

Northern Lights ABC XC Running Team (6-8 grade)

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 XC Running 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, August 15th.

We need to know by that date who will be participating.

Practice starts Monday, August 18th. Practices will be from

2:30-3:45pm, Monday-Friday.

If you have any questions, please contact us at (907) 742-7500.

Please see the attached packet for the required paperwork.



NLABC XC Running 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 XC Running 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 meet. More than 2 violations may result in being asked to leave the team.
2. Appropriate running gear will be worn – shorts or sweats (no pants), running 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. Hats and gloves may be worn when the weather is cooler.
3. 10 practices are required before being allowed to compete in a meet.
4. Race 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. XC Running jackets are available. You must put a \$50 cash/check deposit down in the office and the deposit will be returned when the washed and dried jacket is brought back to the office after the XC season.
6. All students are expected to obtain their own rides to and from each meet. Bus transportation will not be provided at all (to and from meets). Students will need to be signed out and picked up from the meet site.
7. Headphones are not allowed during practice or meets.
8. Students will not be allowed to use their phones until after practice.
9. Please do not bring dogs to the meets.

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 XC Running season. It is important that you and your child understand this contract.

Participating in XC Running 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

Anchorage School District

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		
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 7/25	

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

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

Basketball

Bowling

Cheer

Diving

Flag Football

Football

Gymnastics

Hockey (boys)

Hockey (girls)

Riflery

Soccer

Softball

Swimming

Tennis

Track & Field

Volleyball

Weight Training

Wrestling

XC running

XC skiing

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.