

MELROSE PUBLIC SCHOOLS
360 Lynn Fells Parkway
Melrose, MA 02176

Field Trip
Parental Consent and Release from Liability Form
July 1, 2014 – June 30, 2015

We/I, the undersigned parent(s)/guardian(s) of _____, a minor, do hereby consent to his/her participation in a voluntary field trip to _____ from (dates) _____ to _____ and do forever RELEASE, acquit, discharge, and covenant to hold harmless and not to sue the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, representatives and agents, including all field trip volunteers and chaperones, from any and all actions, causes of action, claims, demands, damages, loss of services, costs, attorneys' fees, expenses and compensation on account of, or in any way growing out of, directly and indirectly, all known and unknown personal injuries or property damage that we/I may now or hereafter have as parent(s)/guardian(s) of said minor, and also all claims or right of action for damages that said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in this field trip.

Furthermore, we/I hereby agree to INDEMNIFY, hold harmless, protect, reimburse and make good to the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, representatives and agents from any and all actions, causes of action, claims, demands, damages, loss of services, costs, attorneys' fees, expenses and compensation arising from said minor's intentional, grossly negligent or reckless acts or omissions while participating in said field trip.

SCHOOL: _____

FIELD TRIP: _____

Signature(s) of Parent(s) or
Guardian(s) _____

Acknowledging having read and understood the document

Date _____ Relationship _____

This form may not be altered.

Complete Reverse Side

Student's Last Name _____ First Name _____ Middle Initial _____

Home Address _____ Town _____ Zip Code _____

Telephone Number _____ Month _____ Day _____ Year _____ Grade _____
Date of Birth (A copy of the birth certificate may be required.)

IN CASE OF EMERGENCY CALL:

1. Name _____ Tel. No. _____ Relationship _____
2. Name _____ Tel. No. _____ Relationship _____
3. Name _____ Tel. No. _____ Relationship _____

Family Health Insurance Plan _____ Policy Number _____

FIELD TRIP CANCELLATION RELEASE AGREEMENT

1. The School Committee reserves the right to cancel any school-sponsored field trip up to the time of departure and to recall any field trip in progress, whenever, in the Superintendent's judgment, a change in circumstances, whether man-made or natural, warrants such action in the interests of the safety of students and other participants or for any other appropriate reason.
2. If a trip is cancelled, the Superintendent will endeavor to make the decision at the earliest date possible.
3. If a trip is cancelled, the school district will make an effort to obtain a refund of monies paid by students and parents/guardians; however, such refund is not guaranteed. Parents/guardians may lose all or any portion of the funds that they have expended in connection with the trip.
4. It is strongly suggested that all participants purchase comprehensive trip insurance as warranted.

We/I affirm that we/I have read the above Field Trip Cancellation Release Agreement and understand that the Superintendent has the right to cancel or to recall a school-sponsored field trip. We/I understand and acknowledge that, in the event of such action, we/I may lose all or any portion of the funds that we/I have expended in connection with the trip.

We/I agree to release and covenant to hold harmless and not to sue the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, servants, and agents for any loss of funds or any other damages resulting from the cancellation or recall of any school-sponsored field trip.

Signature of Parent/Guardian _____ Date _____



Sports/Extra-Curricular Sign-ups

B & G Cross Country, Golf, Football, Field Hockey, B & G
Girls Swimming, Volleyball, Cheerleading and Band

Soccer,
Members

Fall Sign-up dates: Aug. 4th – Aug. 21st (please feel free to do your online sign up sooner. Do not mail your fall registration)

**PRACTICE AND TRY-OUTS BEGIN Monday, Aug. 18th, 2014 –Football
Thursday, Aug. 21, 2014 – All Other Sports**

Dear Melrose Families:

We at Melrose hope that everyone has had a happy, safe and relaxing summer.

We are continuing the convenience of online registration for our sports programs and extra-curricular activities through partner company, FamilyID. FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, you enter your information once for multiple uses, multiple kids and multiple programs.

BEFORE YOU BEGIN YOUR ONLINE REGISTRATION - Complete the online concussion course.

The Commonwealth of Massachusetts requires that all **athletes, band members, cheerleaders and parents/guardians** take an online concussion course each year. As you complete the registration process you will be required to sign-off indicating that you both have completed the online course.

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000> or www.cdc.gov/Concussion

Have The Following Information Handy:

- Doctor Information - Health Insurance information - Date of current physical. (Physical date should not be older than 12 months)

BEGIN YOUR ONLINE REGISTRATION using this link to FamilyID:

<https://www.familyid.com/melrose-athletic-department>

1. **New User:** Create your secure FamilyID account by entering your family name, e-mail address and password. You will receive an e-mail with a link to confirm your new account.
2. Fill out the information requested on the registration form. You will receive an e-mail from FamilyID confirming your registration. You can log back into FamilyID.com at any time to update your information and to check on the sport for which you are registered.
Returning User: Use your FamilyID log on. If you do not remember your log on please call FamilyID to reset it for you.
3. Make sure that you click on 'save & continue', review your entries then click on 'complete registration'.
4. If you need assistance you can call **FamilyID at 888-800-5583 x1**. **Support** is available 7 days per week from early morning through late evening.

LASTLY - A Clearance Card Needs To Be Issued

Once you have completed the **concussion course**, FamilyID Online Registration, submitted **current physical** and **payment** to the Athletic Office; (**Temporary location at the MS Cafeteria**) a clearance card will be issued. **Athletes MUST have a clearance card to participate.**

Please see MHS Athletic web page for details regarding the payment structure that the school committee has adopted. **A mandatory fall sports meeting will be held for parents/guardians and coaches, Wednesday, September 3rd at 6:30 in the middle school auditorium. If your son or daughter is a member of our freshman, junior varsity or varsity teams, you must attend this meeting. The meeting will begin with general information and then parent/guardian will have the opportunity to meet with coaches.**

Sign-up will begin Monday, August 4th from 8:30 until 3:30 at the Middle School Cafeteria.

Contact Denise Daglio with questions 781-462-3224 -- Pat Ruggiero, Director of Athletics 781-462-3223



Melrose Bandaiders

Photo Permission Form

Media Release: Your permission is requested to allow the Melrose Bandaiders to use the image/name of your child in materials, as outlined below, taken at official events or activities of the Melrose High School Band Program for publication on the Melrose High School Band Website, in local newspapers, and/or for publicity and community relations purposes.

Instructions: Please indicate the level of participation you feel comfortable with in regards to using your child's image/name as explained above.

_____ I agree to have my child's image **and/or** full name used in print, video and digital media and agree that these images may be used by the Melrose High School Band and in the larger community.

_____ I agree to have **only** my child's image used in print, video and digital media and agree that these images may be used by the Melrose High School Band and in the larger community.

_____ I DO NOT agree to have my child's image/name used at all.

Name of child _____

Parent/Guardian signature _____ Date _____