

2023 – 2024 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 specified school day. More information on the 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 have initials 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 an individual student cap of \$220 (two activities) per school year. There is no fee for participation in subsequent activities once a student reaches the individual student cap.
- 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>
Debate	August 28 - April 13	
X-Country Running (boys/girls)	August 21 – October 5	Friday, August 25 th
Basketball (boys)	August 21 – September 30	Friday, August 25 th
Baseball (outsourced)	August 21- September 28	
Volleyball (girls)	October 17 - December 10	Friday, October 20 th
Wrestling (boys/girls)	Quarter 3	TBD
Indigenous Games / NYO	TBD	TBD
X-Country Skiing (boys/girls)	Jan 11 - 2/29	January 19 th
Basketball (girls)	January 09 - Feb 17	January 12 th
Track and Field (boys/girls)	March 4 - May 7	March 8 th
Softball (outsourced)	Quarter 4	TBD

INTRAMURAL ACTIVITIES: No Fee

Mountain Biking (boys/girls)	April - May	TBD
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ACADEMIC AND RECREATIONAL ACTIVITIES (dependent on sponsorship)

Battle of the Books	Jazz Band	Drama	Spelling Bee	Science Olympiad
After School Homework Club	Woodworking	Archery	Robotics	Debate

****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 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 per-student payment cap.

Sign-up deadlines are noted on the front of this information sheet and will be announced regularly on the MLMS video news and our other communication streams. Please encourage your student to sign up for their sport **before** the sport’s start date to take full advantage of the season.

Participation forms fees and accompanying paperwork must be turned in to Ms. Crane, in the front office, by the end of the school day. The Activity Participation Form requires that 12 paragraphs be read and require parent/guardian initials. 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.

Game Days – Athletes will remain at school, under staff supervision, until the sports bus takes them to their game/meet. More information will be provided by the coach.

FOR FURTHER INFORMATION PLEASE REFER TO THE MIRROR LAKE CAMPUS INFORMATION, OR VISIT THE ASD WEBSITE:

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

Anchorage School District

2023-24 MIDDLE SCHOOL ACTIVITY PARTICIPATION FORM

A new form is required for each activity. Complete the following:

LAST NAME	FIRST NAME	MIDDLE NAME	M/F	GRADE	BIRTH DATE
ADDRESS	CITY	STATE	ZIP		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
SPORT OR ACTIVITY	CURRENT MIDDLE SCHOOL	ATTENDED OTHER MIDDLE SCHOOLS?	ASD STUDENT ID		
PARENT/GUARDIAN NAME	WORK PHONE #	EMERGENCY CONTACT #	CELL PHONE #		
PARENT/GUARDIAN NAME	WORK PHONE #	EMERGENCY CONTACT #	CELL PHONE #		

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 indepen-

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.

STUDENT SIGNATURE	PARENT/GUARDIAN SIGNATURE	DATE

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

PHYSICAL DATE	ACTIVITY FEE	RECEIPT #	REV 7/23

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 _____



COVID-19 SUPPLEMENTAL WAIVER OF LIABILITY

The Anchorage School District ("ASD") currently plans to allow sporting events or similar activities (herein referred to as "EVENT") to take place. In consideration for being permitted to compete, officiate, observe, work, or participate in such an EVENT, I, for myself and my student, agree to the following:

1. I affirm neither I, nor my student, nor anyone in my immediate household, including the actual participant(s) in the EVENT, have been diagnosed with, demonstrated any symptoms of, or have in any way been exposed to any communicable diseases, including the novel coronavirus known as COVID-19 and/or any mutation or variation thereof ("COVID-19") within the past ten (10) days.
2. I acknowledge I am aware that by entering the premises and participating in the EVENT that there are risks to me and my student of being exposed to COVID-19. I am also aware such an exposure can occur directly or indirectly. If my student has tested positive for COVID-19 within the last ninety (90) days, or if my student tests positive for COVID-19 or is symptomatic in the future, I hereby agree to consult a pediatrician or equivalent healthcare provider to evaluate the health of the student and their ability to participate in the EVENT. I further agree to comply with all of the recommendations made by the pediatrician or healthcare provider regarding the proper treatment, restrictions, and protocols for participating in the EVENT. ASD will support pediatrician or healthcare provider in implementing the proper protocols for the student.
3. I understand certain individuals are more susceptible to becoming seriously ill if they contract COVID-19, including people over the age of 65, people with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised. I understand if I, or my student, including the actual participant(s) in an EVENT, fall within one or more of these categories, there is a greater risk. I further understand COVID-19 affects the respiratory system and may also affect the heart, which could include long-term consequences, including *Myocarditis*, which is an inflammation of the heart muscle. This inflammation may remain undetected for months after having COVID-19 and is one of the leading causes of sudden cardiac arrest in athletes in the United States.
4. I understand while ASD strives to maintain everyone's safety at all EVENTS, ASD cannot eliminate all risks. ASD's staff may be negligent or make mistakes, when trying to eliminate or mitigate the risks, including the risk of contracting COVID-19. By signing this Waiver, ASD asks you (and anyone that could legally stand in your place) to ASSUME ALL RISKS associated with you or your student's involvement in the EVENT.
5. I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE ASD and/or its officers, directors, and employees; the Anchorage School Board; and any individuals, companies, or associations having anything to do with an EVENT, including promoters, participants, officials, and owners of the premises where an EVENT takes place (hereinafter referred to as "Releasees"). By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any and all loss or damage whether caused by the negligence of the Releasees or otherwise.
6. I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damage, or cost (including reasonable attorneys' fees) they may incur arising out of or related to my illness or death, or the illness or death of my student, including the actual participant(s) in the EVENT, whether caused by the negligence of the Releasees or otherwise.

BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ AND UNDERSTOOD THIS WAIVER AND RELEASE, AND AGREE TO BE BOUND BY ITS TERMS.

Student Name: _____

Name of Parent or Guardian: _____

Signature: _____ Date: _____