



# Northern Lights ABC 7/8 Grade Volleyball Team

## Requirements for Participation

Completed Middle School Activity Participation Form  
\$110 Activity Fee (pay online through ParentConnect)  
Current Health Exam (within the last 18 months)

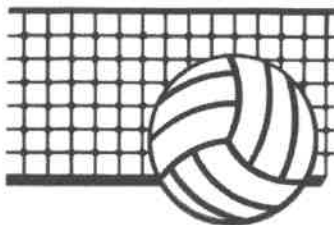
**Students will not be allowed to participate until all required documents and payments are complete and turned in to the office.**



**Practice begins on 10/15!**

**\*\*Practices will be M-F after school until 5:00pm.\*\***

Please see the attached packet for required paperwork



**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"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE NAME	M/F	GRADE	BIRTH DATE
<input type="text"/>		<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"/>	
SPORT OR ACTIVITY		CURRENT MIDDLE SCHOOL	ATTENDED OTHER MIDDLE SCHOOLS? <input type="radio"/> Yes <input type="radio"/> No	ASD STUDENT ID #	
<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 #	
<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 NEGLIGENCE 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"/>
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, burn 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  
PERRLA  
Respiratory  
Cardiovascular  
Liver/spleen/abdomen

Genitalia, Tanner stage \_\_\_\_\_  
Neurological  
Skin  
Head/neck  
LAB: UA, HGB/HCT (as needed)

Knee/hip  
Back  
Ankles  
Other musculoskeletal  
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 \_\_\_\_\_

**Middle School Volleyball 2019 Season**  
**Practice begins October 15, 2019**

**Coaches mtg Oct 11th @  
 coaches mtg Dec. 17th @**

**Tentative Schedule updated 9/6/19 All Games Begin at 3:30 PM**

	Date	Teams	Schools Competing	Host School
Week 1 evening matches	November 18, 2019	JV1, JV3 C1, C3 All 4 levels travel to host school.	Central, Mirror Lake @ Romig Hanshew, NLABC @ Clark Mears, Wendler @ Begich	Romig Clark Begich
		V, JV3, C1, C3	Girdwood, Goldenview, Gruening @ <b>Chugiak HS</b>	Gruening
		V, JV2 C2, C4 All 4 levels travel to host school.	Central, Romig @ Mirror Lake Clark, Winterberry @ Hanshew Begich, Wendler @ Mears	Mirror Lake Hanshew Mears
Week 2 evening matches	December 2, 2019	JV1, JV2, C2, C4 JV1, JV3	Girdwood, Gruening @ Goldenview Goldenview, NLABC, Mears @ Goldenview	Goldenview
		C1, C3 All 4 levels travel to host school.	Hanshew, Wendler @ Romig Begich, Girdwood @ Mirror Lake Clark, Central, Gruening @ <b>Chugiak HS</b>	Romig Mirror Lake Gruening
		V, JV2 C2, C4 All 4 levels travel to host school.	Mears, Winterberry, Goldenview @ Mears Romig, Wendler @ Hanshew Girdwood, Mirror Lake @ Begich Central, Gruening @ Clark	Mears Hanshew Begich Clark
Jamboree 1 matches	December 7, 2019	JV1	JV1 plays @ Goldenview	Goldenview
		JV3	JV3 plays @ Romig	Romig
		C1	C1 plays @ Hanshew	Hanshew
		C3	C3 plays @ Mirror Lake	Mirror Lake
Week 3 evening matches	December 9, 2019	JV1, JV3 C1, C3 All 4 levels travel to host school.	Mears, Girdwood @ Clark Begich, Central @ Hanshew Mirror Lake, Wendler @ Goldenview Romig, NLABC, Gruening @ <b>Chugiak HS</b>	Clark Hanshew Goldenview Gruening

December 11, 2019

V, JV2  
C2, C4  
All 4 levels travel  
to host school.

Clark, Girdwood @ Mears  
Central, Hanshew @ Begich  
Goldenview, Wendler @ Mirror Lake  
Gruening, Winterberry @ Romig

Mears  
Begich  
Mirror Lake  
Romig

Jamboree  
matches 2

December 14, 2019

V	V plays @ Mears	Mears
JV2	JV2 plays @ Begich	Begich
C2	C2 plays @ <b>Chugiak HS</b>	Gruening
C4	C4 plays @ Clark	Clark