

# Franklin High School Athletic Department Information

In order for an athlete to be cleared for participation on any FHS team they must complete the following forms and meet the criteria listed below:

1. **PHYSICAL EXAMINATION FORM:** All students must pass a physical exam within **(13)** months of the start of each season. **Students who meet the criteria at the start of the season will remain eligible for that season.** This form must accompany the student athlete participation form. The school offers a free physical in June, November, and March to assist athletes in this requirement in the event they are not able to see their own doctor. A separate MIAA form signed by a parent is necessary in order to get the school physical. Physical dates are posted on the school/athletic website and announced during the school day.

2. **ATHLETIC PACKET** (The following items must be returned to the athletic office):

1. Copy of Permission/Medical Form
2. Copy of Physical

3. **PAY A USER FEE:** The athletic fee is per athlete/per sport. The fee schedule is

**\$450.00 –Boys and Girls Ice Hockey**

**\$175.00- Boys and Girls Cross Country, Indoor Track and Outdoor Track**

**\$200.00- All other sports**

- Payment is expected at time of registration for all non-cut sports (Football, Cross-Country, Indoor & Outdoor Track, Wrestling)
- Payment for teams that cut, is due once teams are selected.
- Parents are encouraged to pay online using our new on line payment system at <https://unipaygold.unibank.com/Default.aspx?customerid=750>
- Checks will still be accepted and must be made payable to the “Town of Franklin”
- Financial assistance is available for those that participate in the free/reduced lunch program. Please contact the Athletic Director.

4. **USER FEE REFUND POLICY:** If an athlete participates in any practices of a sport in any given season but drops off the team prior to the first scheduled competition, their user fee will be refunded or applied to another sport. If any athlete is present at the first or subsequent scheduled competitions, their user fee will not be refunded or applied to another sport. No refunds will be given after two weeks from the start of the season without the Athletic Director’s approval.

(Participation/Medical Form on Reverse Side)

**FRANKLIN HIGH SCHOOL  
ATHLETIC DEPT.  
PERMISSION/MEDICAL FORM**

I hereby give my permission for my son/daughter to participate in competitive athletics at Franklin High School. I understand and accept that such activity involves the potential for minor, major or catastrophic injuries, which are inherent in all contact/non-contact sports.

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Mother's cell# \_\_\_\_\_ Father's cell# \_\_\_\_\_

Parent Email: \_\_\_\_\_ Medical Insurance Carrier : \_\_\_\_\_ Policy# \_\_\_\_\_

Sport: \_\_\_\_\_ Physical Date: \_\_\_\_\_

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**I HAVE READ AND UNDERSTAND**

1. The standard eligibility rules governing the Commonwealth of Massachusetts Secondary Schools,
2. Loyalty to the high school team and non-school team competition rule and Hazing Law, Chapter 536,
3. The regulations of the Franklin High School interscholastic program as outlined in the Student & Parent Athletic Reference Guide including but not limited to, the Alcohol/Drug Policy, MIAA rules and academic eligibility.
4. Athletes are responsible for all issued equipment. Lost or stolen equipment will be paid for by the athlete that is missing the equipment at the conclusion of the season.
5. I understand that pictures of my son/daughter may be posted on athletic websites

**MEDICAL HISTORY** (Describe /List any accidents, operations, allergies for which your child receives treatment, or any other medical conditions below):

ACCIDENTS: \_\_\_\_\_ OPERATIONS: \_\_\_\_\_  
\_\_\_\_\_

ALLERGIES: \_\_\_\_\_ OTHER: \_\_\_\_\_

<b>EPIPEN</b>	<b>Yes</b>	<b>No</b>	<b>INHALER</b>	<b>Yes</b>	<b>No</b>
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Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

I give the coach or person in authority my consent to seek whatever medical treatment may be necessary in the event that my son/daughter is injured or requires medical care while in his/her charge and a parent/guardian cannot be reached.

X \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Student Athlete

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The above student has met all the criteria for participating in FHS Athletics

Athletic Director or Assistant \_\_\_\_\_