

Welcome to the 2015 – 2016 Mariner Athletic Season

Contact: Chris Perk – Athletic Director

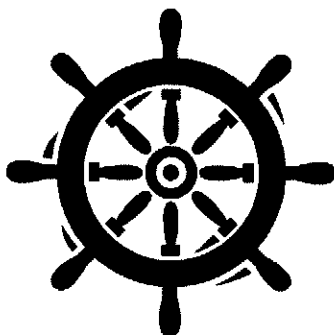
<http://homerhighschool.blogs.kpbsd.k12.ak.us/wpmu/sports/>

cperk@kpbsd.k12.ak.us

235-4623

Twitter @ HHSMariners

KPBSD AP (Smart Phone Users)



The following paperwork is **required** before you can practice or compete.

1. **Annual Physical** from your physician (schedule this during the summer between June 4 - July 28th) This can be covered under your insurance as a Wellness Exam.
2. A Signed **KPBSD Consent** to Participate Form
3. Signed **KPBSD Indemnification** Form
4. **ASAA Concussion** Awareness Form
5. **TAD (Tobacco/Alcohol/Drugs) Form** – Watch Video at www.asaaeligibility.org
6. Must pass **5 semester Credits** from the previous semester and be enrolled in 5 classes.

APPENDIX C

KENAI PENINSULA BOROUGH SCHOOL DISTRICT HIGH SCHOOL ACTIVITIES GUIDELINES

I. PHILOSOPHY STATEMENT

The KPBSD believes co-curricular activities are an integral part of the educational program. We believe each student should have an equal opportunity to participate in a broad number of activities based on her/his own talents and interests. It is the intent of the District to encourage participation in activities.

The following regulations governing activities in the District strive to treat all participants in like programs in a fair and equal manner without personal bias.

Participation in activities is understood to be a privilege and not an inherent right of the student. Signing of the *Co-curricular Participation Consent Form* indicates knowledge of and willingness to abide by the established rules and regulations of the KPBSD.

II. KPSAA AUTHORITY

The KPBSD activity guidelines and other KPBSD pertinent policies govern all co-curricular activities. Co-curricular activities shall be defined as those activities for which a supervisor is provided a specific salary to supervise a specific activity. All policies contained in this document and KPBSD policies apply to participants in **athletic-related activities** during the sport season in which students participate. All policies contained in this document and KPBSD policies apply to participants in **nonathletic-related activities** representing the KPBSD at school-sponsored, on- and off-campus events.

III. ENFORCEMENT OF GUIDELINE POLICIES/APPEALS

A. Student Infractions/KPSAA Policy Appeals Process

1. **Level I** Principal
2. **Level II** KPSAA Executive Secretary
3. **Level III** KPSAA Board
4. **Level IV** KPBSD Board of Education

IV. STUDENT ELIGIBILITY

A. Parent/Student Responsibilities for Participation

1. **Physician's clearance.** A yearly physician's clearance for sport activities must be on file with the coach and the athletic director or principal (ASAA, Article XI, Section 1).
2. **Permission/ Hold Harmless form.** A permission/hold harmless form signed by a parent/legal guardian must be on file with the coach and the athletic director or principal.
3. **User fee.** A user fee payment must be received prior to the first contest or a waiver request must be on file with the athletic director or principal.
4. **Records.** All records must be in order, and all forms must be on file before the student is eligible to begin practice in any program.

B. Student Requirements for Participation in Interscholastic Activities

1. **Enrollment.**
 - a. Interscholastic Program: In order to participate in a school-sponsored activity (including practice), a student must meet one of the following criteria:
 - 1) All freshman, sophomores, and juniors must be properly registered and enrolled in at least five (5) semester classes or their equivalent, in an Alaska School Activities association member school within the district. Seniors who are on track to graduate must take at least four (4) semester units of credit, or the equivalent, to be eligible. All other seniors must be enrolled in a minimum of five (5) semester units of credit or the equivalent to be eligible.
 - 2) A student attending a KPBSD approved correspondence, alternative or charter program during the first semester of the ninth grade; and a student transferring from out-of-district who attends one of the above approved programs after the first semester of the ninth grade, must designate an Alaska School Activities Association member school within the district as the School of Eligibility. The School of Eligibility of a student, other than a first

semester freshman, who transfers to a KPBSD approved correspondence, alternative or charter program from another school within the district will be the member school from which the student transferred.*

- 3) Students determined to be ineligible at the mid-quarter check will begin their ineligibility on the first school day following the grade check until the next eligibility check. Students may regain their eligibility after seven calendar days if they meet the 2.0 GPA and are passing all their classes within the next five school days. Otherwise, they remain ineligible until the next eligibility check.
- b. Establishing eligibility: For transfer purposes, a student establishes eligibility at a school by enrolling in and attending that school for fifteen (15) school days or by participating in an interscholastic activity.
- c. Extension of Classroom Competitions:
- 1) Students desiring to participate in classroom extensions (band, drama, etc.) must be enrolled and passing in that class at that school;
 - 2) The student is not required to be enrolled in five district classes.
- d. Intramural Activities: Students enrolled in less than five classes or non-enrolled students may participate in intramurals on a space available basis determined by the building administrator and/or the site-based council.
2. **Attendance.** In order to participate in a school-sponsored activity (including practice), **students must attend all classes on the day of the school activity or on the last regular day of the week for weekend activities** unless otherwise excused by the school.
 3. **School grade.** Students in the eighth grade and below are ineligible for participation as members of high school athletic teams unless granted a waiver by ASAA (ASAA, Article XII, Section 2E). This includes cheerleading (ASAA, Article XII, Section 2.c).
 4. **Age.** A student who becomes nineteen (19) years of age before August 1 shall be ineligible for interscholastic competition (ASAA, Article XII, Section 6).
 5. **Practice.** Athletic participants must have ten (10) separate days of practice in the same activity prior to the first day of competition unless a waiver has been granted because of participation in a continuous activity (ASAA, Article VII, Section 5). Students may not have practices waived for football, gymnastics, hockey, wrestling or cheerleading.
 6. **Participation.** A student may participate in no more than four (4) seasons in any specific interscholastic activity unless granted an 8th grade waiver by ASAA (ASAA, Article XII, Section 2E). Participation in any interscholastic contest shall be considered as one year or season of participation in that activity (ASAA, Article XII, Section 3).
 7. **Recruitment/undue influence.** Transfer from one school to another for athletic purposes because of undue influence by anyone connected directly or indirectly with the school shall cause a student to forfeit eligibility for at least one year from the date of enrollment (ASAA, Article XII, Section 5).

**A student attending a KPBSD approved correspondence, alternative or charter program who wishes to change his/her School of Eligibility during the school year, will be ineligible for interscholastic competition at the new School of Eligibility for eighteen (18) school weeks..*

ASAA Handbook

C. Student Scholastic Eligibility for Participation

1. **Academic Progress.** ASAA requires that all students have passing grades in five (5) semester units of credit to participate in the next semester. Seniors who are on track to graduate must take at least four (4) semester units of credit or the equivalent to be eligible. Other seniors must be enrolled in a minimum of five (5) semester units of credit or the equivalent to be eligible. In addition, all students must maintain at least an overall 2.0 grade point average (GPA) during the current semester to remain eligible.
Students who do not maintain an overall 2.0 GPA may regain eligibility during the current semester by achieving and maintaining an overall 2.0 GPA within the school's grading system. KPBSD further requires that all students be passing in all enrolled classes at the time of eligibility checks. The Connections Program is responsible for determining their students' progress at each eligibility check.

Correspondence students must meet the same time frame requirements as students within the traditional school setting.

- a. 2.0 GPA checks will be done each mid-quarter and quarter end. Semester grades will be used at the end of quarters two and four. A schedule of eligibility check dates will be printed annually in the KPSAA High School Handbook.
 - b. Students determined to be ineligible at the mid-quarter check will begin their ineligibility on the *first school day* following the grade check until the next eligibility check. Students may regain their eligibility after seven calendar days if they meet the 2.0 GPA and are passing all their classes within the next five school days. Otherwise, they remain ineligible until the next eligibility check.
 - c. At the end of the quarter, eligibility determination will be made on the first Wednesday of the new quarter.
 - d. Students receiving less than a 2.0 GPA or a failing grade at the end of a quarter shall be ineligible from that Wednesday until the next eligibility check.
 - e. Students that are ineligible as a result of a 2nd semester failing grade or a GPA of less than 2.0 at the end of the second semester will begin their ineligibility immediately for any sport continuing into the summer and will continue through the first day that practice begins at that school or the sport in which that student participates in the fall and will run for three calendar weeks. Classes passed during the summer school can be used to regain eligibility as soon as the class is successfully completed if the student has a CPA of not less than 2.0 and has passed at least five (5) semester units with the previous semester and summer school combined.
 - f. Students who are ineligible as a result of not having passed five (5) semester units during the spring semester may count courses taken in summer school toward those five (5) semester units.
 - g. After the second eligibility violation, the athlete may be removed from the team/activity.
 - h. Students receiving an incomplete at the end of a quarter will be ineligible until the incomplete is changed to a passing grade.
 - i. Only students who are eligible shall be allowed to travel or associate with the team during home or away contests.
2. **Personal conduct.** Classroom conduct may affect eligibility. Any misconduct affecting eligibility must be recorded in the principal's office.
3. **Enrollment.** To be eligible during a school semester for participation in interscholastic activities, a student must (ASAA, Article XII, Section 1):
- a. Be properly registered.
 - b. Be carrying a minimum of five classes that lead to the granting of credit towards graduation. Seniors who are on track to graduate, must take at least four (4) semester units of credit, or the equivalent. All other seniors must be enrolled in a minimum of five (5) semester units of credit or the equivalent to be eligible.
 - c. Be in regular attendance in all school classes in which enrolled.
4. **Class Changes--add/drop**
- a. If a student transfers classes after the second week of the semester, s/he must be passing in all classes to maintain eligibility.
 - b. If a student requests a transfer of classes after the second week of the semester and is not passing in all classes, the student will remain ineligible until the next eligibility check.

V. PARTICIPATION GUIDELINES FOR ACTIVITIES

- A. **Tobacco, alcohol and controlled substances policy.** (ASAA 2008-2009 Handbook, p. 53; TAD Policy) In order to ensure consistency of tobacco, alcohol and controlled substances use policies by the member schools of the Kenai Peninsula School Activities Association, and in cooperation with the Alaska School Activities Association, the following policy is adopted:

1. **Prohibited Conduct:** The possession, distribution or use of any tobacco products, alcohol, and controlled substances by a student-athlete or activity participant, whether it occurs on or off school property, is prohibited and shall result in the penalties set forth herein. Additionally, being in the same vehicle, house, location, party, *proximity, etc. where alcohol/drugs are known to be in illegal possession by minors or willingly remaining in a location or proximity where alcohol/drugs are being illegally consumed will result in the same penalties set forth herein.
2. **Time Period During Which Policy Applies:** The policy in this section applies to any student who is participating or has participated in interscholastic activities starting from the student's first participation in interscholastic activities, including formal practices which precede interscholastic competition after the initial signing of the Student/Parent/Legal Guardian (TAD) Acknowledgement Form, at any ASAA member school, and continuing until the student graduates from high school. This policy applies during "calendar days" as defined in the ASAA handbook (p. 54, 2008-09 edition).
3. **Educational Component:** The educational component is a critical part of the policy and is comprised of four parts; Pre-Participation Orientation, First Offense, Second Offense, and Third Offense. ASAA will provide the first three parts of this component for member schools on DVD and through the ASAA website. (ASAA's educational component is applicable to member high schools only.)
4. **Cumulative and Progressive Penalties:** Violations of this policy will be cumulative and progressive, as described in the following paragraph, throughout a student's high school years. If a student transfers from one ASAA member school to another ASAA member school, the student's cumulative violations will accompany such transfer and shall be the basis for any additional penalties should further violations occur.
5. **Penalties for Violation of this Policy:**

First Offense The student will be suspended from interscholastic activities and practice for ten (10) calendar days. Fifty (50) percent of the suspension will be forgiven and the student may return to practice if the student and parent/guardian complete the First Offense educational component. For tobacco use, if a student under the First Offense Penalty violates the Tobacco Rule with the ten (10) calendar days period of suspension, the student's period of suspension will start over again; the First Offense educational component will become mandatory and no forgiveness will be granted. This process will continue until the student has demonstrated ten (10) calendar days without a subsequent tobacco violation. A student who has not completed a suspension or re-suspension under the first Offense penalty for violation of the Tobacco Rule does not become subject to imposition of penalties under a Second, Third or Fourth Offense for violation of the Tobacco Rule, until the student has completed all suspensions and re-suspensions under the First Offense Penalty for tobacco use. A student serving a First Offense penalty under the Tobacco Rule is, however, subject to immediate imposition of a Second Offense Penalty to the extent this is based upon violation of the non-tobacco prohibitions under this policy.

Second Offense The student will be suspended from interscholastic activities and practice for forty-five (45) calendar days. Both the student and parent/guardian must complete the Second Offense educational component prior to the student's return to competition and there will be no forgiveness of calendar days of suspension. While under the period of suspension, the student may return to practice after completion of the Second Offense educational component. A student may need additional days of practice before returning to competition (Article 7, Section 5; ASAA).

Third Offense The student will be suspended from interscholastic activities and practice for one (1) calendar year. Both the student and parent/guardian must complete the Third Offense educational component prior to the student's return to competition and there will be no forgiveness of calendar days of suspension. While under the period of suspension, the student may return to practice after completion of the Third Offense educational component. A student may need additional days of practice before returning competition (Article 7, Section 5; ASAA).

Fourth Offense The student's privilege to participate in interscholastic activities and practice is revoked for the remainder of the student's high school years.

All elements of reporting, enforcement, and administration of the above participation guidelines will be in accordance with Alaska School Activities Association, Kenai Peninsula Borough School District and Kenai Peninsula School Activities Association General Information and Policies.

**Proximity is defined as being in the same vehicle, house, location, party, etc. where you know alcohol/drugs are in illegal possession by minors or you willingly remain in a location where you are aware alcohol/drugs are being illegally consumed.*

TAD Policy and Proximity: Beginning 2013-2014, no longer enter proximity violations into the ASAA TAD data base. Enter only in Power School.

1. **Chemical assessment.** If a student is dismissed from participation or practice because of alcohol or drug infraction, s/he must have a chemical assessment and/or possible counseling and complete the recommendations from the assessment before s/he can participate in another activity. With administrative approval, and upon completion of appropriate assessment and counseling, the student/athlete will become eligible to participate in practice for the last ten (10) days of their thirty (30) day suspension.
3. **Conduct.** Suspension from an activity for a period of time up to thirty consecutive school days or the remainder of the activity season to be determined by the coach/principal shall result from:
 - a. Fighting
 - b. Vandalism
 - c. Theft and/or possession of known stolen property
 - d. Other disciplinary situations which may arise.
4. **Other misconduct** occurring while on school grounds or while engaged in school sponsored activities will be subject to penalties according to Board of Education Policies.

B. Dismissal Rules

1. **Discipline.** Any student who is cut from a sport/activity for disciplinary reasons will not be eligible to practice or play another sport/activity during the season of that sport/activity.
2. **Voluntary quit.** A student who voluntarily quits a sport/activity season will not be eligible to practice or play in another sport/activity during the season of that sport/activity without administrative approval.

C. Uniforms/Equipment Rules

1. **Student responsibility.** Uniforms/equipment issued to a student are her/his responsibility for return or replacement.
2. **Penalty.** If the uniforms/equipment are not returned, replaced, or paid for, the letter/award shall not be awarded nor any additional equipment be issued to the participant for any activity.

D. Participation Fees

1. A fee of **\$150** per activity shall be charged for football, basketball (boys and girls), baseball, softball, volleyball, wrestling, Nordic skiing, swimming and hockey.
2. A fee of **\$100** per activity shall be charged for cross-country running, cheerleading, performance dance, soccer and track.
3. Students who are unable to pay all or part of the fee must complete the waiver request form, which is then filed in the school's office.

4. The maximum participation fee assessed any family will not exceed **\$500** per year at the high school level only.

E. Additional Coach/Sponsor Rules

1. **Additional rules.** With administrative approval, coaches may establish additional training rules that are not in conflict with existing KPSAA guidelines or School Board policy, e.g., schedules, curfews, etc. for each sport.
2. **Rules on file.** All rules will be on file with the building administrator prior to the season start.

VI. GENERAL ACTIVITIES POLICIES FOR THE KPBSD

- A. Travel Limitations "Vehicles"** - Students traveling on school days more than a 25 mile radius to or from District-sponsored contests not held at your home site must do so in school provided vehicles, unless specifically released in writing by their parent or legal guardian and approved by the building administrator to travel by some other method. "Home-site" is defined as the location where your school is hosting an event (e.g. Soldotna Sports Center).
- B. Awards**
 1. **Written guidelines.** Written guidelines for earning letters/awards will be given to participants during the first week of practice. These guidelines will be on file in the principal's office.
- C. Team Selection**
 1. **Cut policy.** The KPBSD allows for a cut policy in all high school sport areas. Criteria for selecting the team are determined by the coach of each sport. Criteria should be well defined at the beginning of each season.

VII. CONCLUDING STATEMENT

Activity guidelines will be reviewed and revised annually. Recommendations for inclusions or revisions are to be submitted to the KPSAA Executive Secretary prior to the annual spring general meeting of the Kenai Peninsula School Activities Association.

Revised/Approved 12/6/06

Mariner Athletics

APPENDIX A

2-sided

15-16

KPBSD Athletic/Activity Participation Registration

User Fee Form, Consent Form, Warning, Assumption of Risk, and Hold Harmless Agreement

This form affects your legal rights and responsibilities. Please read it carefully before you sign it and ask questions if there is anything you do not understand.

Eligibility Requirements for students participating in KPBSD and ASAA sponsored activities:

- This form must be complete and on file in the Activities office for each sport/club in which the student participates.
- A physical is required every 12 months and cannot expire during the season in which the student is currently participating.
- These forms (Appendix A and physical form) must be on file before the first practice or tryout.
- See attached Appendix B for further requirements including Scholastic Eligibility.

Activities: Place an 'X' next to the activity your student is participating in.

The following activities require a \$150 participation fee:

Football ___ Wrestling ___ Ice Hockey ___ Basketball ___ Swimming & Diving ___ Volleyball ___ Nordic Skiing ___ Baseball ___ Softball

The following activities require a \$100 participation fee:

Cross Country Running ___ Track & Field ___ Performance Dance ___ Football Cheerleading ___ Basketball Cheerleading ___ Soccer ___

Requests for refund of fees must be made prior to the first contest. Fees may be prorated due to extenuating circumstances. Students removed from participation for discipline reasons or who quit will not be eligible for a refund. A \$500 annual family limit applies to high school participation fees. Unless waived by the school administration, fees are due prior to the first contest.

- I give my consent for the named KPBSD student to participate in the above named activity.
- I have read the Kenai Peninsula Borough School District activity guidelines (Appendix B) and understand their content.
- I have read and understand the eligibility requirements and code of conduct, including training rules (Appendix B) required of students participating in KPBSD and ASAA sponsored activities.
- I understand the coach may add specific rules and regulations for the activity that he/she supervises.
- I understand the dangers and risks of participating in the named activity range from minor sprains and contusions, to major injuries including concussion, spinal injuries, disfigurement, and injuries that may cause paralysis or even death.
- I understand the possibility a serious injury may impair my abilities to earn a living, to engage in other business, social and recreational activities; and to generally enjoy life.
- I understand the above warnings and recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules and I agree to obey such instructions.
- I understand KPBSD and ASAA will not assume responsibility for injuries sustained in the co-curricular programs. I understand that primary accident insurance coverage is my responsibility.
- If my student is a non-KPBSD alternative education program/homeschool student, I further understand that the KPBSD secondary accident insurance will not cover my student.
- I give my consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, emergency medical personnel or hospital in the event of an injury or illness.
- I authorize the school to transport my child to and from KPBSD activities via KPBSD approved transportation.
- I hereby waive on behalf of myself and the participating student named, any liability of the sponsoring high school, KPBSD, or ASAA, or any of its officers, agents or employees for injuries sustained in the co-curricular program.
- I accept financial and legal responsibility of the named student in the event of injury or illness.
- I accept financial and legal responsibility of the named student for property damage, lost equipment and/or disciplinary sanctions.
- I accept the responsibility to pay the cost for transportation should any student be sent home early from an out of town event as a result of their behavior.
- Except for claims arising from sole negligence or willful misconduct of the school district, I hereby agree to hold the KPBSD, its employees, representatives and coaches harmless from any and all liability, actions, debts, or claims of every kind whatsoever which may arise by or in connection with participation of my child/ward in activities related to the above mentioned high school programs. The terms hereof shall serve as a release for my heirs, estate, executor and all members of my family.
- We (student and parent/guardian) consent to abide by the ASAA's rules and regulations, KPBSD's rules and regulations, and my school of eligibility's rules and regulations.

Participant/Student's Printed Name

Student's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Emergency Contact's Printed Name

Parent/Guard. Phone # (H)

Parent/Guard Phone # (W)

Parent/Guard. Phone # (Cell)

Program Director Signature

Date

Credits passed last Semester

Revised 7/13



NOTE: If you are a KPBSD Connections student or non-KPBSD alternative education/homeschool student, you must obtain the signature of your Program Director for each activity you participate in and leave a copy of this form in his/her office.

**STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)
STUDENT CONSENT FOR MEDICAL TREATMENT
STUDENT CONSENT TO PARTICIPATE ***

Student Name: _____	School: _____	HOMER HIGH SCHOOL
Activity (if for sport season name sport): _____	Field Trip: _____	2015 – 2016 Athletic Seasons
Parent EMAIL: _____	Sport Season (if applicable): _____	Fall, Winter, Spring Sports

To the maximum extent allowed by law, I agree to hold harmless the Kenai Peninsula Borough and School District and its employees, directors, and designees (hereafter "District") for expenses relating to injuries (up to and including death), accidents, diseases, property damage, and/or property loss which may occur as a result of the student's participation in the above named activity on the above named field trip except to the extent such injuries are directly caused by the reckless or intentional actions of the District.

I understand that the District provides limited secondary student accident insurance coverage for travel within the US and Canada (overseas insurance may be purchased separately) and no liability insurance that would cover a student's actions. I understand that the District's insurance is effective only when my student is immediately and directly supervised. It will be my responsibility to provide for payment of such expenses beyond the secondary limited accident insurance, should they occur. Due to the fact that the secondary coverage provided by the District is not effective outside of the US and Canada, parents of students going on these trips outside the US will be required to provide proof of insurance. I am aware of the hazards associated with the transportation to and from, as well as participation in, this activity.

I give my permission for the above listed student to be transported by school personnel or their designees and to participate in the above listed activity, OR

I will be transporting my own child (only) via my own auto, airplane, _____ and understand that I alone will be liable for my own personal insurance and any subsequent expenses for the transport of my child. I understand that transporting my own child does not qualify me to attend or chaperone the field trip. Chaperones are required to complete E 6153(h) Chaperone/Volunteer Indemnification Statement and a background check is also required.

I understand that all District and school rules and regulations will apply while the above named student is on a school-sponsored field trip. Violations of a serious nature will result in the student being sent home immediately at my expenses. School discipline will result for infractions of school rules while the student is on a school-sponsored trip.

I understand this waiver is voluntary, and I fully understand the potential risks.

I also authorize any necessary emergency medical treatment to be administered to the above named student. Allergies and/or special medical instructions for the student are attached.

Additional information is available through Chris Perk (trip organizer's name) at phone: 235 - 4600 and school: Homer High School.

_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature	_____ Parent CELL Number	_____ Date
_____ Emergency Contact Name	_____ Emergency Phone Number	_____ Home Phone Number	

* Form to be completed for each field trip or single event; form to be completed once for each specific sports season
Original – Principal, Copy – Parent, Copy – Coach/Sponsor

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ASAA PARENT AND STUDENT VERIFICATION OF RECEIPT OF INFORMATION CONCERNING CONCUSSIONS

In accordance with AS 14.20.142, the School District requires that each athlete, and each minor athlete's parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the District. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled "A Parent's Guide to Concussions in Sports." Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes." Students who are 18 years of age or older will also be provided with the Parent's Guide.

Parents and Students should review this information, discuss it at home, and direct any questions to the student's coach, school principal or athletic activities director.

Student Acknowledgement (required for all athletes)

I acknowledge that I have received a copy of "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes" and understand its contents.

Student Signature

Print Name

Date

Parent/Guardian/Eligible Student Acknowledgement

(Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

I acknowledge that I have received a copy of "A Parent's Guide to Concussions in Sports" and understand its contents.

Parent/Guardian/Eligible Student Signature

Print Name

Date

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.

4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org



Play for Keeps
ALASKA SCHOOL ACTIVITIES ASSOCIATION

**Student, Parent/Guardian
Acknowledgement Form**

Please read the following statements, sign below and return to your school's office

- I have participated in ASAA's "Play for Keeps" orientation and have watched the DVD presentation.
- I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the penalties for violations.
- I further understand that it is solely the school's responsibility to determine if a violation has occurred and that the school's decision may not be appealed to ASAA.
- I further understand that schools are required to report each violation to ASAA and to maintain strict confidentiality as specified in the policy. More specific wording of the confidentiality statement is found in the policy which is available from the school or at www.asaa.org.
- I further understand that students must participate in the orientation and sign this form each season prior to competition.
- I further understand that a student's parent/guardian must participate in the orientation and sign this form at least annually for the student to gain eligibility.
- I further understand that a copy of this signed form must be returned to the school before the student is permitted to participate in interscholastic activities.
- I further understand that schools shall keep a copy of the signed forms on file.
- After participating in the "Play for Keeps" orientation and having the opportunity to review and understand ASAA's Tobacco, Alcohol and Controlled Substances Policy, the violations, penalties and reporting requirements, I agree (both student and parent/legal guardian) to be bound by the terms of the policy.

Printed Name of Student

Student Signature

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

Sport or Activity

School

2-Sided

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STUDENT HEALTH REVIEW/EXAM

SECTION A: To be completed by parent or guardian.

Student Last Name	Student First Name	MI	Date of birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	Zipcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Phone	Emergency Phone	Date of last physical exam		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Are your immunizations up to date	Last tetanus shot	Last measles shot	Last TB skin test	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	YES	NO
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been told that you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had racing of your heart or skipped beats?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any skin problems (<i>itching, rashes, acne</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had a concussion? If yes, how many _____	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you suffer from migraines?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have trouble breathing or do you cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you use any special equipment (<i>pads, braces, neck rolls, mouth guards, eye guards, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
___Head ___Shoulder ___Thigh ___Neck ___Elbow ___Knee ___Chest		
___Forearm ___Shin/calf ___Back ___Wrist ___Ankle ___Hip ___Hand		
26. Have you ever had other medical problems (<i>infectious mononucleosis, diabetes, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you had any medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
28. Are you Diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
29. Are you Asthmatic?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you have any allergies (<i>medicine, bees or other stinging insects</i>)??	<input type="checkbox"/>	<input type="checkbox"/>
List all allergies: _____		
31. When was your first menstrual period? _____		
When was your last menstrual period? _____		
What was the longest time between your periods last year? _____		
32. Explain all "yes" answers: _____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and give consent for my student to be examined.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
 4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org

STUDENT HEALTH REVIEW/EXAM

SECTION B: To be completed by physician, physician assistant or advanced nurse practitioner

This form to be sent to the school (do not send to ASAA)

Student Last Name []	Student First Name []	MI []	Date of birth [] / [] / []	Grade []
Height []	Weight []	Blood Pressure []	Pulse []	
Vision — Right Eye 20/ []	Vision — Left Eye 20/ []	Vision Corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pupils []	

	NORMAL	ABNORMAL FINDINGS	INITIALS
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance: Cleared
 Cleared after completed evaluation/rehabilitations for (Specific Sports): _____
 Not cleared for: Collision Contact Noncontact Strenuous
 Moderately Strenuous Nonstrenuous

Due to: _____

Name of M.D., P.A. or ANP (circle which) []	Signature []	Date [] / [] / []
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Address []	Phone []
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