

# DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

Steven M. Lamarche  
Superintendent of Schools



Lorinda C. Allen  
Director, Pupil Personnel Services

Karen A. Ares  
Interim Assistant Superintendent of  
Teaching and Learning

68 Dudley-Oxford Road  
Dudley, Massachusetts 01571  
508-943-6888  
508-943-1077 – fax  
[www.dcrsd.org](http://www.dcrsd.org)

Richard J. Mathieu  
Director of Finance and Operations

## Dudley Middle School ATHLETIC Department

### Parental Consent Release from Liability and Indemnity Agreement

We the undersigned parent/caregiver of \_\_\_\_\_, a minor, and said minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Dudley-Charlton Regional School District, a regional school district in the Commonwealth 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 parent(s) or caregiver(s) of said minor, and also all claims or right of action for damages which said minor has a hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Dudley-Charlton Regional School District athletic programs; Furthermore, we / I hereby agree to protect the Dudley-Charlton Regional School District, and its successors, departments, officers, employees, servants and agents any loss and damage costs, including attorney's fees, the district or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, negligent, or reckless acts or omissions while participating in the said sports programs.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Parent/Caregiver Signature

"...to advance the knowledge and well being of our children and our community."

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### Chemical Health Contract:

I \_\_\_\_\_, agree to remain drug free from the earliest fall practice dates, to the conclusion of the academic year or final athletic event (whichever is latest) throughout my high school years. I understand if I am involved with drugs or alcohol during the season it could affect my individual performance both athletically and academically. I agree to abide by and follow training rules as specified by my coaches and to abide by and follow the chemical Health rules required by the MIAA, and Dudley Middle School as stated in the Student Handbook. I understand that if I am unable to fulfill my commitment to this agreement, I will be subjected to the consequences as stated by my coaches.

We, the parent(s) / caregiver(s) of the above names student, understand the requirements and agree to assist and support this student in making the commitment to abide by the training rules, and the Chemical Health rules as they apply to alcohol, drugs and tobacco.

We the athlete and parent(s) / caregiver(s) also realize and understand the athlete's responsibility to him/herself, his/her teammates, and his/her school to adhere to all that is required academically and athletically and to exhibit conduct that demonstrates a real effort to attain the control and self-discipline so necessary to achieve positive results in all endeavors.

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*Student ID #*

\_\_\_\_\_  
*Parent/Caregiver Signature*

*Students First*

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### *Athlete / Nurse Agreement*

All interested sports candidates must have a current physical on file with the School Nurse.

Physicals are accepted for only 13 months from the date on the physical form. After that time, a new physical must be presented to the School Nurse, or you will not be allowed to play, as your physical has expired.

A "Pre-participation Head Injury Concussion Reporting form for Extra-curricular Activities must be completed and signed by both parent/caregiver and student prior to participation in each sport season (i.e. fall, winter, spring).

I understand the requirements for participation in school-sponsored sports as noted above.

\_\_\_\_\_  
*Student Candidate Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Nurse Signature*

\_\_\_\_\_  
*Date*