

Anchorage School District MIDDLE SCHOOL ACTIVITY PARTICIPATION FORM

School		SPORT/ACTIVITY			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
Last Name		First Name	I.D. #		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
M/F	Grade	Birth Date	Street Address		Zip code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Father's Name		Home Phone #	Mother's Name		Home Phone #
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Cell/pager		Work Phone #	Cell/pager	Work Phone #	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

- I hereby consent to allow participation in the ASD sports program as identified in the box above titled "sport/ activity."
- Please note that a **CURRENT PHYSICAL IS REQUIRED FOR ALL SPORTS.** PHYSICALS ARE ONLY GOOD FOR ONE (1) YEAR FROM THE DATE THAT THE PHYSICAL WAS TAKEN AND FOR THE SEASON OF THE SPORT. Physical must be valid until end of season.
- Your son or daughter will be required to pay a interscholastic competition fee to participate in the interscholastic sports season. Payment will be accepted immediately prior to the start of the season of that sport so that current eligibility can be determined.
- I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness.
- I hereby consent to travel to and from ASD activities via ASD-approved transportation.
- **I hereby understand that each student MUST ride the bus to and from away games and practices unless transported by his/her own parent or guardian.**
- I hereby waive on behalf of myself and the above student, any liability of the Anchorage School District organizationally or for any of its officers, agents, employees, or volunteers for injuries sustained in the program.
- I hereby accept legal responsibility of the above student in the event of an injury or illness.
- I hereby accept financial responsibility of the above student in the event of injury or illness.
- I hereby agree to notify the coach of this activity (in writing) of any existing health conditions which could impact the above named student's participation.
- I hereby state that the information submitted on this form is true.
- I hereby consent to abide by the Anchorage School District "Middle School Student Handbook" and Student Rights and Responsibilities Document.

Student Signature

Parent Signature

Date

OFFICE USE: _____ Physical _____ Fee