

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 (**circle one only**) :

XC Running

Soccer

Basketball

Volleyball

Wrestling

Nordic Ski

Track

Student Signature

Grade

Date

Parent/Legal Guardian Signature

Date

Note: If you are a student attending a KPBSD approved correspondence, charter, alternative program or State of Alaska approved correspondence program, you must obtain the signature of the Program Director for each activity you participate in and leave a copy of this form in his/her office.

Program Director Signature

Date

Revised 06/18

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:

XC Running Soccer Basketball Volleyball Wrestling Nordic Ski Track

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

Sports Medical Information Form

(Please fill out completely)



Athlete's Name: _____

Address: _____

Parent/Guardian Contact Information

Name: _____

Relationship: _____

Email Address: _____

Phone Number: _____

In an emergency, if a parent/guardian cannot be reached, please contact

Name: _____

Relationship: _____

Phone Number: _____

Restrictions/Allergies: _____

Other health concerns the coach should be aware of: _____

I give consent for emergency treatment to be administer to the athlete listed above.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

SUDDEN CARDIAC ARREST

PARENT & STUDENT INFORMATION SHEET

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)

Student Signature

Date

Parent or Guardian Name (please print)

Parent or Guardian Signature

Date

CONCUSSION INFORMATION

PARENT AND STUDENT VERIFICATION

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.

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

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