Northern Lights ABC 7/8 Grade XC Running 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 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 18th.

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

Practice starts Monday, August 21st. Practices will be from

2:45-4:00pm, Monday-Friday.

If you have any questions, please contact coach Popek. His email is popek_jason@asdk12.org.

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 2:45-4:00pm. Students will be picked up no later than 4:15pm. 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 – Jason Popek popek jason@asdk12.org

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:

<u></u>		
Asthma: Y/N Medication Other info:	n:	
C		
Student Name:		

Anchorage School District

2023-24 MIDDLE SCHOOL ACTIVITY PARTICIPATION FORM

I have read the ASD and/or size activity guidelines and understand their contents. I have read and understand the eligibility requirements and code of conduct for the startivity in which the student will participate, including training unless required of students participating in ASD activities. I understand the coach may add specific rules and regulations for the activity participant following the ASD's rules and the coach's instructions regarding playing techniques, training, and other term rules. 1 understand that the coaches and other employees seek aftery, but are not infallible. Possible errors include, but are not limited to, being ignorant of a participant's abilities, failing in give adequate warnings or instructions and negligence generally associated with the activity. 2 understand that all extra-curricular activities have a certain degree of risk, including known and unknown risks. I understand not megatine generally associated with the activity of the complex of the coaches and other employees seek aftery that the coaches and other employees seek aftery than the coaches and other employees seek aftery that the coaches and other employees seek aftery than the coaches and other employees seek aftery than the coaches and promise to accept and assume all the risks to myself and/or the participant is often admitted and the coaches instructions and negligence given and regulate warring of the seeks are essential to the activity and the coaches and other employees generally associated with the activity. I further understand that these rules in a coaches and other expenses incured the risks are extented to the activity and the read of the risks that may read it in injury, accident, or loss sustained by the participant in the event of an injury, accident, or loss sustained by the participant in the event of an injury, accident, or loss sustained by the participant in the event of an injury, accident, or loss sustained by the participant in the event of an injury, accident, or loss sustained by the partici		equired for each ac	tivity. Complete the fol	
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	STUDENT SIGNATURE	PARENT/GIL	ARDIAN SIGNATURE	DATE

ACTIVITY FEE

RECEIPT #

REV 7/23

PHYSICAL DATE

Anchorage School District Sports Physical - Health Examination Form

MEDICAL HISTORY TO BE COMPLETED BY LEGAL PARENT/GUARDIAN First Name Initial Date of Birth Last Name (print) Y____ N ____ 1. Have you ever been hospitalized? Y____ N ____ 2. Have you ever had surgery? 3. Are you presently taking any medications or pills? Y____ N ____ Y _ N ____ Have you ever passed out during or after exercise? 5. Have you ever been dizzy during or after exercise? Y____ N ____ Y _ N ____ Have you ever had chest pain during or after exercise? 6. 7. Do you tire more quickly than your friends during exercise? Y____ N ____ Y N 8. Have you ever had high blood pressure? 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 ____ Y____ N ____ 11. Has anyone in your family died of heart problems or sudden death before age 50? 12. Do you have any skin problems (itching, rashes, acne)? Y _ N ____ Y____ N ____ 13. Have you ever had a head injury? 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 ____ Y____ N ____ 18. Have you ever had a stinger, burner or pinched nerve? 19. Have you ever had heat or muscle cramps Y N Y____ N ____ 20. Have you ever been dizzy or passed out in the heat? 21. Do you have trouble breathing or do you cough during or after activity? Y N Y____ N ____ 22. Do you use any special equipment (pads, braces, neck rolls, mouth quards, eye quards, etc.)? 23. Have you ever had problems with your eyes or vision? Y____ N ____ Y____ N ___ 24. Do you wear glasses or contacts or protective eye wear? 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 Thiah Elbow Chest Shin/calf Wrist Hip Knee Ankle Hand Shoulder _ __Neck Forearm Back 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 Y N 28. Are you Diabetic? 29. Are you Asthmatic? Y____ N ____ Y _ N ___ 30. Do you have any allergies (medicine, bees or other stinging insects) 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 Sig	gnature	Parent S	ignature	Date	
	HEALTH EXAM	INATION TO BE COMPLET	ED BY HEALTHCARE PI	ROVIDER - MD, DO, ANP, PA	
Age	Height	Weight	Blood Pressure		
Vision R/20	0	Vision L/20			
Circle	any of the following	that are abnormal and expla	in under "comments":		
Eyes/e	ears/nose/throat	Genitalia, Ta	anner stage	Knee/hip	
PÉRR		Neurologica	5	Back	
Respir	ratorv	Skin		Ankles	
•	ovascular	Head/neck		Other musculoskeletal	
	spleen/abdomen		GB/HCT (as needed)	DT (date):	
Comments	::				
activit Baseb Baske Bowlin Cheer Diving Flag F	ties <u>not</u> crossed out: all tball ng	Football Gymnastics Hockey (boys) Hockey (girls) Riflery Soccer	Softball Swimming Tennis Track & Field Volleyball Weight Training	Wrestling XC running XC skiing	
TIOI Hame	5 (MD, DO, 71141 , 171) (P	Juliu			
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 of 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 tested positive, been diagnosed with, demonstrated any symptoms of, or have in any way been exposed to any communicable diseases, including the novel corona virus known as COVID-19 and/or any mutation or variation thereof ("COVID-19") within the past ten (10) days;
- 2. I acknowledge that 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 I, my student, or anyone in my immediate household has previously tested positive for COVID-19, I hereby agree to disclose this fact to ASD. I, on behalf of my student, will also make sure that the "Return to Play" form provided by ASD is completed and ensure my student complies with all protocols put in place to allow for a gradual return to participation;
- 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 the EVENT, fall within one or more of these catagories, 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 <u>Myocarditis</u> 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 risks 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 studnet'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 the EVENT, including promoters, participants, officials, and owners of the premises where the EVENT takes place (hereinafter referred to as "Releasees"). By signing this document, RELEASES 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; and
- I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damage, or cost (including reasonable attorney's fees) they may incur arising out of or related to my illness or death, or the illness or death of my studnet, 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:	