

Receipt # _____

Anchorage School District MIDDLE SCHOOL ACTIVITY PARTICIPATION FORM

READ AND COMPLETE THE FOLLOWING:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Last Name	First Name	Middle Name	M/F	Grade	Birth Date
<input type="text"/>	<input type="text"/>	_____ Yes _____ No		<input type="text"/>	

SPORT OR ACTIVITY Current Middle School Attended Other Middle Schools? Student ID #
A new form is required for each sport/activity

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Street Address	City, State	Zip Code	Home Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Name	Work Phone #	Emergency Contact #	Cell Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Name	Work Phone #	Emergency Contact #	Cell Phone #

- I hereby consent to allow participation in the ASD sports program as identified in the box above titled "sport/activity."
- Please note that a **CURRENT PHYSICAL IS REQUIRED FOR ALL SPORTS.** PHYSICALS ARE ONLY GOOD FOR ONE (1) YEAR FROM THE DATE THAT THE PHYSICAL WAS TAKEN AND FOR THE SEASON OF THE SPORT. Physicals must be valid until end of season.
- Your son or daughter will be required to pay an interscholastic competition fee to participate in the interscholastic sports season. Payment will be accepted immediately prior to the start of the season of that sport so that current eligibility can be determined.
- I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness.
- I hereby consent to travel to and from ASD activities via ASD-approved transportation.
- **I hereby understand that each student MUST ride the bus to and from away games and practices unless transported by his/her own parent or guardian.**
- I hereby waive on behalf of myself and the above student, any liability of the Anchorage School District organizationally or for any of its officers, agents, employees, or volunteers for injuries sustained in the program.
- I hereby accept legal responsibility of the above student in the event of an injury or illness.
- I hereby accept financial responsibility of the above student in the event of injury or illness.
- I hereby agree to notify the coach of this activity (in writing) of any existing health conditions which could impact the above named student's participation.
- I hereby state that the information submitted on this form is true.
- I hereby consent to abide by the Anchorage School District Middle School Student Handbook and the document entitled "Student Rights and Responsibilities."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Signature	Parent/Guardian Signature	Date

THIS SECTION TO BE COMPLETED BY ACTIVITY OFFICE. PLEASE DO NOT WRITE IN THIS SPACE.

<input type="text"/> Physical Date	<input type="text"/> Activity Fee	<input type="text"/> Baseline Fee	
<input type="checkbox"/> Baseline Test <input type="checkbox"/> Concussion Fact Sheet/Parent Acknowledgement/Release			