



# Northern Lights ABC Cross Country Running Team

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## 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.**



**8/21-This day will be a brief meeting only until 3:15pm in  
Mr. Shasby's Room**

**Practice begins on 8/22!**

**\*\*Practices will be M-F after school until 4:15pm.\*\***

Please see the attached packet for required paperwork



**Practice begins August 21, 2019**

**Middle School Cross Country Running**

Pre-Season Coaches Meeting Tuesday August 20th; 3:45 PM at Wendler MS.  
 Post-Season Coaches Meeting Oct. 11th, 3:45 PM at Wendler MS.

**\*\*All races will be completed-30 minutes after the start of the last race.\*\***

**Tentative Schedule - updated 10/12/2018**

Date	Schools	Location	Host
<b>Saturday- 9/14/2019</b>	<b>*Optional* All Schools - Skinny Raven's NBXC Classic *Optional*</b> First Flight @ 10:00am MS Race begins at 12:00.	Russian Jack Springs Park	Skinny Raven
<b>Thursday- 9/12/2019</b>	Mears, Girdwood, Hanshew, Goldenview, Rilke Schule, Northern Lights, Wendler	Service	Hanshew
<b>Friday - 9/13/2019</b>	Mirror Lake, Gruening, Romig, Winterberry, Central, Begich, Clark 6/7 Girls 3:50pm, 6/7 Boys 4:20pm, 8 Girls 4:50pm, 8 Boys 5:15pm	Service	Begich/ Clark
<b>Wednesday- 9/18/2019</b>	Goldenview, Wendler, Winterberry, Begich, Hanshew, Central, Mirror Lake	Chugiak	Wendler
<b>Thursday - 9/19/2019</b>	Northern Lights, Romig, Clark, Mears, Gruening, Rilke Schule, Girdwood 6/7 Girls 3:50pm, 6/7 Boys 4:20pm, 8 Girls 4:50pm, 8 Boys 5:15pm	Chugiak	Gruening/NLABC
<b>Wednesday- 9/25/2019</b>	Mears, Hanshew, Mirror Lake, Gruening, Goldenview, Romig	Mirror Lake	Mirror Lake
<b>Thursday - 9/26/2019</b>	**Central, Rilke Schule, Northern Lights, Wendler, Clark, Begich, Winterberry, Girdwood 6/7 Girls 3:50pm, 6/7 Boys 4:20pm, 8 Girls 4:50pm, 8 Boys 5:15pm	Girdwood	Girdwood
<b>Wednesday - 10/2/2019</b>	Hanshew, Winterberry, Goldenview, Begich, Mears, Girdwood, Wendler	Kincaid	Mears
<b>Thursday - 10/3/2019</b>	Gruening, Romig, Northern Lights, Rilke Schule, Mirror Lake, Central, Clark <b>6-7</b> Girls 3:50pm, <b>6-7</b> Boys 4:20pm, V Girls 4:50pm, V Boys 5:15pm	Kincaid	Central/ Rilke Sch.
<b>Tuesday - 10/8/2019</b>	<b>Think Pink Relays- All Schools</b> Coed 3:30pm, Girls 4:00, Boys 4:30	Kincaid	Romig/ Winterberry
<b>Thursday - 10/10/2019</b>	<b>All Schools - Championships</b> 6/7 Girls 3:30pm, 6/7 Boys 4:10pm, 8 Girls 4:50pm, 8 Boys 5:20pm	Kincaid	Goldenview

**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"/>	
		<input type="radio"/> Yes <input type="radio"/> No			
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"/>	
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 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

<b>THIS SECTION TO BE COMPLETED BY ACTIVITY OFFICE. PLEASE DO NOT WRITE IN THIS SPACE.</b>			
<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	Rifery	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 \_\_\_\_\_

Anchorage School District  
Fee waiver application 2019-20

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Student ID# \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

I certify the financial information listed below is correct and agree to provide verification if asked by the school administration. The school administrator will review your application and determine eligibility.

Confidentiality: The information provided on this completed application is strictly confidential. Personal income information is not shared.

Family size \_\_\_\_\_

Family income \_\_\_\_\_

Family address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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OFFICE USE ONLY

Verified EDS information

Approved by principal

Denied by principal

Activity clerk signature \_\_\_\_\_ Date \_\_\_\_\_

Principal signature \_\_\_\_\_ Date \_\_\_\_\_

Principal will keep this copy on file at the home school.