

FONTBONNE | The Early College of Boston

Athletic Registration

2020-2021

Name: _____ **Town:** _____

Grade: ____ 9th ____ 10th ____ 11th ____ 12th

Sports you are registering for: Please place an X on the appropriate line

Fall: ____ Cross-country ____ Volleyball ____ Soccer ____ Cheerleading

Winter: ____ Indoor Track ____ Basketball ____ Ice Hockey

Spring: ____ Softball ____ Lacrosse ____ Tennis ____ Track & Field ____ Golf

All athletes and a parent or guardian is required to take the brief course before trying out for a sport.

“Concussion Courses: Concussion in Sports”, accessible at
www.nfhslearn.com/electiveDetail.aspx?courseID=15000.

_____ Students initials states they have completed course on this date _____.

_____ Parent/guardian initials states they have completed course on this date _____.

Please answer the following questions to the best of your ability:

1. If learning is hybrid, will you participate in school athletics ____ Yes ____ No
2. If learning is distance, will you participate in school athletics ____ Yes ____ No
3. If you sport was not able to compete, would you go out for another sport?
____ Yes ____ No If yes, what sport?

Fall: _____ Winter: _____ Spring: _____

4. If needed, would your parent/guardian be able to drive you to a competition due to social distancing.
____ Yes ____ No ____ Maybe ____ Sometimes

**** Please download your Concussion Course Completion Certificate**