Northern Lights ABC
6-8 Grade Girls 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)
NLABC Girls Volleyball Contract

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

Please return the above requirements by Friday, October 11th. We need to know by that date who will be playing. Practice starts Tuesday, October 15th. Practices will be from 2:30-3:45pm, Monday-Friday.
If you have any questions, please contact the NLABC office at (907)742-7500.

Please see the attached packet for the required paperwork.

GO TIGERS!

NLABC Girls Volleyball Contract

Team Rules and Information Sheet

Team Rules

1. *At all times, I will show respect to myself, my teammates, other competitors, coaches, parents, and officials, and I will conduct myself with 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 every day.*

General Rules and Info

1. Practice will be M-F 2:30-3:45pm. Students will be picked up no later than 4:00pm. More than 1 violation of this rule may result in not being able to compete in the next match. More than 2 violations may result in being asked to leave the team.
2. Appropriate gear will be worn – shorts or sweats (no pants), tennis 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 match.
4. The 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. Transportation to and from matches must be provided by parents, we will not be using buses. Students must be signed out after the match.
6. Headphones are not allowed during practice or matches.
7. Students will not be allowed to use their phones until after practice.

Thank you,
NLABC Coach – TBD

Detach and return below

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:____

**Parent Email:____

____________________	__________	____________________	____________________
Student signature	Date	Parent signature	contact number

Anchorage School District

2024-25 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

SPORT OR ACTIVITY	CURRENT MIDDLE SCHOOL	ATTENDED OTHER MIDDLE SCHOOLS?	ASD STUDENT ID
		_____YES _____NO	

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 independent assessment of the risks involved.

___ **I understand that ASD will <u>not</u> 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 I am financially responsible for all medical, or other expenses incurred as the result of any injury, accident, or loss sustained by the participant while engaging in this activity. I further understand the ASD does not provide any insurance that would provide coverage to the participant in the event of an injury, accident, or loss.

___ 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 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.

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 7/24

Anchorage School District
Sports Physical - Health Examination Form

This form is valid for 18 months unless there is a change in health status due to illness or injury.

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________________

This form is valid for 18 months unless there is a change in health status due to illness or injury.