APPENDIX A - Part 1

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** **Grade**

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 understand this 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 included 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 (**select all that apply**):

☐ **Basketball**	☐ **ESports**	☐ **Nordic Ski**	☐ **Soccer**
☐ **Track & Field**	☐ **Volleyball**	☐ **Wrestling**	☐ **XC Running**

_____

Parent/Guardian Name **Relationship** **Date**

_____

Signature **Email Address** **Phone Number**

APPENDIX A – Part 2

MIDDLE SCHOOL
CO-CURRICULAR PARTICIPANT USER FEE CONTRACT

Student Name _____ School _____ Grade _____

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 enrolled in a KPBSD school shall be charged **$100** per activity. **Non-KPBSD students** will be assessed an **additional $100** to support an equitable contribution to facilities and operations per KPBSD activity. Basketball and Volleyball will be split into an intramural and a competitive component. The Intramural cost is $50. Once competitive teams are formed, and additional $50 will be assessed.

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.

_____
Parent/Legal Guardian Name (printed) Date

_____
Parent/Legal Guardian Signature

Revised 06/26

APPENDIX A – Part 3

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand the Kenai Peninsula Borough School District, its employees and its Board, (1) assume no liability of any nature in relation to the transportation or treatment of said minor, and (2) is not responsible for the medical bills in the event of injury to my child.

Family Doctor	Address	Phone
Health Plan/Insurance (i.e. BlueCross)		Group/Policy No.
My Child is Allergic to the Following Medications:		
Other Medications Being Used:		
My Child has the Following Health Problems:		
Signature of Parent/Legal Guardian		Date

Parent/Guardian Contact Information

Name:_____ Phone:_____

Relationship:_____ Email:_____

In an Emergency, If a parent/guardian cannot be reached, please contact

Name:_____ Phone:_____

Relationship:_____

APPENDIX A – Part 4

STUDENT HEALTH REVIEW

To be completed by parent or guardian.

Student Last Name	Student First Name	MI	Date of Birth	Grade

Address	City	Zip Code

Phone	Emergency Phone

		YES	NO
1.	Have you ever been hospitalized?	☐	☐
2.	Have you ever had surgery?	☐	☐
3.	Are you presently taking any medications, pills or supplements?	☐	☐
4.	Have you ever passed out during or after exercise?	☐	☐
5.	Have you ever been dizzy during or after exercise?	☐	☐
6.	Have you ever had chest pain during or after exercise?	☐	☐
7.	Do you tire more quickly than your friends during exercise?	☐	☐
8.	Have you ever had high blood pressure?	☐	☐
9.	Have you ever been told that you have a heart murmur?	☐	☐
10.	Have you ever been told that you have a heart murmur?	☐	☐
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)*?	☐	☐
13.	Have you ever had a head injury?	☐	☐
14.	Have you ever had a concussion? If yes, how many_____	☐	☐
15.	Have you ever been knocked out or unconscious?	☐	☐
16.	Do you suffer from migraines?	☐	☐
17.	Have you ever had a seizure?	☐	☐
18.	Have you ever had a stinger burner or pinched nerve?	☐	☐
19.	Have you ever had heat or muscle cramps?	☐	☐
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?	☐	☐
22.	Do you use any medical assistant devices *(insulin pump, prosthetic, implanted device,* etc)?_____	☐	☐
23.	Have you ever had problems with your eyes or vision?	☐	☐
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?	☐	☐
26.	Are you Diabetic?	☐	☐
27.	Are you Asthmatic?	☐	☐
28.	Have you ever had other medical problems *(infectious mononucleosis, etc)*?	☐	☐
29.	Do you have any allergies *(medicine, food, bees or other stinging insects)*?	☐	☐
	List all allergies:_____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Parent/Guardian Signature:_____ **Date:**_____

APPENDIX A – Part 5

CONCUSSION INFORMATION PARENT VERIFICATION

In accordance with AS 14.30.142, the School District requires that each athlete, and each minor athlete's parent/guardian, receive information on the nature and risks of concussions each year. Students may not participate in school 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 information from the Center for Disease Control and Prevention (CDC) entitled, "A Fact Sheet for Athletes" and "A Fact Sheet for Parents".

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.

For more information go to: **http://asaa.org/resources/sports-medicine/**

Parent/Guardian Acknowledgement

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

Student Name (please print)

Parent or Guardian Signature

Date

APPENDIX A – Part 6

SUDDEN CARDIAC ARREST

Sudden Cardiac Arrest (SCA) takes the lives of thousands of students every year. It is the number one cause of death in student athletes. SCA is where the heart stops beating suddenly. An individual will stop breathing and collapse, lying motionless or appearing to have a seizure.

CAUSES OF SCA INCLUDE:

- Structural heart defects (hypertrophic cardiomyopathy, Marfan syndrome etc.)
- Electrical Heart Defects (long QT syndrome, Wolff-Parkinson White Syndrome, etc.)
- Blow to the chest (Commotio Cordis)

RISK FACTORS FOR SCA INCLUDE:

- Fainting or seizures during or immediately following exercise
- Chests pains during exercise
- Unexplained shortness of breath, long time to catch breath
- Dizziness
- Unusually rapid heart rate
- Extreme fatigue, always tired and lack of energy
- Unexplained sudden death of a direct family member under the age of 50

If you have any of the risk factors consult your healthcare provider.

TO INCREASE THE CHANCES OF SURVIVING SCA THERE SHOULD BE:

1. An Emergency Action Plan in place for every practice and event
2. Someone immediately calling 911
3. An Automated External Defibrillator (AED) immediately accessible
4. Cardiopulmonary Resuscitation (CPR) hands only started immediately

I have reviewed and understand the symptoms and warning signs of SCA

TO BE COMPLETED BY THE STUDENT AND HIS/HER PARENT OR GUARDIAN

Student Name (please print)	Date
Parent/Guardian Name (please print)	Parent/Guardian Signature

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