

APPENDIX C

**MIDDLE SCHOOL
CO-CURRICULAR PARTICIPANT USER FEE CONTRACT**

Student Name (printed) School Grade Date

Activity Fee Obligations

In an effort to supplement available state and District funds for our co-curricular programs, a fee will be collected from student participants. This revenue will be used to cover travel and official costs, additional coaching salaries, as well as replacement of equipment and uniforms. The student shall pay the appropriate fee by the beginning of the activity in order to participate. In the case this deadline cannot be met, the student must make specific arrangements with the athletic director. Payment of the user fee provides **for participation only** and **does not guarantee playing time** in competitions, or any similar guarantee.

ACTIVITY FEE CHARGES

Middle school students shall be charged \$60 per activity.

The activity your child is participating in at this time is:

Refund of Activity Fees

Full Refund: Students who are cut from a co-curricular activity during the first ten (10) days of practice will receive a full refund.

Prorated Refund: Students injured or having special extenuating circumstances during the same activity season will receive a prorated refund, the amount of which will be determined by the coach and athletic director/administrator.

No Refund: Students who quit and/or withdraw from a team due to disciplinary reasons will not receive a refund.

I have read and understand the above terms and conditions and agree to abide by the same.

Student Signature Parent/Legal Guardian Signature Date

APPENDIX A

**CO-CURRICULAR PARTICIPATION CONSENT FORM
MIDDLE SCHOOL 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.

Student Name (Please Print) School Date

FOR ALL SPORTS AND ACTIVITIES

I understand that all co-curricular activities have a certain degree of risk. I also understand these risks may include injury ranging from minor sprains and contusions, to major injury, possible paralysis, or even death. I understand the possibility of serious injury may impair my future abilities to earn a living; to engage in other business, social and recreational activities; and to enjoy life generally.

Having read and understood the above warning, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and I agree to obey such instructions.

I have read the Kenai Peninsula Borough School District activity guidelines and understand their contents. I understand that the Kenai Peninsula Borough School District and Alaska School Activities Association will not assume responsibility for injuries sustained in the co-curricular programs. I also understand that primary accident insurance coverage is my responsibility. I give consent for emergency treatment to be administered to my child. I also authorize the school to transport my child for any co-curricular activity.

Except for claims arising from the sole negligence or willful misconduct of the school district, I hereby agree to hold the Kenai Peninsula Borough School District, 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 middle school programs. The terms hereof shall serve as a release for my heirs, estate, executor and all members of my family.

Having read the above warning and having understood the dangers and potential risks involved in playing or practicing these activities, I give my consent as the parent/legal guardian of _____ (student's name) to participate in the following program:

Student Signature Grade Date

Parent/Legal Guardian Signature Date

Note: If you are a KPBSD Connections student, you must obtain the signature of the Connection's Program Director for each activity you participate in and leave a copy of this form in his/her office.

Connections Program Director Signature Date