



## Village School After School Sports Program

Winter Session: January 06-February 12, 2026

Once again, Village School will be offering an After School Sports Program. The program will allow students to explore a variety of physical activities. Over the course of the year a variety of choices will be offered. There will be three separate sessions of the program: Fall, Winter, and Spring. Each session is six weeks long. Newcomers are welcome at all activities.

The program is run by members of the Village School Faculty. The focus of the program is for students to develop an understanding and appreciation for the various activities. Equal participation, safety, sportsmanship and respect will be stressed. We hope that students will enjoy the physical challenges and discover a new passion to continue these activities outside of school.

This program does require a fee: To **register and pay online using My School Bucks**, visit [www.MySchoolBucks.com](http://www.MySchoolBucks.com) and log into our online payment system. This is the same system that we use for our online school lunch payments, so you may already have an account.

If you do not already have an account, click on "Sign up free". This will prompt you to create an account by choosing the state (Massachusetts) and school district (Marblehead Public Schools) and then entering your personal information. This account should be established using the parent or guardian information. Once the "parent" account is set up, students can be added to the parent account by selecting the student's school and by entering their name and student ID number. Their student ID number is the same number that students use to access their lunch account. If you need assistance with your child's student ID, please contact your school office.

Once you are logged into our system, please visit the School Store and click on "Browse All Items". Click on the item which you wish to pay. You will be prompted to select your child's name. Click on "Add to Basket".

**All participants must fill out the attached head injury release form. Students can not participate without first turning in this form.** It must be filled out each season, and please make sure both sides of the sheet are signed by you and your child.

Please fill out and return the permission/sign up form on the following page. **Be sure to make note of all dates and times of your child's activities.** We welcome your child to the program and we are excited to get started.

Sincerely,

Phil Murphy  
Physical Education Teacher

**Winter Session (January 06 -February 12)**

**Time: 2:15-3:15pm**

- ★ Mondays: Volleyball OR
- ★ Mondays: Winter Adventure
- ★ Tuesdays: Floor Hockey
- ★ Thursdays: Basketball

All students in all grades are welcome at all programs. Your child can attend any combination of days and programs.

**Pick up/Drop off:** Students report to the gym after school and get dismissed from the gym, so that is a good spot to arrange pick-up.

**Please pick your children up promptly at the required time.**

***RETURN THIS PORTION TO Mr Murphy.***

I give permission for my student to attend the Village After School Sports Program, Winter 2026 Session.

Student's Name:\_\_\_\_\_

Grade and Teacher:\_\_\_\_\_

Parent Signature:\_\_\_\_\_

Check off the days your child will attend, any combination is okay:

- ☐ Mondays: Volleyball OR
- ☐ Mondays: Winter Adventure
- ☐ Tuesdays: Floor Hockey
- ☐ Thursdays: Basketball



# MARBLEHEAD PUBLIC SCHOOLS

## STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS

The Commonwealth of Massachusetts Executive Office of Health and Human Services now requires that all schools with students grade 4 through grade 12 who participate in any extracurricular school sponsored athletics including Cheerleading and Marching Band must adhere to the following law.

Student-athletes and their parents, coaches, activity leaders, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student athlete becomes unconscious during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for the player to "return to play".

Parents and students must fill out and both sign the Preparticipation Head Injury Form (see attachment) and return to their coach or activity leader.

### **Parents and students, who plan to participate in any athletic program grades 4- 12 at**

**Marblehead Public Schools, must also take a free online course.** Two free on-line courses are available and contain all the information required by the law. The first is available through the National Federation of High School Coaches. You will need to click the "order here" button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes.

1. Center for Disease Control and Prevention Heads Up Concussion in Youth Sports On-Line Training Program  
<https://www.cdc.gov/headsup/resources/training.html>
2. National Federation of State High School Associations Concussion in Sports – What you Need to Know <https://nfhslearn.com/?courseID=15000>

**Please sign below that you have read the above and completed one of the courses listed. This is required in order to participate in any school sponsored extra-curricular athletics grades 4-12 at Marblehead Public Schools.**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please note that only one parent signature is sufficient

Please return these forms to your coach/activity director ASAP. AFTER you have completed one of the prescribed on-line courses

**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

**MARYLOU SUDDERS** Secretary

**MONICA BHAREL, MD, MPH**  
**Commissioner**  
The Commonwealth of Massachusetts  
Executive Office of Health and Human  
Services  
Department of Public Health  
250 Washington Street, Boston, MA  
02108-4619

**PRE-PARTICIPATION HEAD  
INJURY/CONCUSSION  
REPORTING FORM  
FOR EXTRACURRICULAR  
ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or officially designated by the school, *prior* to the start of each season a student' plans to participate in an extracurricular athletic activity.

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School Sport(s) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

**Has a student ever experienced a traumatic head injury (a blow to the head)?**

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ If yes, when? Dates (month/year):

\_\_\_\_\_

**Has a student ever received medical attention for a head injury?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

**Was the student diagnosed with a concussion? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion:

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR  
EXTRACURRICULAR ACTIVITIES

**Print Parent/Guardian Name:** \_\_\_\_\_

**Signature & Date** \_\_\_\_\_

**Print Name of Student Athlete:** \_\_\_\_\_

**Signature & Date** \_\_\_\_\_