



Blue Hills Regional Technical School

James P. Quaglia
Superintendent-Director

Steven M. Moore
Assistant Superintendent for Business & Personnel

Jill M. Rossetti
Principal

Parents/Guardians Athletics Sign Off Page

After reading the information and performing the requirements set forth by the Commonwealth of Massachusetts and Blue Hills Regional Technical School District. Please sign below acknowledging that you have completed the Massachusetts Interscholastic Athletic Head Injury Training and received the Certificate of Completion. Go to www.nfhslearn.com. In the "Courses" section click Concussion in Sports. This is a free Concussion Test mandated by the state Department of Public Health for Parents/Guardians and students

More information can be found: at (www.mass.gov/sportsconcussion)

Blue Hills may ask you to provide this certification for reporting purposes to the State.

After reading the information and performing the requirements set forth by the Commonwealth of Massachusetts and Blue Hills Regional Technical School District. Please sign below acknowledging that you have read the information below regarding substance abuse by the Department of Public Health <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/injury-prevention/substance-use-disorder.html>.

More information can also be found at www.neushi.org

As a parent / guardian /player, please sign this page and pass this page into the head coach of the perspective sport in order to verify the requirements have been meet by you.

Name of Sport: _____ Head Coach: _____

Season: (Please Circle) Fall Winter Spring

Players Name (Print) _____

Players Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Thank you BHR Athletics



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