF YOU CHECK THIS BOX, YOU MUST CONTACT THE ATHLETIC DEPARTMENT FOR MORE INFORMATION.

MEDICATIONS

Is this student-athlete currently taking any medications? If so, please describe below.

GENERAL HEALTH INFORMATION

Please answer questions below to indicate if your child has or has ever had the following.
Provide specific details to any YES answers.

COVID-19 YES NO
Has participant ever been diagnosed with a confirmed case of COVID-19?

Allergies YES NO
Has participant ever been diagnosed with allergies by a health care provider?

Epi-pen YES NO
Does participant carry an epinephrine auto-injector (Epi-Pen)?

Nebulizer / Inhaler YES NO
Does the participant carry a nebulizer, inhaler or other breathing aassisting device? If so, why?

Devices or Prostheses YES NO
Does participant have any special devices or prostheses that we should know about?

Glasses/Contacts YES NO
Does participant wear glasses or contact lenses?

Protective / Corrective Equipment YES NO
Does participant wear any health-specific protective or corrective equipment?

Accommodations / Other YES NO
is there any other general Device/Accommodation information that we should know about?

Diagnosed Concussion YES NO
Has the participant ever had a head injury or been diagnosed with a concussion? If yes, when and why?

Chronic Medical Conditions YES NO
Does participant have any ongoing medical conditions? If so, please explain.

Dietary Issues YES NO
Does participant have a special diet or have to avoid certain types of foods? If so, please explain.

Hearing Issues YES NO
Does the participant have any problems with his/her hearing or wear a hearing aid device?

Skin Problems

YES

NO

Does the participant currently have any rashes, pressure sores or other skin problems? If so, where?

Breaks / Fractures / Dislocations

YES

NO

Has the participant ever had any broken or fractured bones or dislocated joints? If so, please describe.

Hernia

YES

NO

Heart Condition(s)

YES

NO

Has the participant ever been told by a physician that he/she has a heart condition? If so, please describe.

Spinal Injuries

YES

NO

Has the participant ever had a neck, back or spinal injury or lower back injury or pain?.

Seizures

YES

NO

Is the participant epileptic or ever suffered a an unexplained seizure? If so, please explain.

Heat Illness

YES

NO

Does the participant ever become ill while exercising in the heat/hot weather?

Medically Advised Not to Participate

YES

NO

Has the participant ever been restricted by a physician due to a health-related issue?

Physical Limitations

YES

NO

Does the participant have any physical limitations or restrictions?

Serious Illnesses

YES

NO

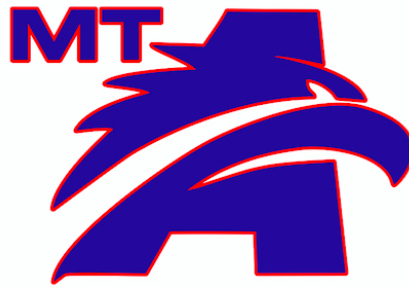
Has the participant ever been diagnosed with or treated for any serious illness? If so, please explain.

Health/Medical – Other

YES

NO

Is there any other general health/medical information that should be shared?



Parent or Guardian Consent and Student Acknowledgement

I hereby give my consent for the student-athlete identified in this registration to engage in interscholastic athletics at Mt. Ararat High School. I also give my permission to allow the same student-athlete to accompany any school sponsored team which he/she is a member of on transportation provided by MSAD #75 or approved alternative transportation. I also authorize the school, through a physician or athletic trainer of its choice, any emergency medical care, injury evaluation or rehabilitation that may become reasonably necessary for the above student during the course of such activities.

Furthermore, I, along with my child, understand that participation on Mt. Ararat athletic teams is purely voluntary. We understand that there are inherent risks which are associated with sports participation including, but not limited to infections, eye injuries, sprains, fractures, dislocations, cartilage damage, which could result in temporary or permanent, partial or complete impairments in the use of limbs; brain damage; paralysis or even death. Notwithstanding such warnings and with full knowledge and understanding of the inherent risk of serious injury which may occur, our/my child named within chooses to participate voluntarily and, we/I give consent to our child to participate on any athletic team throughout the current school year.

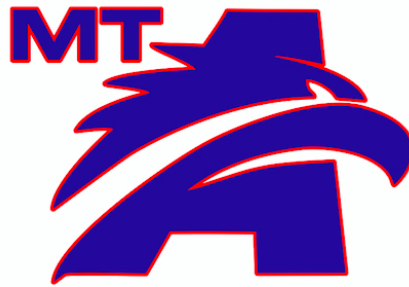
Additionally, we/I understand that standards relative to academic performance as well as policies governing use of alcohol, tobacco, drugs or other illegal substances must be adhered to by our/my child in order to maintain the privilege to participate on athletic teams. We/I understand that failure to follow those standards or policies may lead to suspension from all participation.

Parent/Guardian Signature _____

Date _____

Student-Athlete Signature _____

Date _____



Mt. Ararat Student-Athlete Code of Conduct

It is a privilege to participate in interscholastic athletics at Mt. Ararat and represent my school and the MSAD 75 communities. I recognize that my school expects me to work hard to experience personal growth, academic achievement and athletic success.

I acknowledge that, as a Mt. Ararat student-athlete, I also have significant responsibilities. I recognize that I am among the most visible students in the school and that I am expected to conduct myself as a respectful member of my interscholastic team and in a manner that is consistent with the core values of the Mt. Ararat Athletic Department.

Because Mt. Ararat student-athletes are held to high standards, I understand the need to exercise good judgment and conduct myself with honesty, integrity, and respect for others at all times.

By signing below, I agree to conduct myself in accordance with all rules and requirements of my team (as set forth by my coaches), MSAD 75, the Mt. Ararat Athletic Department, and (for high school students) the Maine Principals' Association (MPA).

I also agree as follows:

1. Academic Standing: I understand that academics are my top priority here at school. I will assume full responsibility for my academic progress and achievement. I will make every effort to stay in good standing in academics and habits of work at school. I will seek additional help if necessary to improve or maintain my Academic Eligibility according to the written guidelines.
2. Citizenship: I will be a responsible citizen and conduct myself in accordance with the school's code of cooperation. I will strive to represent myself, my team and my school in a positive way and show respect for all. I will lead by example and remember that both my own and my team's reputations are at stake as a student-athlete participating in interscholastic competition.
3. Attendance: I will maintain consistent attendance at all of my classes unless excused for legitimate reasons. In addition, I will attend all practices and contests unless I have made prior arrangements with the coach and/or athletic director to be absent.

4. Hazing: Hazing is defined as “any action or situation which recklessly or intentionally endangers the mental or physical health of a student enrolled in a public school or school personnel.” I understand that any such acts, either in connection with participation on a Mt. Ararat athletic team, participation in an informal or formal team activity, or for any other reason, are strictly prohibited. (Board Policy JFCF)
5. Online Presence & Social Media: I will demonstrate appropriate digital citizenship and encourage others not to post text(s), photographs or videos online without permission. This includes material that could be deemed inappropriate or hurtful to others, including any images or videos taken in locker rooms.
6. Substance Use: I will comply with Board Policy JICH: Student Substance Use and Board Policy JFCG: Tobacco Use Policy, which are described in the MTA Student Handbook. In my efforts to develop and maintain a healthy lifestyle, I will not use, possess or distribute prohibited substances.
7. Respect for Property: I will demonstrate care and respect for all facilities and equipment (home and away). I will take care of uniforms and return them promptly at the conclusion of the sports season.
8. Sportsmanship: I will respect the game, my opponents, my teammates, all coaches, the officials, and all.

I understand and agree to adhere to this Student-Athlete Code of Conduct. Failure to comply with these directives may result in disciplinary action from my coach and/or the Mt. Ararat High School Athletic Department.

Student-Athlete Signature _____

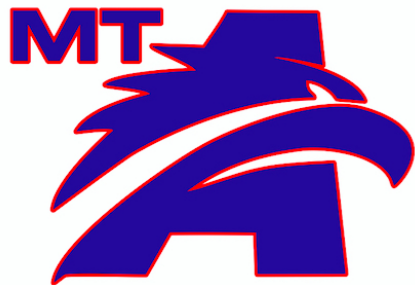
Date _____

I have reviewed this Code of Conduct with my student-athlete and understand these expectations of participation in Mt. Ararat athletic programs.

Parent efforts to model these expectations are greatly appreciated. GO EAGLES!

Parent/Guardian Signature _____

Date _____



MPA Bona Fide Team Rule

In order to promote equity and fairness on all teams, participants in Mt. Ararat High School athletic programs are expected to attend ALL scheduled practices and competitions on a regular basis as a part of the school team. Skipping practices and/or competitions for outside athletic activities is not permitted.

Mt. Ararat High School, as a member of the Maine Principals' Association, agrees to follow the MPA's Bona Fide Team Rule as it relates to high school athletics.

A member of a school team is a student athlete who is regularly present for and actively participates in team practices and competitions. Bona fide members of a school team are prevented from missing high school practice or competition to compete or practice elsewhere.

In special circumstances, the MPA allows **up to two (2) waivers** of the Bona Fide Team Rule per student athlete per sport season to be granted by a school administrator on a case-by-case basis.

- If a student/athlete were invited to participate in a one-time prestigious event, then a waiver may be granted. Or if a student athlete were invited to participate in a nationally recognized tournament over a school vacation then a waiver may be granted for that activity.
- However, if a student requests to miss practice every Friday or every weekend because he/she is receiving specialized coaching or participating with an outside team, then a waiver should not be granted because it violates the spirit and intent of the rule.

*** Penalty for violation of this policy:

1st Violation - Suspension from play for one game/contest

2nd Violation - Removal from team for remainder of season

(Effective Date: 2011; updated 2019)

I have read and understand the expectations of the MPA's Bona Fide Team Rule and I agree to follow it. I understand that should I need a waiver of the Bona Fide Team Rule, I must notify my coach of my anticipated absence ahead of time and get the waiver from the Athletic Department BEFORE missing any scheduled practices or competitions to compete in outside activities during the season.

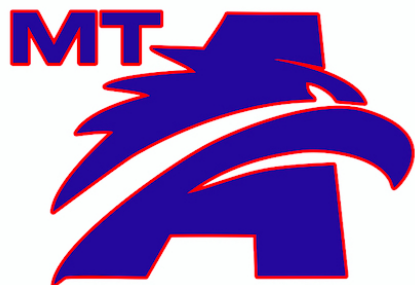
Student-Athlete Signature _____

Date _____

I have reviewed the information noted above regarding the MPA's Bona Fide Team Rule with my student-athlete and we understand these expectations of participation in Mt. Ararat athletic programs.

Parent/Guardian Signature _____

Date _____



Mt. Ararat Substance Use Procedures for Athletics

Mt. Ararat High School recognizes that the use of tobacco, alcohol, marijuana and other drugs produces significant health problems resulting in negative effects on behavior, learning, athletic performance, and total individual development. The school provides education and awareness training as well as support systems for individuals who need help with substance use issues.

Pursuant to **Board Policy JICH: Student Substance Use**, a Mt. Ararat High School team member shall not use, have in possession, buy, sell, or give away alcohol, tobacco (including smokeless tobacco), marijuana, steroids or any other substance defined as a drug or a look alike drug. At anytime during a sports season, it is not a violation for a student to be in possession of a legally defined drug specifically authorized by his/her doctor. A record of this authorization must be provided to and be kept on file in the Nurse's office. The nurse is responsible for storing and dispensing all medications.

The following information describes the consequences for a member of a Mt. Ararat team being in possession of, consuming, or illegally transporting substances described above:

Using / Possessing – First Offense

The student participant will be suspended from all athletic and/or non-athletic activities for the minimum of ten (10) athletic and/or non-athletic participation days. The student upon returning to the activity may not participate in any contest or competition until a minimum of five (5) days of athletic and/or non-athletic extracurricular participation has been completed.

If the involved student has originally disclosed the offense her/himself, the suspension will be considered to have begun on the date of that disclosure. In all other circumstances of disclosure the disciplinary suspension will begin on the date the offense is verified. For all those violations that occur at the end of the season, the consequences shall carry over into the next season or school year if the 10 day / 5 day requirement has not been met in the season of the violation.

The student will meet with a licensed school Substance Abuse Counselor for an evaluation and/or complete a recognized substance use prevention program prior to returning to participation. The student will be ineligible to receive individual honors or awards from the school activity, but will be allowed to receive a letter and/or certificate if he/she fulfills criteria established by the coach and athletic department. The student shall forfeit leadership positions

(such as captaincy) for that particular season.

Selling or Furnishing- First Offense

The student participant will be suspended from the team for the remainder of that season or the minimum of thirty (30) athletic and/or non-athletic participation days, whichever is greater. For all those violations that occur at the end of the season, the consequences shall carry over into the next season or school year if the thirty (30) day/5 day requirement has not been met in the season of the violation.

The student will meet with a licensed school Substance Abuse Counselor for an evaluation and/or complete a recognized substance use prevention program prior to returning to participation. The student will be ineligible to receive individual honors or awards from the school activity, but will be allowed to receive a letter and/or certificate if he/she fulfills criteria established by the coach and athletic department. The student shall forfeit leadership positions (such as captaincy) for that particular season.

Using / Possessing - Second Offense

The student participant will be suspended from the team for the remainder of that season or the minimum of thirty (30) athletic and/or non-athletic participation days, whichever is greater. For all those violations that occur at the end of the season, the consequences shall carry over into the next season or school year if the thirty (30) day/5 day requirement has not been met in the season of the violation.

The student will meet with a licensed school Substance Abuse Counselor for an evaluation and/or complete a recognized substance use prevention program prior to returning to participation. The student will be ineligible to receive individual honors or awards from the school activity, and will not be allowed to receive a letter and/or certificate regardless if he/she fulfills criteria established by the coach and athletic department. The student shall forfeit leadership positions (such as captaincy) for that particular season.

Selling or Furnishing- Second & Subsequent Offense(s)

The student will be suspended from participation in athletic and/or non-athletic extracurricular activities for the remainder of her/his period(s) of enrollment at Mt. Ararat High School.

Using / Possessing Violation- Third and subsequent Offenses

The student will be suspended from all athletic and/or non-athletic extracurricular activity for the remainder of his/her period(s) of enrollment at Mt. Ararat High School

After one calendar year of suspension from all athletic and/or non-athletic extracurricular activity, the student may petition the Substance Abuse Team for reinstatement of his/her extracurricular eligibility. The substance abuse team will consist of the Athletic Administrator,

an Assistant Principal, school nurse, school counselor, and a member of the Varsity coaching staff (cannot be a coach of the student). Whether or not eligibility is restored will be at the discretion of the Substance Abuse Team.

Referral Procedures

The referral process exists for students to seek help safely for themselves (self-referral) or for other students (concerned-person referral) whom they suspect or know is involved with tobacco, alcohol, illegal drugs or the misuse of legal substances. A self-referral or a concerned person referral may not be considered a violation if reported before a violation has been discovered. Follow-up with a school counselor is required.

1. All violations one year (365 days) from the date of the first infraction are cumulative and will be monitored by the Athletic Director.
2. Sports Season is defined according to Maine Principals' Association guidelines, until the activity's end of season banquet or awards ceremony, or the beginning of the next sports season whichever comes first.
3. Should any suspension carry over from one season to the next, students will be allowed to try out for that activity. Suspension would then continue once the student has been selected to participate in the activity.

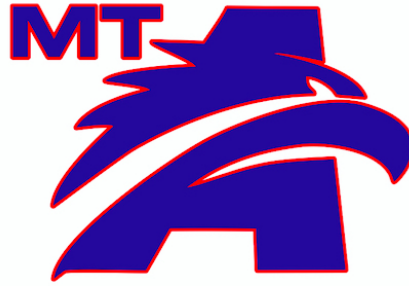
We have reviewed the Mt. Ararat Substance Use Procedures for Athletics and understand that failure to comply with these directives may result in disciplinary action from the Mt. Ararat High School Athletic Department.

Student-Athlete Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form

I, the student-athlete named in this registration, acknowledge that I have to be an active participant in my health and have direct responsibility for reporting all my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff, school nurse). I acknowledge that my physical health relies on my providing a true medical history and sharing any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities. By signing below, I acknowledge:

My school has shared with me specific educational materials including the US Centers for Disease Control and Prevention (CDC) Concussion fact sheet <https://www.cdc.gov/headsup/youthsports/index.html> on what a concussion is and has given me the chance to ask questions.

- I have told the staff about any prior medical conditions and will tell them about any future health conditions.
- A concussion is a brain injury, which I am responsible to report to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed immediately while other symptoms can show up hours later.
- If I think a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional trained in concussion management.

- Following a concussion, the brain needs time to heal and I am much more likely to have a repeat concussion or further damage if I return to play before my symptoms resolve.
- There is a chance that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death. Based on the incidence of concussion published by the CDC the following sports/activities are identified as high risk for concussion - baseball, basketball, diving, football, pole vaulting, soccer, softball, cheering and wrestling.

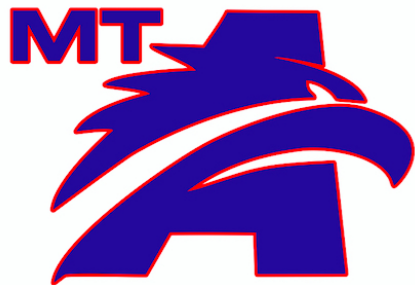
I represent and certify that I and my parent/guardian have read this entire document and fully understand the contents, consequences and implications of signing this document. I agree to be bound by this document.

Parent/Guardian Signature _____

Date _____

Student-Athlete Signature _____

Date _____



Video & Photo Permission & Emergency Authorization

In order to make our high school athletic events available to view, we are planning to video and livestream the events. We are requesting your permission to publish any images of your child and your child's full name in connection with the broadcast. We also periodically use images of student-athletes on our webpages and on social media platforms to promote individual and team efforts and performances.

☐

Yes, I give permission for images of my child to be broadcast and posted on school district web pages and social media platforms, and for my child's full name to be shared on the broadcast.

☐

No, I do not give permission for images of my child to be broadcast and posted on school district web pages and social media platforms, or for my child's full name to be shared on the broadcast.

By signing below, I authorize any necessary professional treatment in an emergency situation when any of the aforementioned emergency contact(s) cannot be reached.

Parent/Guardian Signature _____

Date _____