



MASSACHUSETTS INTERSCHOLASTIC ATHLETIC ASSOCIATION

WHITE BOOK OF FORMS

For Member School Principals and Athletic Directors

06/27/2013

INTRODUCTION

The purpose of this WHITE BOOK is to make available, for reference and duplication, forms currently used by MIAA member schools. The MIAA HANDBOOK explains the appropriate use of each form.

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Sanctioning Waiver - Rule 37.4.3

MIAA Handbook Rule 37.4.3 establishes the criteria that, "The activity is sponsored by or under the ultimate control of secondary school personnel." In an attempt to grant schools the opportunity to participate in interstate events that may not necessarily meet this requirement, the MIAA Board of Directors has created this form to allow schools to participate in such events if the principal and superintendent execute the following agreement:

On behalf of _____
School Name

we have reviewed the proposed trip for the _____
Sport

team/individual team members to participate in the following event: _____

Event Name

on _____.
Event Dates

We have determined the trip and related athletic activity to be consistent with all MIAA rules and regulations and find no reason to deny this team/these individuals the opportunity to participate. We accept all responsibility for this participation, including, but not limited to, enforcement of MIAA Handbook rules (both general and sport specific), sportsmanship standards, liability, insurance, and safety.

Principal's Name: _____

Principal's Signature: _____ *Date:* _____

Phone Number: _____ *Email:* _____

Superintendent's Name: _____

Superintendent's Signature: _____ *Date:* _____

Phone Number: _____ *Email:* _____



APPLICATION FOR APPROVAL OF MULTIPLE SCHOOL ATHLETIC EVENT

(Reference MIAA Rule 36)

THIS APPLICATION MUST BE RECEIVED AT LEAST 45 DAYS PRIOR TO THE SCHEDULED EVENT DATE

All athletic events (tournaments, sport days, scrimmages, jamborees, etc.) involving eight or more schools must have the approval of the MIAA (Handbook Rule 36) with the exception of events that are conducted by, and include only, league members. All events must comply with all MIAA rules and regulations. Applications for events involving out-of-state teams must have the approval of the MIAA and the state associations of the invited schools. Only an MIAA member school may sponsor a multiple-school athletic event.

SECTION 1 - EVENT INFORMATION

EVENT NAME _____ EVENT DATE _____

SPORT _____ Boys / Girls / Boys & Girls Varsity / Sub-Varsity / Both

SPONSORING SCHOOL _____

SITE NAME AND ADDRESS: _____

INVITED SCHOOLS: **PLEASE PROVIDE A LIST OF ALL INVITED SCHOOLS WITH THIS APPLICATION.**

COST AND TYPE(S) OF AWARD(S) _____

ENTRY FEE(S) \$ _____ ADMISSION: Adult \$ _____ Student \$ _____

SECTION 2 - EVENT MANAGER

EVENT MANAGER'S NAME _____

EVENT MANAGER'S POSITION _____

EMAIL _____ CELL PHONE (_____) _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

SECTION 3 - SPONSORING SCHOOL PRINCIPAL

As the sponsoring school principal of this event, I understand that my responsibilities include assuring:

- *The event manager is appointed and monitored by one of our school administrators (i.e. principal, assistant principal, athletic director) and will be responsible and present throughout the entire event.*
- *The event manager and school assumes all responsibility for this event (e.g. enforcement of MIAA Handbook rules, sportsmanship standards, liability, insurance, safety)*
- *Only Massachusetts schools that are MIAA members and/or out-of-state schools that have been approved by their respective state associations will participate in this event.*
- *My event manager is, and will be, involved in all aspects of this event including planning, preparation, invitations, event set-up, risk assessment, financial reports (due upon request), etc.*

PRINCIPAL'S SIGNATURE _____ DATE _____

SECTION 4 - OFFICIAL ACTION BY MIAA

OFFICIAL ACTION BY MIAA _____

COMMENTS/LIMITATIONS _____

SIGNATURE OF MIAA OFFICIAL _____ DATE _____

MIAA, 33 Forge Parkway, Franklin, MA 02038
PHONE: (508) 541-7997

E-mail: miaa@miaa.net
FAX: (508) 541-9888

APPLICATION FOR SANCTION OF BORDERING STATE(S) ATHLETIC EVENT

(Reference MIAA Rule 37)

THIS APPLICATION MUST BE RECEIVED AT LEAST 45 DAYS PRIOR TO THE SCHEDULED EVENT DATE

Each school guarantees its membership and good standing in its own state high school association, and that participation in this event will not violate any rule of that association or of the National Federation. Each participant shall be eligible under the rules of his/her state association. Awards shall be limited to such as are permitted by the most restrictive state high school association from which competitors enter. No entry shall be accepted for any competitor from any state or section of a state not included in the list of states for which sanction is granted.

SECTION 1 - EVENT/HOST SCHOOL INFORMATION

Host School _____
School Address City State Zip

Name of event _____ Event Date _____

Sport _____ Boys / Girls / Boys & Girls Varsity / Sub-Varsity / Both

Site Name and Address _____

Event Manager _____ Position _____

Email _____ Phone (_____) _____

Schools invited from the following states: _____

Number of invited schools _____ **PLEASE PROVIDE A LIST OF ALL INVITED SCHOOLS WITH THIS APPLICATION**

Entry Fee _____ Award(s) value and type _____

As the sponsoring school principal of this event, I understand that my responsibilities include assuring:

- The event manager is appointed and monitored by one of our school administrators (i.e. principal, asst. principal, athletic director) and will be responsible and present throughout the entire event.
- The event manager and school assumes all responsibility for this event (e.g. enforcement of MIAA Handbook rules, sportsmanship standards, liability, insurance, safety)
- Only Massachusetts schools that are MIAA members and/or out-of-state schools that have been approved by their respective state associations will participate in this event.
- My event manager is, and will be, involved in all aspects of this event including planning, preparation, invitations, event set-up, risk assessment, financial reports (due upon request), etc.

Sponsoring MIAA Principal: _____
Signature Date

SECTION 2 - ACTION BY MIAA

State Association Action: Sanction Event Do Not Sanction Event No Jurisdiction

Comments/Limitations _____

Signature of MIAA Sanctioning Officer _____ Date _____ State _____

SECTION 3 - ACTION BY STATE ASSOCIATION OF INVITED SCHOOL(S)

State Association Membership: Member School Approved School Non-Member School

State Association Action: Sanction Event Do Not Sanction Event No Jurisdiction

If "No Jurisdiction" please explain why _____

Comments/Limitations _____

Signature of State Sanctioning Officer _____ Date _____ State _____

After completing Section 3, please forward a copy to the MIAA Office (Fax: 508-541-9888)

Revised 6/17/13



MIAA
33 Forge Parkway
Franklin, MA 02038

TEL: (508) 541-7997
E-mail: miaa@miaa.net
FAX: (508) 541-9888

GAME EXCLUSION NOTICE

Agreement for the selected schools listed in #2 below - (Reference MIAA Rule 34)

This form must be completed & received in the MIAA office before the first allowable date for competition in that sport.

Member schools (not listed below) may exceed the maximum number of seasonal competitions by two and exceed the weekly limit by one, when scheduling contests with the schools listed below. Member schools listed below are only allowed to play the maximum number of seasonal competitions and may play each other, and at least one of the member schools must count the event towards the tournament (if not in the same league). Game Exclusions are posted on the MIAA website under Sports/Tournaments.

Please make copies of this form as needed.

Sport _____ Boys Girls Div: _____ Section: _____

*This form need only be executed when you choose **not** to count, toward tournament qualification and seeding, contests with the schools listed below. Or, if listed school playing another listed school with one opting not to count the contest. **Schools listed here & in the same league MUST count all league games.***

Since contests do count for these schools, you must also include them on the "MIAA Season Schedule and Commitment Form" you submit to your tournament director on September 30, January 15, or April 15.

1. Your School _____

2. Opponent	Date(s)	Opponent	Date(s)
Barnstable	_____	Malden HS	_____
Bishop Feehan(Atleboro)	_____	Martha's Vineyard	_____
Bishop Stang(No.Dartmouth)	_____	Medford HS	_____
Boston College H.S.	_____	Nantucket	_____
Bridgewater-Raynham	_____	Nauset (No.Eastham)	_____
Brockton H.S.	_____	New Bedford	_____
Cambridge R&L	_____	Notre Dame (Hingham)	_____
Catholic Memorial (W.Rox)	_____	Randolph ('12-13 & '13-14)	_____
Coyle & Cassidy (Taunton)	_____	St. John's Prep (D)	_____
Dartmouth HS	_____	Somerset Berkley Reg	_____
Durfee HS (Fall River)	_____	Somerville	_____
Everett HS	_____	Ursuline (Dedham)	_____
Fontbonne Acad.(Milton)	_____	Xaverian (Westwood)	_____
Malden Catholic	_____		

Principal or Athletic Director Signature _____ Date Received _____



APPLICATION FOR WAIVER OF BONA FIDE TEAM RULE 45 (and 96)

(To be completed and submitted at least thirty (30) days prior to the event.)

SECTION I

1. Name of Student: _____
2. Grade: _____
3. Name of School: _____
4. School Telephone: _____
5. City/Town: _____
6. Zip: _____
7. Date Submitted: _____

SECTION II

1. Attach to this form a copy of the invitation received by the student.
2. How many days of school will the student miss? _____
3. How many practices/games will the student miss? _____ Games _____ Practices
4. In what sport will the student be participating? _____
5. What sport will the student be missing by attending that event? _____
6. Date of the event. _____

SECTION III

Explain your request. By responding to the following points, please give an explanation of your support for the waiver.

1. The name of the event that the student will be attending. _____
2. Location of the event. _____

~ (continued)~

3. In what way is this event a significant experience?

4. Why is this request supported by the school?

5. Endorsement in support of the waiver. Your signature indicates your support of this waiver request:

Principal: _____

Athletic Director: _____

Coach: _____

Parent: _____

Student: _____



MIAA ELIGIBILITY CHECKLIST FOR PRINCIPALS, A.D.'s, & OTHERS () ARE MIAA RULE #'s

1. Student Name: _____
2. Address: _____
3. Age (#60) : _____ Date of Birth: _____
 - a. A student shall be under 19 years of age, but may compete during the remainder of the school year, provided that his/her birthday occurs on or after September 1 of that year.
4. For transferring student only (#57):
 - a. A student who transfers from any school to an MIAA member HS is ineligible to participate in any interscholastic athletic contest at any level for a period of one year in all sports in which that student participated at the varsity level or its equivalent during the one year period immediately preceding the transfer.

Note: MIAA Form 200 may be executed between the receiving and sending school principals.

 - b. Reason for Transfer: _____
(Exemption to the transfer rule: When a student's school transfer is necessitated (i.e. required) by a change of residence of his/her parent(s) to the area served by the school to which he/she transfers. This exception does not apply to a change in custody, guardianship, or to a student's change in residence from one parent to another, nor does it apply when the student could continue to attend the former school.)
 - c. A student who participates at the Varsity level at your school, transfers to another school (may or may not play a Varsity sport), and then returns to your school is ineligible to participate in the varsity sport(s) previously pursued at your school.
5. Date entered school (#51): _____
6. School enrolled last (#55): _____
7. Have you ever repeated a grade (#59)? No ___ Yes ___ If yes, what grade? _____
 - a. A student shall be eligible for interscholastic competition for no more than 12 consecutive athletic seasons after first entering grade 9.
8. Have you ever not attended school on a continuous basis – If yes, when? _____
9. User Fee _____

(continued)

10. Grades/transcripts checked (#58) _____

- a) During the last marking period preceding the contest (e.g., second quarter marks and not semester grades determine third quarter eligibility) a passing grade in the equivalent of four major subjects.
- b) To satisfy this requirement, a student must have passed sufficient courses for that marking period which carry Carnegie Units totaling the equivalent of four traditional 1-year major English courses.
- c) A student cannot at any time represent a school unless that student is taking courses which would provide Carnegie Units equivalent to four traditional 1-year major English courses.
- d) To be eligible for the Fall marking period, students are required to have passed for the previous academic year the equivalent of four traditional 1-year major English courses.
- e) Incomplete grades may not be counted toward eligibility until they are made up following school policy.
- f) A student who repeats work in which he/she has once received credit cannot count that subject a second time for eligibility.
- g) A student cannot count for eligibility any subject taken during the summer vacation, unless that subject has been pursued and failed during the preceding academic year.

11. Parent(s) permission form _____

12. Physical Exam (#56) - Date: _____

13. For a student to practice with, or to represent a MIAA member school in athletic competition, the student must be duly enrolled in that school(#51). Also a student shall have been a member of the MIAA member secondary school for a minimum of two months (exclusive of the Summer vacation) and have been issued a report card preceding the contest, unless entering from an elementary or junior high school at the start of the school year *or transfers in from another school.* (#55.1)

14. Middle School students on Senior High Teams (#53), Home Educated Students (#54), Chemical Health (#62), Foreign Students (#57.5) & Alternative Programs (#52), all have specific criteria that must be addressed prior to declaring a student eligible.

OTHER MIAA RULES MAY ALSO APPLY. IT IS RECOMMENDED THAT IF YOU HAVE ANY QUESTIONS - CALL THE MIAA (508-541-7997). RULES ARE LISTED IN () FROM THE MIAA HANDBOOK. USE THE ICONS IN THE ON-LINE VERSION FOR FUTHER INFORMATION.

Updated 6/20/11



THIS FORM MUST BE FULLY EXECUTED PRIOR TO PARTICIPATION - In the case of a student who transfers into your school after the start of that practice season, this form can NOT render approval. You must request a waiver & include Form 200.

TRANSFER RULE ~ FORM 200 (Reference MIAA Rule 57)

A. The Receiving School Principal completes this section and then forwards to the Sending School Principal.

1. Receiving Principal _____ School _____ Phone _____
School Fax: _____
2. Student's Name _____ Grade _____ Date of enrollment _____
Student's Address _____ Date of Birth _____
3. The student wishes to participate in the following sports:
Fall: _____ Winter: _____ Spring: _____
4. Student's reason for transfer: _____

B. The sending School Principal & Athletic Director complete this section & returns to Receiving School Principal.

1. Sending Principal _____ School _____ Phone _____

2. List ALL athletic participation since first entering grade 9 (include level of play, *e.g.: F, JV, V, AAU, etc.* & school)

	Grade 9 yr:	Grade 10 yr:	Grade 11 yr:	Grade 12 yr:
Fall:				
School				
Winter:				
School				
Spring:				
School				

3. The Sending School Principal and Athletic Director certify the following by initialing each (*complete section 3a-e OR check off box next to section 4*):

- a. To our knowledge recruitment, was not involved in any way: _____
- b. At the time of transfer, the student was in good standing: _____
- c. The student would be academically eligible at our school _____
- d. We have no knowledge that the transfer was related to athletics which would cause our objection to eligibility: _____
- e. The transfer student would be eligible at our school to participate in athletics: _____
- f. Comments: _____

4. (*Please DO NOT check this box if you completed #3 above*). We support the MIAA Transfer Rule 57.1: A student who transfers from any school to an MIAA member high school is ineligible to participate in any interscholastic athletic contest at any level for a period of one year in all sports in which that student *participated at the varsity level or its equivalent* during the one year period immediately preceding the transfer.

5. Has this student had any Chemical Health Violations since the beginning of the Fall Practice Season?

No ___ Yes ___ If yes, please list if penalty: has been served or needs to be served (circle one)

6. Sending School A.D.'s signature: _____ Date _____

7. Sending School Principal's signature: _____ Date _____

C. APPROVED (may only be approved when B,3 a through e – ALL have been initialed)

1. The Receiving School Principal certifies (ref. B,3, a-f) Transfer Rule eligibility on: ____/____/____
2. The student also is eligible under all other MIAA and local eligibility standards: ____yes ____no
3. Receiving School Principal's signature: _____ Date: _____
4. Receiving School A.D.'s signature: _____ Date _____

D. DENIED (must be denied if B,3 a through e – one or more NOT initialed – OR if box next to number 4 is checked)

1. The Receiving School Principal does not certify (ref. B,3, a-e) Transfer Rule eligibility: ____/____/____
2. Receiving School Principal's signature: _____ Date: _____
3. Receiving School A.D.'s signature: _____ Date _____

DO NOT RETURN THIS FORM TO THE MIAA (unless applying for a waiver) PLEASE RETAIN AT THE RECEIVING SCHOOL

DEADLINES FOR SUBMISSION OF WAIVER REQUESTS:
 FALL – SEPTEMBER 22 WINTER – DECEMBER 15 SPRING– APRIL 1

TEL: (508) 541-7997
 33 Forge Parkway
 FRANKLIN, MA 02038



E-mail: miaa@miaa.net
 FAX: (508) 541-9888

APPLICATION FOR STUDENT WAIVER OF ATHLETIC ELIGIBILITY

PART A

(Reference MIAA Rule 85)

(To be completed by the PRINCIPAL who is requesting a waiver)

District F, Middlesex/MVC, Bay State Conference, and the Tri-Valley League all have been delegated by the MIAA Board of Directors to deal with some student eligibility waivers from their schools and their decisions are final and not reviewable by the MIAA. *Waivers approved are for that school year only & may be restricted to one or two seasons depending on the circumstances.*

Rule Number for which waiver is requested _____

NAME OF STUDENT _____

ADDRESS (Street) _____

CITY/TOWN _____ STATE _____ ZIP _____

DATE OF BIRTH _____ DATE ENTERED PRESENT SCHOOL _____

NAME OF SCHOOL REQUESTING WAIVER _____ SCHOOL TEL _____

CITY/TOWN _____ ZIP _____

HIGH SCHOOL RECORD (Please include Grade 9-12)

- Indicate sport and level played (e.g., Freshman, J.V., Varsity, **AAU and any non-school sport participation – see Rule 57.2**);
- Attach **transcript & attendance** for every year since first entering Grade 9 until the present; and
- Use one line for each school year and/or school.

SCHOOL YEAR	GRADE	SCHOOL WHERE ENROLLED	DATES	FALL SPORT	WINTER SPORT	SPRING SPORT	CREDITS EARNED

~ continued ~

EXPLAIN YOUR REQUEST: Explain fully what extenuating or unusual circumstances the Association in considering this ineligibility case should know, and please make sure to address any and all other MIAA Rules that would be affected. The four standards that must be addressed at the least are:

- 85.5.1 The rule works an undue hardship on the student.
- 85.5.2 Granting the waiver will not result in an unfair competitive advantage.
- 85.5.3 The waiver approval would not cause displacement of another student-athlete from the appellant's own team.
- 85.5.4 The waiver would not be in conflict with the general well-being of MIAA interscholastic athletic objectives.

(Attach other documents that are required or that seem advisable. If financial hardship is a factor in the waiver request, please secure from the MIAA the "Support for Financial Consideration" form)

DATE _____ PRINCIPAL'S SIGNATURE _____

PART B

To be completed by the STUDENT seeking the waiver and applicant's parent(s) or guardian(s).

NAME OF PARENT _____

ADDRESS (Street) _____

CITY/TOWN _____ STATE _____ ZIP _____

MIAA meetings are open to the public. However, state law allows for an "executive session" (closed to the public) in cases where private, personal, physical, or medical matters are discussed.

Check here if you request executive session consideration of the waiver application.

No personally identifiable information in or attached to the student's application shall be released to anyone other than the staff and reviewing Board/Council members without the specific, informed written consent of the student or parent.

We _____, give permission for any and all pertinent
(STUDENT AND PARENT)
information and attached records related to this athletic eligibility waiver request to be shared with the MIAA Board, Council Members, and Staff who must act upon this request.

DATE _____ SIGNATURE of PARENT _____

STUDENT _____

**MAIL OR FAX PART A AND B (along with Form 200 if Transfer Rule)
WITH DOCUMENTATION TO:**

MIAA, 33 Forge Parkway, Franklin MA 02038
FAX: (508) 541-9888

Revised 6/17/13



STUDENT ELIGIBILITY RULE 52 FORM

This form (2 pages) must be utilized to request a waiver of MIAA Rule 52. Students in alternative, collaborative, detached or nontraditional schools (e.g. taking a college course(s), dual enrollment, school to work, work-study etc.) must meet all requirements specified in Rule 52, along with all other high school and MIAA athletic eligibility standards.

Check one: Alternative School Placement Collaborative Placement
 School to Work Placement Work Study Placement
 Dual Enrollment Math-Science Academy
 Other - Please Specify: _____

Student's name: _____ Grade: _____

Name of school currently attending: _____

Name of MIAA High School requesting waiver: _____

Name of High School previously attended (list school and grades) _____

School granting diploma: _____

Brief description of program: _____

Is there an athletic program available in the alternative, detached or other non-traditional program?

YES ___ NO ___

If there is an athletic program available, is the student specifically denied access?

Yes ___ No ___ Please explain: _____

Has a letter of agreement between the MIAA high school principal and the Principal/Director of the alternative site been executed granting the MIAA principal authority to suspend the student from all academic programs?

YES ___ NO ___ (include signed letter with waiver request)

Does the MIAA high school principal have control and knowledge of the records of the student's daily attendance and achievement? YES ___ NO ___

Principal's signature: _____ Date: _____

(continued)



Alternative, Non-traditional Education Rule #52 (Sample Required Letter)

AGREEMENT ENTERED INTO
BY (MIAA) HIGH SCHOOL AND (NON-MIAA) SCHOOL
REGARDING J. DOE.

As principal of (MIAA) High School, I will be informed in periodic formal reports as to J. Doe's attendance and achievement. I will be notified by phone of any absences, and of academic program changes, by noon on the day they occur. In addition, a formal academic report will be provided as of the day that marks close for students attending (MIAA) high school. It is agreed that the (MIAA) High School Principal maintains the authority to suspend J. Doe from the (non-MIAA) school.

It is further understood that J. Doe is a candidate for a regular (MIAA) High School diploma. We also certify that there is no athletic participation opportunity available at (non-MIAA) school.

Signature
of (non-MIAA) School Head

(MIAA) High School
Principal

The above agreement addresses requirements within Rule 52 of the MIAA Handbook.



INDIVIDUAL COACHES' EDUCATION COURSE REGISTRATION FORM

(Reference MIAA Rule 33)

This form should be completed and used by **individuals** who wish to enroll in a MIAA Coaches' Education course. Completed forms should be sent to:

**MIAA Coaches' Education Registration
33 Forge Parkway
Franklin, MA 02038**

Fax # 508 541-9888

Tel.# 508-541-7997

CANCELLATION POLICY: Cancellations received up to 72 hours before the clinic will be honored. If you do not cancel and do not attend, you are responsible for full payment.

(Please Print)

Name: _____
(First) (Last)

Address: _____
and Street

City/Town State Zip

School System: _____

Sport(s) you coach _____

Telephone # () _____ () _____
Home Work

Email Address: _____

Location of clinic you wish to attend: _____

Date of clinic you wish to attend: _____

Method of Payment: Purchase Order # _____ Check # _____

THE COST OF THE CLINIC IS \$95

This form may be reproduced as needed. This form should not be sent to any location other than the MIAA office. Checks or P. O. #'s are required no later than the day of the clinic.

Revised: 6/17/13

MIAA
33 Forge Parkway
FRANKLIN, MA 02038



TEL: (508) 541-7997
E-mail: miaa@miaa.net
FAX: (508) 541-9888

COACH CONTEST DISQUALIFICATION FORM

(Reference MIAA Rule 49)

SPECIAL REPORT FROM ATHLETIC OFFICIAL/COACH

All disqualifications must be explained in writing immediately after the contest by the official and coach on separate forms to the Athletic Director and the Principal of the school. There are no exceptions for any coach expelled from a contest. If the game official fails to file his/her report, the coach is still bound by the suspension. He/she must be excluded from the next contest **that is part of their regular season schedule or in tournament play**. Disqualifications from ice hockey, soccer and baseball are for the next two contests.

REPORT FROM _____ DATE OF INCIDENT: _____
PRINT NAME - GAME OFFICIAL or COACH (Circle One)

SPORT: _____ Boys Girls

LEVEL (check) Varsity Sub-Varsity MIAA Tournament

CONTEST BETWEEN _____ and _____
HOME HIGH SCHOOL VISITING HIGH SCHOOL

EXCLUDED COACH: _____ / _____
NAME SCHOOL

SPECIFIC INCIDENT BEING REPORTED (with appropriate explanations included):

DATE _____ SIGNED _____ POSITION _____

PRINT NAME _____ PHONE _____

Procedures to be followed:

1. Person in charge of each contest is responsible for having these forms available.
2. At the conclusion of the contest, the **official and coach must each complete a separate form and give it to the person in charge of the contest.**
3. The person in charge of the contest is responsible for sending both copies within 24 hours of the competition to the:
 - a. Principal of each school involved
 - b. Athletic Director of each school involved
 - c. Executive Director of MIAA
4. The principal or athletic director of the coach must forward immediately all copies of the official's and coach's report to the school superintendent.

Revised 3/30/11

MIAA
33 Forge Parkway
FRANKLIN, MA 02038



TEL: (508) 541-7997
E-mail: miaa@miaa.net
FAX: (508) 541-9888

STUDENT CONTEST DISQUALIFICATION FORM

Reference MIAA Rule 49

NOTE TO GAME OFFICIALS: All disqualifications must be explained in writing immediately after the contest. Present this completed form to the contest site manager.

PROCEDURE TO BE FOLLOWED: (1) The site manager is responsible for having these forms available for officials at the game site. (2) The suspending official shall notify the scorer, the person in charge, and the coach of each team at the time the student is disqualified from a contest for unsportsmanlike conduct. Failure of the official to do so **does not** exempt a student from the penalty required by the rule. At the conclusion of the contest, the official must complete the form and give it to the site manager. (3) The site manager is responsible for sending copies to the Principal and Athletic Director of each school involved and to the MIAA Executive Director.

Varsity Sub-Varsity Boys Girls MIAA Tournament

SPORT _____ SITE _____ DATE OF INCIDENT _____

_____ VS. _____
HOME TEAM VISITING TEAM

SCHOOL OF STUDENT SUSPENDED _____
SCHOOL CITY/TOWN

STUDENT SUSPENDED _____
Uniform # FIRST NAME LAST NAME GRADE

DESCRIPTION OF CIRCUMSTANCES CAUSING DISQUALIFICATION OF THE PLAYER:

One form is to be completed for each athlete disqualified. Please describe circumstances causing disqualification from the athlete in the space provided or on reverse side of this form. **Violation called:** _____

(CONTINUE ON OTHER SIDE IF MORE SPACE IS NEEDED)

There are no exceptions for any player disqualified from a contest under Rule 49. He/she must be suspended from the next contest **that is part of their regular season schedule or in tournament play** (in baseball, ice hockey, and soccer the penalty is two contests) unless it falls under one of the rules below:

I. Please check if the violation was for fighting, punching or kicking an opposing player, or spitting at someone

a. Rule 49.3.1 (2 game suspension)

II. EACH OF THE FOLLOWING (A AND B) REQUIRES A ONE-YEAR SUSPENSION IN ALL SPORTS.

Please check ONLY if this is a violation of:

a. Rule 49.6 (“ . . . physically assaults an official.”)

b. Rule 49.7 (“ . . . willfully, flagrantly, or maliciously attempts to injure an opponent.”)

SIGNATURE OF OFFICIAL GIVING PENALTY

PLEASE PRINT NAME

DATE

Revised 4/30/13

MIAA RECOMMENDED SPORTS CANDIDATE MEDICAL QUESTIONNAIRE



(Reference MIAA Rule 56)

PART A ~ HISTORY

DATE of EXAM _____

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Tel _____

Physician _____ Tel _____

IN CASE OF AN EMERGENCY, CONTACT:

Name _____ Relationship _____ Tel (H) _____ (W) _____

EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

- | | YES | NO | | YES | NO |
|--|-----------------------|-----------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="radio"/> | <input type="radio"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="radio"/> | <input type="radio"/> |
| 2. Have you ever been hospitalized overnight? | <input type="radio"/> | <input type="radio"/> | 31. Have you had any problems with your eyes or vision? | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever had surgery? | <input type="radio"/> | <input type="radio"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="radio"/> | <input type="radio"/> |
| 4. Do you have a missing or diseased paired organ? | <input type="radio"/> | <input type="radio"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="radio"/> | <input type="radio"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="radio"/> | <input type="radio"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="radio"/> | <input type="radio"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?
<i>If yes, check appropriate box and explain below:</i> | <input type="radio"/> | <input type="radio"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 9. Have you ever passed out during or after exercise? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 10. Have you ever been dizzy during or after exercise? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| 11. Have you ever had chest pain during or after exercise? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |
| 13. Have you ever had racing of your heart or skipped heartbeat? | <input type="radio"/> | <input type="radio"/> | 36. Do you want to weigh more or less than you do now? | <input type="radio"/> | <input type="radio"/> |
| 14. Have you had high blood pressure or high cholesterol? | <input type="radio"/> | <input type="radio"/> | 37. Do you lose weight regularly to meet weight requirements for your sport? | <input type="radio"/> | <input type="radio"/> |
| 15. Have you ever been told you have a heart murmur? | <input type="radio"/> | <input type="radio"/> | 38. Do you feel stressed out? | <input type="radio"/> | <input type="radio"/> |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="radio"/> | <input type="radio"/> | 39. Record the dates of your most recent immunizations (shots) for: | | |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="radio"/> | <input type="radio"/> | Tetanus _____ Measles _____ | | |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="radio"/> | <input type="radio"/> | Hepatitis B _____ Chickenpox _____ | | |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="radio"/> | <input type="radio"/> | FEMALES ONLY: | | |
| 20. Have you ever had a head injury or concussion? | <input type="radio"/> | <input type="radio"/> | 40. When was your first menstrual period? _____ | | |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="radio"/> | <input type="radio"/> | 41. When was your most recent menstrual period? _____ | | |
| 22. Have you ever had a seizure? | <input type="radio"/> | <input type="radio"/> | 42. How much time do you usually have from the start of one period to the start of another? _____ | | |
| 23. Do you have frequent or severe headaches? | <input type="radio"/> | <input type="radio"/> | 43. How many periods have you had in the last year? _____ | | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="radio"/> | <input type="radio"/> | 44. What was the longest time between periods in the last year? _____ | | |
| 25. Have you ever had a stinger, burner, or pinched nerve? | <input type="radio"/> | <input type="radio"/> | <i>Explain "Yes" answers here:</i> _____ | | |
| 26. Have you ever become ill from exercising in the heat? | <input type="radio"/> | <input type="radio"/> | _____ | | |
| 27. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="radio"/> | <input type="radio"/> | _____ | | |
| 28. Do you have asthma? | <input type="radio"/> | <input type="radio"/> | _____ | | |
| 29. Do you have seasonal allergies that require medical treatment? | <input type="radio"/> | <input type="radio"/> | _____ | | |

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Signature of Athlete/Date _____ Signature of Parent-Guardian/Date _____

(continued)

Revised 6/17/13



PART B ~ PHYSICAL EXAMINATION

DATE of EXAM _____

STUDENT (*Please print*) _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (*optional*) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

Eyes: R20/ _____ L20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

NORMAL

ABNORMAL FINDINGS

INITIALS*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

***Station-based examination only**

PART C ~ CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

DATE of EXAM _____

Name of physician (*Please print*): _____

Signature of physician: _____ Date: _____

Address: _____ Tel: _____

RETURN TO ATHLETIC PARTICIPATION

TO BE COMPLETED BY A SCHOOL OFFICIAL

Record No. _____

1. STUDENT'S NAME _____ SCHOOL _____
HOME ADDRESS _____ TEL _____
GRADE _____ AGE _____
2. Injury (illness) information _____
Time and date of injury _____ Contest or practice _____
Type of injury _____ Sport _____ Position played _____
Coach _____ Tel _____

TO BE COMPLETED BY PHYSICIAN

3. Description of injury _____

4. Referred _____
Recommendations/restrictions _____
 - a. No restrictions (discharged) as of _____
DATE
 - I have examined _____ and certify that he/she is
STUDENT
recovered from _____
incurred on _____
DATE
 - b. No practice or competition until _____
DATE
 - c. Expected return to activity (after further evaluation) _____
DATE
 - d. Please state restrictions which you require (e.g. no contact, light practice only, etc.) _____
 - e. Other _____

PHYSICIAN'S SIGNATURE DATE

PARENT'S SIGNATURE DATE

COACH'S SIGNATURE DATE

STUDENT'S SIGNATURE DATE



WAIVER OF PHYSICAL EXAMINATION

(Reference MIAA Rule 56)

You should be informed that the participation in any contact sport carries with it the risk of serious physical injury and, in some circumstances, can result in death of an individual. The risks associated with permanent physical harm or fatalities are increased where pre-existing medical conditions are present. The Massachusetts Interscholastic Athletic Association, Inc. (hereinafter referred to as "MIAA") requires that all students enrolling in any sport should undergo a physical examination by a licensed medical doctor. This medical examination should be conducted prior to any participation in said sports. The physical well being of every individual enrolled in any MIAA sponsored sport is the basis for the organization's position on this issue.

However, this policy must be interpreted in the light of Massachusetts State Law, which states:

"that any child shall be exempt on religious grounds from these examinations upon written request of parent or guardian on condition that the laws and regulations relating to communicable diseases shall not be violated." [M.G.L. c.71, §57.](#)

Therefore, parent(s) or legal guardian(s) of any student athlete, and in addition, a student athlete who has attained the age of eighteen (18), should be required to acknowledge the possible risks involved in waiving a physical examination prior to participation in MIAA sponsored sports, and to submit a written request prior to any participation in athletics.

It is understood that the MIAA is released and indemnified as to any and all possible liability and shall not be held liable in any civil action in the case of physical harm, permanent injury, or fatality, of the athlete resulting from any condition which would have been reasonably foreseeable through a medical examination.

(continued)

Revised: June 1999

ACCEPTANCE OF LEGAL LIABILITY

I/We, _____, and _____, parent(s) or legal guardian(s) of _____, (hereinafter referred to as the "minor child") acknowledge risk inherent in athletic participation and particularly the increased risk existing physical condition left undetected due to my/our voluntary choice to waive a medical examination, prior to participation in athletics, could result in serious physical harm or fatality of the minor child or another participant. However, due to religious beliefs, I/we, _____, and _____, acting on behalf of the undersigned minor child, choose to waive the medical examination required by the Massachusetts Interscholastic Athletic Association, Inc. (hereinafter referred to as the "MIAA").

Furthermore, it is agreed that I/we waive liability claims against the MIAA and anyone affiliated with the MIAA in the event my/our minor child suffers injury or death and indemnify the MIAA, its officers, employees, officials and coaches, as well as participants in the event, of injury or death to any other participant. Acting on behalf of the minor child, I/we, _____, and _____, parent(s) or legal guardian(s) accept full liability in the event that a condition that would have been reasonably foreseen through a medical examination results in serious physical harm or fatal consequences to the minor child while participating in a conditioning or practice session or in an MIAA sanctioned event or tournament.

Dated: _____

Signed: _____
Parent/Legal Guardian

Dated: _____

Signed: _____
Parent/Legal Guardian

Dated: _____

Signed: _____
Minor Child

Witness: _____

Witness _____

Revised: June 1999

MIAA MEMBER SCHOOL MEDIA WAIVER

(Reference MIAA Rule 97)

SPORT: _____ **DIV:** _____ **BOYS or GIRLS** _____
EVENT: _____ **DATE:** _____ **SITE:** _____

SCHOOLS: _____ **VS.** _____

SCHOOL WAIVER: Taping for community access cable by member school students who were involved in the exercise for educational purposes during the school's regular season contests. Early in the program, this statement will be included in the program:

"The rights fee to this cablecast has been waived by the MIAA on behalf of the students of _____ High School. The "MI double A" represents 373 senior high schools across the Commonwealth and the more than 200,000 young men and women who participate annually in "MI double A" governed athletic competition. Any re-broadcast or re-publication of this program without the written consent of the MIAA is prohibited.

- * Throughout the program, the station will include eight (8) different MIAA spots (samples may be found in the MIAA Media Guide.)
- * The school principal agrees that the program will not expose negative or questionable activity which may occur during the event (e.g. fights, crowd reactions, etc.)
- * The station assumes the responsibility for arrangements with the facility management and assumes all related expense.
- * The station agrees to provide insurance coverage for bodily and personal injury, property damage, and liability including coverage for libel, slander, defamation, copyright infringement, piracy, or unfair competition and invasion of privacy.

This agreement also takes into consideration and covers the following situations:

COACHING WAIVER: Filming or taping strictly for coaches' use will be considered provided the agreement is properly executed and approved by the member school principal.

SCHOOL VIDEO YEARBOOK: Filming or taping strictly for this use will be considered provided the agreement is properly executed and approved by the member school principal.

In case of a school waiver, the MIAA site manager must be informed at least 24 hours in advance of the school's intent to tape the event for a future cablecast. Taping of the event by member school students for community access cable is allowed when students have been involved in the taping of regular season activities and are involved during the tournament production in a meaningful way for educational purposes. The tape will not be reproduced or sold, and will be aired outside the school building only ONCE on the local community access channel which is limited to the community served by the high school.

NAME AND GRADE OF EACH STUDENT:

Students' Supervisor (Signature) _____ (Print) _____

Station Manager (Signature) _____ (Print) _____

Principal (Signature) _____ (Print) _____

**Faxing this form to the MIAA is not required.
Final authorization rests with the member-school principal.**

Revised: 6/17/13



TEAM ACADEMIC EXCELLENCE AWARD

(Reference MIAA Rule 10)

To encourage and support the academic accomplishments of student-athletes, the Board of Directors is sponsoring the Team Academic Excellence Award. The Association will recognize all members of teams that maintain a combined grade point average (GPA) of 2.5 and above. There will be two award categories for which teams will be eligible for recognition:

GOLD LEVEL	3.00 to 4.00	(Please compute grade point averages to three places.)
SILVER LEVEL	2.50 to 2.99	

This team concept toward academic achievement should be an incentive for all team members to raise their individual GPA, thereby positively affecting their team's average. This program will provide an excellent opportunity for coaches to discuss academic achievement with their student-athletes on a regular basis. Each team member and the school will receive recognition.

KINDLY NOTE THE FOLLOWING:

1. All teams are eligible – e.g. freshmen, junior varsity, varsity
2. Team managers, statisticians, etc., may be included
3. For each marking period, teams eligible are those currently in season on the date that the marks close.

I, _____, Principal of _____ High School, request that the below listed team(s) be recognized for outstanding academic achievement. Each has fulfilled the criteria as listed above.

	SPORT	B/G	LEVEL (F, JV, V)	GPA	NO. OF TEAM MEMBERS
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

CITIZENSHIP

In addition to academic excellence, each above-named team has exhibited outstanding citizenship and sportsmanship throughout this season.

	SPORT	COACHES' SIGNATURES
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

DATE OF APPLICATION

SIGNATURE OF PRINCIPAL

SIGNATURE OF ATHLETIC DIRECTOR

Revised 6/17/13



Proposed Change in League Affiliation – Form 1 of 2

(Reference MIAA Rule G & 42)

To be completed by the Principal of any school who is considering changing the status quo of any League.

Note: This form should be completed and forwarded to the MIAA Executive Director who will then initiate the process that should be completed by any school seeking a change in the structure of any league.

A. *Name of School:* _____

B. *Current League Affiliation (if any):* _____

League President: _____

League Secretary: _____

C. *Desired Future League Membership:* _____

League President: _____

League Secretary: _____

D. *Desired Academic Year of Realignment* _____

6/20/13



League Realignment Application – Form 2 of 2

(Reference MIAA Rule G & MIAA Rule #42)

Procedure for Submission of Realignment Proposal

To be submitted to the MIAA District Chair
two years in advance of the requested realignment date.

Kindly Note: The District Athletic Committee has the authority to approve or reject any proposal.

School: _____

Anticipated Realignment: _____

Schools Impacted: _____

A. *Attach Constitution for current League, highlighting realignment regulations.*

1. *Reason for realignment based on*

- *Records over five (5) years within current league structure*
- *Records versus all proposed league schools*
- *Any school that does not have a 5-year record will use the data available*
- *Number of league changes made in the last five (5) years*

2. *Current School and League profile*
 - *League Profile*
 - *School Profile*
 - *Number of Students*
 - *Geographical Location*
 - *Longest Driving Distance Among All Schools*
 - *Athletic Programs Offered*

3. *Affect upon natural/traditional rivalries – Thanksgiving Day Games, et al*

4. *Narrative*
 - *Rationale of school making this proposal*
 - *How does this proposal impact the teams involved?*
 - *How does this movement impact all league schools?*
 - *Proposed scheduling formula. How does this movement impact the scheduling?*
 - *Other*

5. *Attach the official Minutes reflecting required voted from all affected leagues.*

The District Athletic Committee will only act upon requests that include all the above required information.

Signed: _____ Date: _____

Principal: (please print) _____

Signed: _____ Date: _____

Athletic Director: (please print) _____

School: _____

**** Please attach this sheet to your proposal. ****

3/17/13



SPORTSMANSHIP HANDSHAKE REPORT FORM

(Reference MIAA Rule 90)

SPORT: _____ Boys Girls Varsity

1. Regular Season MIAA Tournament Section: North South Central West State

2. Site: _____

Date: _____

School (Visitors)	Vs.	School (Home)
EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>	Sportsmanship of Players	EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>
EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>	Sportsmanship of Coaches	EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>
EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>	Sportsmanship of Cheerleaders	EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>
EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>	Sportsmanship of Fans	EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>

Post-Game Handshake

Rationale for suspending Handshake: _____

Name: _____ Position _____

Address: _____ Date: _____

Email Address: _____

Report Form completion is necessary ONLY in event handshake is suspended. To be completed either by Site Manager or Contest Official responsible for the decision to suspend the handshake ceremony. This form should be submitted by the Site Manager within 24 hours to:

MIAA Sportsmanship Committee
33 Forge Parkway
Franklin, MA 02038
Fax: 508-541-9888

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