

RED RAIDER FOOTBALL

Dear Parents & Student Athletes:

Welcome to North Quincy High School Football. Once again 2014 is shaping up to be an exciting season, we are returning many players from last year's team and welcoming in many new faces. Enclosed with this letter is a copy of everything you need to know in order to play football at North Quincy High School next season. The packet includes a list of important dates, summer workout schedule, equipment issue dates and pre-season practice and scrimmage schedule.

The NQHS Football Staff's number one goal is player safety with that there is a large amount of necessary paperwork. All paperwork must be completed in full, before any player is issued any equipment. The following is a list of forms that need to be passed in:

- ImPact Concussion Test Consent Form
- MIAA Sports Candidate Medical Questionnaire
- Department of Athletics Athletic Permit
- Parent/Athlete Concussion Information Sheet & Report of Head Injury Form

In addition to the required paperwork above, each and every player must provide documentation that they have passed a physical examination sometime within 13 months of the season. Each physical is good for 13 months as long as the necessary paperwork is on file in the NQHS Nurse's office.

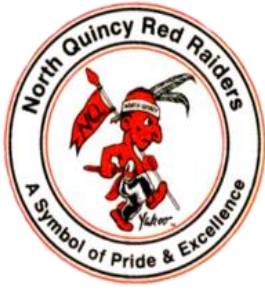
THE COST TO PLAY FOOTBALL AT NQHS!

- **USE FEE:** Each player must pay a user fee of **\$150.00**. This may be paid in cash, check or money order payable to **Quincy Public School Athletics**
- As a team we are attending the: **Gridiron Football Camp August 10-13th @Hanover HS** (Cost is **\$100** and all checks/applications should be past into your head coach)
- **Raider Nike Performance Player Package:** Performance Shirt and Practice Shorts and the option to order Nike team cleats. This is through our team equipment provider BSN Sports as soon as the site is ready I will pass it on!

If you any questions, concerns or need more information please contact Head Coach Mark Nutley. I can be reached at mnutley@hotmail.com or 617-233-9461.

Sincerely,

Mark Nutley
Head Coach
North Quincy High Football



RED RAIDER FOOTBALL

July-August: Off-Season Conditioning every **Monday, Tuesday, and Thursday** from 5:30-7:30. Mandatory for all 10-12 graders. Incoming 9th graders are strongly encouraged to participate. Weightlifting will take place at Cavanaugh Field (Practice Field)

July: Passing league @Hingham HS Wednesday nights in July; roster and schedule to follow (selected skilled players)

July 20, Sunday: Under Armour 7on7 Passing Tournament at Oliver Ames HS.

Begins at 8:30 am. Please visit www.northeast7v7.com for more information.

June 30 and July 1st: QYFL Raiders Football Clinic 4-8pm @ Cavanaugh Field

PRE-SEASON:

August 4-5: Football Equipment Issue: **Monday August 4th** Seniors and Juniors **11AM-1PM**

Tuesday August 5th Sophomores and Freshmen **11AM-1PM**

Each player must have all necessary paperwork passed in to receive equipment. Players will receive helmet, shoulder pads, practice shirt, mouthpiece and a locker. Please show up with the following that day:

1. **Lock for you Locker**, must keep everything locked up!
2. **User Fee: \$150-** Cash, check or money order, made out to **Quincy Public School Athletics**
3. **Completed Sports Eligibility packet with Physical Exam Documentation:** Packet must be filled out completely:
 - ☐ ImPact Concussion Test Consent Form
 - ☐ MIAA Sports Candidate Medical Questionnaire
 - ☐ Department of Athletic s Athletic Permit
 - ☐ Parent/Athlete Concussion Information Sheet
 - ☐ Report of Head Injury Form
 - ☐ Documentation of a Physical Exam between the dates of September 1, 2012- August 19, 2013
4. **Gridiron Football Camp Application Materials** (if not mailed in already) Application and \$100 check/money order payable to **Gridiron Football Camp**.

PRE-SEASON FOOTBALL CAMPS

June 6-8: NFL HSPD Camp @ Randolph HS (cost is Free)

August 10-13: Gridiron Camp. See attached application @ **HHS 8-1pm** (Transportation provided by QPS)

August 18-20: Mandatory three days of non-contact conditioning from **8am– 1pm** practice field.

August 19: Meet The Coaches Night/Kick-Off Dinner/Parent/Player Info Night. All parents and players are asked to attend. **Boosters Club Presentation.**

August 21, 22, 25, 26: Double Sessions Practices **8am– 4pm** **Bring a lunch!**

August 23, 28, 29: Single Session **8am- 1pm**

August 23: Team Practice/Scrimmage @ Norwell HS 10AM (bus leaves at 9am)

August 27: Tri-Scrimmage @ Milton HS (Milton and Burke) 3:30 PM (Bus leaves at 2:15)

August 30: Scrimmage North Reading HS

MONDAY SEPTEMBER 1st is Medford week!



DEPARTMENT OF ATHLETICS

Athletic Permit

Participation in athletics is voluntary. It is important to realize that there is a possibility that catastrophic injury may occur due to athletic competition. The Quincy Public Schools has an insurance policy (non-duplicating) which covers injuries sustained while involved in school athletics. This policy will pay only for medical expenses not covered by your own health insurance coverage. A sample of the policy detailing the BENEFIT PACKAGE AND LIMITATIONS is available through your school's Principal, Head Coach or Athletic Director.

Name of Student: _____ School _____ Grade: _____

Sport: _____

Do you subscribe to a health insurance plan?

Yes _____ No _____ Name of Plan: _____ Certification or Policy #: _____

STATEMENT OF PARENT

This is to certify that I have read the statements on this document, as well as the Parent/Athlete Concussion Information Sheet, and hereby give permission for my child to participate in the sport named.

Parent(s) Signature: _____

Student Signature: _____

Home Phone: _____ Work Phone: _____

Contact Person: _____ Relationship to Athlete: _____

Telephone Number(s): _____

Please state any medical information school personnel should have in case of emergency:

Medication(s): _____

Family Physician: _____ Telephone #: _____

STATEMENT OF NURSE

This is to certify that the MIAA Sports Candidate Medical Questionnaire is complete and on file. The physical exam expires on the following date: _____

Nurse's Signature: _____

Quincy Public Schools
Department of Athletics
100 Coddington Street, Quincy, MA 02169

Telephone (617) 376-3347
Fax (617) 376-1236

MIAA Recommended Sports Candidate Medical Questionnaire

1. PART A IS TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN.
2. PART B IS TO BE COMPLETED AND SIGNED BY THE EXAMINING PHYSICIAN.
3. COMPLETED FORM IS TO BE TURNED INTO THE HEALTH OFFICE OF THE PARTICIPATING HIGH SCHOOL.

PART A: TO BE COMPLETED BY PARENT OR GUARDIAN DATE: _____

Student's Name _____

Student's Address _____ Date of Birth _____

Parent's/Guardian Name _____ Telephone () _____

Physician Name _____ Telephone () _____

Physician Address _____

Telephone () _____ Name of Insurance _____ Policy # _____

1. When did your child last see a medical doctor in the past two years?

EXPLAIN: _____

2. Does/has your child have/had a disease(s) that affects the function of eye, ear, testicle, kidney, or lung? If so, please explain?

3. List any operations, fractures, sprains, or bone dislocations

_____ DATE OR AGE _____

_____ DATE OR AGE _____

4. Has your child ever had any of the following? Circle Y FOR YES, N FOR NO.

A. ASTHMA AND/OR ALLERGIES	Y	N	K. MONONUCLEOSIS	Y	N
B. FAINTING AND/OR CONVULSION	Y	N	L. PNEUMONIA	Y	N
C. HEART MURMUR/HEART CONDITION	Y	N	M. HEPATITIS	Y	N
D. RHEUMATIC FEVER	Y	N	N. BRONCHITIS	Y	N
E. KIDNEY DISEASE OR INJURY	Y	N	**O. HEAD INJURY	Y	N
F. HEAT STROKE/HEAT EXHAUSTION	Y	N	**P. CONCUSSION	Y	N
G. DIABETES	Y	N	Q. SEIZURE	Y	N
H. MENSTRUAL PROBLEMS	Y	N	R. MAJOR DENTAL PROBLEMS	Y	N
I. BLOOD DISORDERS	Y	N	S. TUMORS	Y	N
J. ARTHRITIS AND/OR JOINT REDNESS	Y	N	T. BRIDGES OR FALSE TEETH	Y	N
			U. OTHER	Y	N

** If student was diagnosed with a **concussion**, please list diagnosis and duration of symptoms

Please explain any "Yes" answers to the above questions

5. Does your child take any medications now? ____ If so, what? _____

6. Do you know any reason for your child not to participate in any sports? Yes ____ No ____
IF "YES", PLEASE EXPLAIN: _____

7. I have read and understand the CDC's Parent/Athlete Information Sheet on Concussion provided.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

STUDENT/ATHLETE SIGNATURE _____ DATE _____

PART B: TO BE COMPLETED BY EXAMINING PHYSICIAN (PLEASE PRINT)

Name of Student _____

1. Grade ____ 2. Age ____ 3. Height ____ 4. Weight ____ 5. Blood Pressure ____

6. Significant Past Illness or Injury _____ DATE _____
DATE _____
DATE _____
DATE _____

7. Eyes R20/ ____ L20/ ____ 8. Ears Hearing R ____/15 L ____/15

9. Respiratory _____

10. Cardiovascular _____

11. Liver _____ 12. Other _____ 13. Other _____

14. Musculoskeletal _____ 15. Skin _____

16. Neurological _____ 17. Genitalia _____

18. Laboratory: Urinalysis _____ 19. Other _____

Comments _____

20. Recommendations for participation with the following restrictions _____

21. Date of Last Physical Examination _____

22. Tetanus booster within the past ten years? YES ____ NO ____ Date: _____

Name of Physician (please print) _____

Practice Name/Address _____ Telephone () _____

Physician's Signature _____ Date _____

The Quincy Public Schools does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin, or handicap,
in its educational activities or employment practices



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF

Appears dazed or stunned
Is confused about assignment or position
Forgets an instruction
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (*even briefly*)
Shows mood, behavior, or personality changes
Can't recall events *prior* to hit or fall
Can't recall events *after* hit or fall

SYMPTOMS REPORTED BY ATHLETES

Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date