

2019 – 2020 MIRROR LAKE MIDDLE SCHOOL SPORTS & ACTIVITIES

INTERSCHOLASTIC and INTRAMURAL SPORTS

- Interscholastic activities are district-wide and students compete against other middle schools during the season.
- Intramural activities are held within the school. Students do not compete against other schools.
- Practice is generally from 3:00 p.m. - 4:30 p.m. Mon through Fri, and students are to be picked up by 4:45 p.m. However, depending on the sport, morning practices become necessary, and students are assigned either morning or afternoon practice. Morning practice is from 6:30-8:00.
- Sign-up deadlines for all paperwork to be turned in are noted below. Students should turn paperwork in to the office by the end of the student's lunch period. More information on reverse side.

PHYSICALS/PARTICIPATION FORMS AND FEES

- Students must have a **current** physical in order to participate in interscholastic and intramural activities. Physicals are good for **18 months** and **must** be valid throughout the entire sport.
- Parents must sign a participation form for **each** sport and activity. **The form MUST be complete and all 12 paragraphs MUST be initialed for your student to participate.**
- A \$110 activity fee will be charged per interscholastic sport. Online payment is available and is the preferred method of payment (see reverse side for information).
- There is a family cap: \$390 combined high school and middle school sports fees.
- There are no activity fees for intramural sports.

INTERSCHOLASTIC ACTIVITIES: \$110.00 FEE REQUIRED ***dates are tentative***

Sign-up **deadlines** for all paperwork to be turned in are noted below. Students should turn paperwork in to the office by the end of the student's lunch period. No late paperwork will be accepted.

<u>Sport</u>	<u>Season</u>	<u>Deadline</u>
X-Country Running (boys/girls)	August 22 – October 10	Friday, August 30 th
Basketball (girls)	August 26 – October 10	Friday, August 30 th
Volleyball (girls)	October 15 – December 14	Wednesday, October 9 th
Wrestling (boys/girls)	October 11 – December 5	Wednesday, October 9 th
X-Country Skiing (boys/girls)	January 7 – February 26	Friday, December 13 th
Basketball (boys)	January 13 – February 27	Friday, December 13 th
Track and Field (boys/girls)	March 18 – May 7	Wednesday, March 4 th

INTRAMURAL ACTIVITIES: No Fee

Soccer (boys/girls)	September 3 – September 27	Friday, August 30 th
Mountain Biking (boys/girls)	April 20 – May 15	Friday, April 17 th

ACADEMIC AND RECREATIONAL ACTIVITIES (dependent on sponsorship)

Battle of the Books	Jazz Band	School Play	National Junior Honor Society
Spelling Bee	Science Olympiad	After School Homework Activity	
Woodworking	Archery	Robotics	

****Dates are subject to change. Please see ASD or MLMS websites for activity dates****

Helpful Information

Online payments are available for sports fees, PE shirts & shorts, most class fees and lunch fees. Log into your “Q” ParentConnect account or the ASD App and select “Online Payments”. It’s easy, you can use your credit card, and the system keeps track of your total sports payments so you don’t exceed the family cap.

Sign-up deadlines will be enforced. Please encourage your student to sign up for their sport **before** the deadline. Deadlines are noted on the front of this information sheet and will be announced regularly on the MLMS video news.

Participation forms, fees and accompanying paperwork must be turned in to Mrs. DeFrees, in the front office, by the end of your student’s lunch break *any day prior to the sign-up deadline*. No paperwork will be accepted after lunchtime or after the deadline. The Activity Participation Form requires that 12 paragraphs be read and initialed. The form must be completed in full for your student to participate.

Physicals are valid for **18 months** and must be valid throughout the whole sport. We encourage you to get your student’s physical at the beginning of the school year so it’s available when your student decides to join a sport.

FOR FURTHER INFORMATION PLEASE VISIT THE ASD WEBSITE:

<http://www.asdk12.org/activities/ms/participation/>

Anchorage School District
2019-20 MIDDLE SCHOOL
ACTIVITY PARTICIPATION FORM
A new form is required for each activity. Complete the following:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE NAME	M/F	GRADE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>
SPORT OR ACTIVITY		CURRENT MIDDLE SCHOOL	ATTENDED OTHER MIDDLE SCHOOLS?	ASD STUDENT ID #
<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"/>
<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"/>

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement

This agreement affects your legal rights and responsibilities. Please read it carefully before you sign it. Please consult an attorney if you have any questions about anything contained in this agreement.

In consideration for the opportunity to participate in ASD activities, it is the purpose of this agreement to waive claims and release the Anchorage School District and others from all liability for personal injury, property damage, and wrongful death, including if caused by the Anchorage School District or other persons. Parties released under this agreement include the Anchorage School District, its board members, administrators, teachers, coaches, employees, agents, and insurers, as well as all other persons or entities acting in any capacity on the District's behalf (together referred to as the "ASD").

★ Parent/Guardian please review and initial each paragraph: ★

I have read the ASD and/or site activity guidelines and understand their contents. I have read and understand the eligibility requirements and code of conduct for the activity in which the student will participate, including training rules required of students participating in ASD activities. I understand the coach may add specific rules and regulations for the activity that he/she supervises. I understand and recognize the importance of the participant following the ASD's rules and the coach's instructions regarding playing techniques, training, and other team rules.

I understand that the coaches and other employees seek safety, but are not infallible. Possible errors include, but are not limited to, being ignorant of a participant's abilities, failing to give adequate warnings or instructions and negligence generally associated with the activity.

I understand that all extra-curricular activities have a certain degree of risk, including known and unknown risks. I understand that many of these risks are essential to the activity and, therefore, cannot be eliminated. I understand that these risks include bodily injury ranging from minor sprains and contusions, to major injuries including concussion, spinal injuries, disfigurement, and injuries that may cause paralysis, illness, disease or even death, as well as psychological injury. I understand an injury may impair the participant's future ability to earn a living, to engage in business, social, and recreational activities, and to generally enjoy life. I understand the following describes some but not all of the risks that may result in injury, death or property damage:

- Equipment failure
- Failure to properly maintain equipment
- Inadequate coach/instructor training or supervision
- Failure to give adequate warnings or instruction
- Failure by participants to follow instructions
- Participant's exceeding their skills or physical condition
- Vehicular accidents
- The participant's own negligence and the negligence of others
- Dehydration, exhaustion, cramps, hypothermia and fatigue
- Collisions with other participants, equipment and other objects
- Collisions with the ground and floors
- Adverse weather conditions
- Unavailability of immediate medical care

I agree that participation in the activity is **VOLUNTARY** and based on

my independent assessment of the risks involved.

I understand that ASD will not assume responsibility for injuries, death and damages sustained in connection with the activities.

By signing below, I acknowledge that the participant and I are **ULTIMATELY RESPONSIBLE** for my/his/her own safety during the participation in ASD activities, including the use of facilities and equipment.

I expressly agree and promise to accept and assume all the risks to myself and/or the participant associated with the ASD activity.

I understand that primary accident insurance coverage is my responsibility. If the participant is a non-ASD alternative education program/home school student, I further understand that ASD secondary accident insurance will not cover the participant.

I give my consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by emergency medical personnel, hospitals, physicians and other medical providers, in the event of an injury or illness.

I authorize the school to transport the participant to and from ASD activities via ASD approved transportation. I accept the responsibility to pay the cost of transportation should the participant be sent home early from an out-of-town event as a result of their behavior.

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE ASD FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH PARTICIPATION IN THESE ACTIVITIES, INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF ASD. I ACCEPT SOLE FINANCIAL AND LEGAL RESPONSIBILITY FOR THE NAMED STUDENT IN THE EVENT OF INJURY OR ILLNESS AND AGREE TO INDEMNIFY FOR ANY INJURIES TO MY CHILD ARISING OUT OF THE ASD ACTIVITY. I ACCEPT SOLE FINANCIAL AND LEGAL RESPONSIBILITY FOR THE NAMED STUDENT FOR PROPERTY DAMAGE, LOST EQUIPMENT, AND/OR DISCIPLINARY SANCTIONS.

By signing this document, I acknowledge that if anyone is hurt or killed or property is damaged during the participant's participation in the ASD activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ASD on the basis of any claim from which I have released them herein.

Having read the above and having understood the dangers and potential risks involved in playing or practicing the above activities, I give my consent as the parent/legal guardian of the participant, _____ (student's name), to participate in the above-named activity.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Date	Activity Fee	Receipt #	

Anchorage School District Sports Physical - Health Examination Form

MEDICAL HISTORY TO BE COMPLETED BY LEGAL PARENT/GUARDIAN

Last Name (print) _____ First Name _____ Initial _____ Date of Birth _____

1. Have you ever been hospitalized? Y ___ N ___
2. Have you ever had surgery? Y ___ N ___
3. Are you presently taking any medications or pills? Y ___ N ___
4. Have you ever passed out during or after exercise? Y ___ N ___
5. Have you ever been dizzy during or after exercise? Y ___ N ___
6. Have you ever had chest pain during or after exercise? Y ___ N ___
7. Do you tire more quickly than your friends during exercise? Y ___ N ___
8. Have you ever had high blood pressure? Y ___ N ___
9. Have you ever been told that you have a heart murmur? Y ___ N ___
10. Have you ever had racing of your heart or skipped beats? Y ___ N ___
11. Has anyone in your family died of heart problems or sudden death before age 50? Y ___ N ___
12. Do you have any skin problems (itching, rashes, acne)? Y ___ N ___
13. Have you ever had a head injury? Y ___ N ___
14. Have you ever had a concussion? If yes, how many _____ Y ___ N ___
15. Have you ever been knocked out or unconscious? Y ___ N ___
16. Do you suffer from migraines? Y ___ N ___
17. Have you ever had a seizure? Y ___ N ___
18. Have you ever had a stinger, burner or pinched nerve? Y ___ N ___
19. Have you ever had heat or muscle cramps Y ___ N ___
20. Have you ever been dizzy or passed out in the heat? Y ___ N ___
21. Do you have trouble breathing or do you cough during or after activity? Y ___ N ___
22. Do you use any special equipment (pads, braces, neck rolls, mouth guards, eye guards, etc.)? Y ___ N ___
23. Have you ever had problems with your eyes or vision? Y ___ N ___
24. Do you wear glasses or contacts or protective eye wear? Y ___ N ___
25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? Y ___ N ___

___ Head	___ Thigh	___ Elbow	___ Chest	___ Shin/calf	___ Wrist	___ Hip
___ Shoulder	___ Neck	___ Knee	___ Forearm	___ Back	___ Ankle	___ Hand
26. Have you ever had other medical problems (infectious mononucleosis, diabetes, etc.) Y ___ N ___
27. Have you had any medical problem or injury since your last evaluation? Y ___ N ___
28. Are you Diabetic? Y ___ N ___
29. Are you Asthmatic? Y ___ N ___
30. Do you have any allergies (medicine, bees or other stinging insects) _____ Y ___ N ___

List all allergies: _____

31. Explain all "yes" answers _____

Consent information:

- 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 participation in ASAA approved interscholastic activities.
- I hereby consent to travel to and from ASAA activities via school approved transportation.
- I hereby waive on behalf of myself and the above student any liability of the school or ASAA organizationally or for any of its officers, agents or employees for injuries sustained in the interscholastic program.
- I accept financial responsibility for the above student in the event of an injury or illness.
- I hereby state that information submitted on this form is true.
- I hereby consent to abiding by the ASAA rules and regulations and school handbook.
- I understand that the medical information disclosed by the medical provider to the school may be further disclosed by the school to the school's administrators, athletic director, coaches and athletic trainers of any interscholastic activities in which I seek to participate.

Student Signature _____ Parent Signature _____ Date _____

HEALTH EXAMINATION TO BE COMPLETED BY HEALTHCARE PROVIDER - MD, DO, ANP, PA

Age _____ Height _____ Weight _____ Blood Pressure _____

Vision R/20 _____ Vision L/20 _____

Circle any of the following that are abnormal and explain under "comments":

- | | | |
|-----------------------|-------------------------------|-----------------------|
| Eyes/ears/nose/throat | Genitalia, Tanner stage _____ | Knee/hip |
| PERRLA | Neurological | Back |
| Respiratory | Skin | Ankles |
| Cardiovascular | Head/neck | Other musculoskeletal |
| Liver/spleen/abdomen | LAB: UA, HGB/HCT (as needed) | DT (date): _____ |

Comments: _____

I certify that on this date, I have examined this student and find him/her physically able to compete in all supervised activities not crossed out:

- | | | | |
|---------------|----------------|-----------------|------------|
| Baseball | Football | Softball | Wrestling |
| Basketball | Gymnastics | Swimming | XC running |
| Bowling | Hockey (boys) | Tennis | XC skiing |
| Cheer | Hockey (girls) | Track & Field | |
| Diving | Riflery | Volleyball | |
| Flag Football | Soccer | Weight Training | |

HCP Name (MD, DO, ANP, PA) (print) _____

Signature _____ Date of exam _____

Address _____ **Healthcare provider stamp is required here**

City _____ State _____

Phone _____ Zip _____