



# 2022-2023 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)  
COVID-19 Supplemental Waiver of Liability  
NLABC Volleyball Contract

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

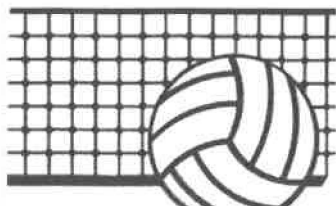


**Practice begins on 10/17!**

**(no practice on October 21, October 28, November 8 & November 11)**

**\*\*Practices will be M-F after school until 4:30pm.\*\***

Please see the attached packet for required paperwork



# Anchorage School District

## 2022-23 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"/>	<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?	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 #		

### 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.**

<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"/>	<input type="text"/>
PHYSICAL DATE	ACTIVITY FEE	RECEIPT #	REV 6/21	

# 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 &amp; 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: \_\_\_\_\_

## NLABC Volleyball Contract

### Team Rules and Information Sheet

#### Team Rules

1. *I will at all times show respect to myself, my teammates, other competitors, coaches, parents, and officials, and I will conduct appropriate behavior as I represent myself, my parents, my coaches and my school.*
2. *Belonging to the volleyball team will require me to push myself to improve my abilities, so I commit to myself and the team, to giving my best effort everyday.*

#### General Rules and Info

1. Practice will be M-F 2:45pm-4:30pm. Students will be picked up no later than 4:45, more than 1 violation of this rule may result in not being able to compete in the next meet. More than 2 violations may result in being asked to leave the team.
2. Appropriate volleyball gear will be worn – shorts or sweats (no pants), volleyball shoes, and appropriate top (school rules apply). If appropriate gear is not worn, student will not be allowed to participate in practice and will have to be picked up immediately from school.
3. 10 practices are required before being allowed to compete in a meet.
4. Uniform will consist of shirt provided by the school, and black shorts (not provided). Shirts will be washed and dried before returning to NLABC. If damaged or not returned a fine will be assessed.
5. All students will need to be transported to the matches by their parent/guardian. Bus transportation will not be provided. Students will need to be signed out and picked up from the match site.
6. Headphones are not allowed during practice or meets.
7. Students will not be allowed to use their phones until after practice.

Thank you,

NLABC Coach – Leisa Foster

foster\_leisa@asdk12.org

*Detach and return below*

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Dear parents,

We look forward to working with your child and hope to have a fun and positive volleyball season. It is important that you and your child understand this contract.

Participating in volleyball will require your child to try new activities that will be physically demanding. If there is any medical information that you would like to provide the coaches, please provide it below:

Student Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma: Y/N Medication: \_\_\_\_\_

Other info: \_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
contact number