

Welcome to the 2016 – 2017 Mariner Athletic Season

Contact: Chris Perk – Athletic Director

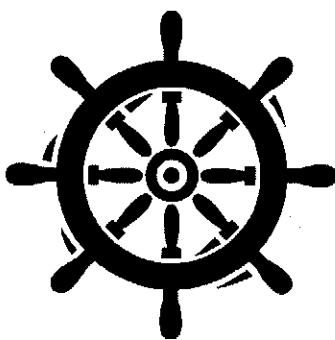
<http://homerhighschool.blogs.kpbsd.k12.ak.us/wpmu/sports/>

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 26th) This can be covered under your insurance as a Wellness Exam.
2. A Signed **KPBSD Consent** to Participate Form
3. **ASAA Concussion** Awareness Form
4. **TAD (Tobacco/Alcohol/Drugs) Form** – Watch Video at www.asaaeligibility.org
5. Must pass **5 semester Credits** from the previous semester and be enrolled in 5 classes.

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)

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.

Connections Program Director Signature

Date

EMAIL:

Revised 7/13

16-17



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

16-17

ASAA PARENT AND STUDENT VERIFICATION OF RECEIPT OF INFORMATION CONCERNING CONCUSSIONS

In accordance with AS 14.30.142, 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

16-17

STUDENT HEALTH REVIEW/EXAM

SECTION A: To be completed by parent or guardian.

Student Last Name <input style="width:90%;" type="text"/>	Student First Name <input style="width:90%;" type="text"/>	MI <input style="width:100%;" type="text"/>	Date of birth <input style="width:90%;" type="text"/>	Grade <input style="width:90%;" type="text"/>
Address <input style="width:95%;" type="text"/>		City <input style="width:95%;" type="text"/>		Zipcode <input style="width:95%;" type="text"/>
Phone <input style="width:95%;" type="text"/>	Emergency Phone <input style="width:95%;" type="text"/>		Date of last physical exam <input style="width:95%;" type="text"/>	
Are your immunizations up to date <input type="checkbox"/> Yes <input type="checkbox"/> No	Last tetanus shot <input style="width:95%;" type="text"/>	Last measles shot <input style="width:95%;" type="text"/>	Last TB skin test <input style="width:95%;" 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 (itching, rashes, acne)? | <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 (pads, braces, neck rolls, mouth guards, eye guards, etc.)? | <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 (infectious mononucleosis, diabetes, etc.)? | <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 (medicine, bees or other stinging insects)? | <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

16-17

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 Vision — Left Eye Vision Corrected? Yes 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

Address Phone

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