

# 2017 – 2018 MIRROR LAKE MIDDLE SCHOOL SPORTS & ACTIVITIES

## INTERSCHOLASTIC and INTRAMURAL SPORTS

- Interscholastic activities are district-wide and students compete against other middle schools during the season.
- Intramural activities are held within the school. Students do not compete against other schools.
- Practice is generally from 3:00 p.m. - 4:30 p.m. Mon through Fri, and students are to be picked up by 4:45 p.m. However, depending on the sport, morning practices become necessary, and students are assigned either morning or afternoon practice. Morning practice is from 6:30-8:00.
- Sign-up deadlines for all paperwork to be turned in is the DAY PRIOR to the first day of practice. Students should turn paperwork in to the office by the end of the student's lunch period. More information on reverse side.

## PHYSICALS/PARTICIPATION FORMS AND FEES

- Students must have a **current** physical in order to participate in interscholastic and intramural activities. Physicals are good for 12 months and **must** be valid throughout the entire sport.
- An ImPACT Concussion baseline test will be required prior to a student's first practice. The ImPACT test **must** be taken at school, under the supervision of a school district employee. A signed Parent and Student Acknowledgement and Consent form is also required. This is a one-time requirement; students will be able to participate in successive sports throughout their middle school career once they have an ImPACT assessment and form on file.
- Parents must sign a participation form for **each** sport and activity. **The form MUST be complete and all 12 paragraphs MUST be initialed for your student to participate.**
- A \$110 activity fee will be charged per interscholastic sport.
- There is a family cap: \$390 combined high school and middle school sports fees.
- There are no activity fees for intramural sports.

## INTERSCHOLASTIC ACTIVITIES: \$110.00 FEE REQUIRED *\*\*dates are tentative\*\**

Sign-up deadlines for all paperwork to be turned in is the DAY PRIOR to the first day of practice. Students should turn paperwork in to the office by the end of the student's lunch period. Deadlines will be announced on our video news. *Have your student tune in for updates.*

X-Country Running (boys/girls)	August 22 – October 6
Basketball (girls)	August 28 – October 12
Volleyball (girls)	October 17 – December 9
Wrestling (boys/girls)	October 16 – December 7
X-Country Skiing (boys/girls)	January 9 – February 28
Basketball (boys)	January 16 – March 1
Track and Field (boys/girls)	March 21 – May 9

## INTRAMURAL ACTIVITIES: No Fee

Soccer (boys/girls)	September 5- September 30
Mountain Biking (boys/girls)	April 24 – May 19

## ACADEMIC AND RECREATIONAL ACTIVITIES (dependent on sponsorship)

Battle of the Books	Jazz Band	School Play	National Junior Honor Society
Spelling Bee	Science Olympiad		After School Homework Activity

**\*\*Dates are subject to change. Please see ASD or MLMS websites for activity dates\*\***

Revised 7/31/17

# Helpful Information

**Online payments** are available for sports fees, PE shirts & shorts, most class fees and lunch fees. Log into your Zangle ParentConnect account and select “Online Payments”. It’s easy, you can use your credit card, and the system keeps track of your total sports payments so you don’t exceed the family cap. Instructions are included in this packet.

**Sign-up deadlines** will be enforced. Please encourage your student to sign up for their sport **before** the first practice start date. Doing so gives them the full benefit of the season and coaching instruction. Deadlines will be announced regularly on the MLMS video news.

**Participation forms**, fees and accompanying paperwork must be turned into Mrs. DeFrees, in the front office, by the end of your student’s lunch break any day prior to the first day of practice. No paperwork will be accepted after lunchtime or after the sport has begun. The new Activity Participation Form requires that 12 paragraphs be read and initialed. The form must be completed in full for your student to participate.

**ImPACT Concussion Baseline testing:** Once your student has participated in a sport at MLMS, and ImPACT testing has been done, they do not have to do another concussion test. When your student goes to 9<sup>th</sup> grade they will have to complete a new concussion test and provide documentation to the high school that they attend.

**Physicals** are valid for 12 months and must be valid throughout the whole sport. We encourage you to get your student’s physical at the beginning of the school year so it’s available when your student decides to join a sport.

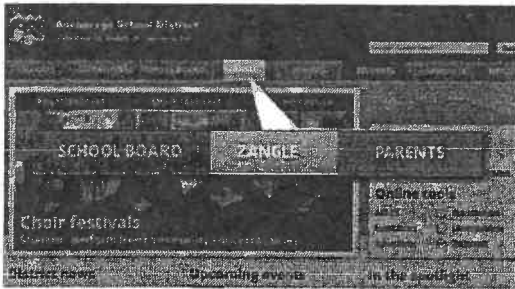
**FOR FURTHER INFORMATION AND FORMS, PLEASE VISIT THE ASD WEBSITE:**

**<http://www.asdk12.org/activities/ms/participation/>**

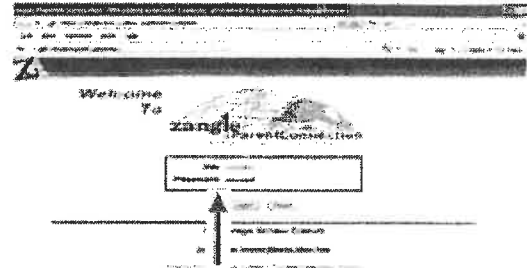


### Logging in to ParentConnect

Go to <http://www.asdk12.org>



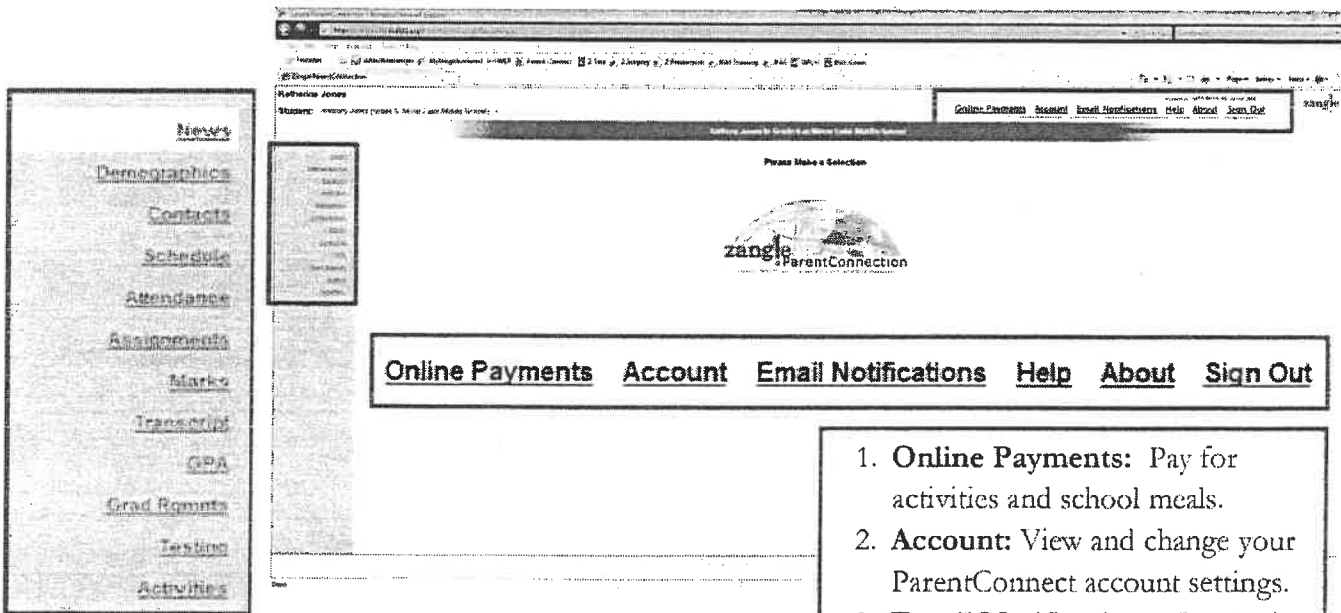
Go directly to <https://parentconnect.asdk12.org>



Enter PIN and case sensitive Password.

If you have any issues with logging in, or with your password, please contact your student's school.

### Available Information



#### Important Note

Please note: Every contact you approved to have Web Access will be able to view all of the items listed. If you have any questions regarding "contact access" call the appropriate school.

1. **Online Payments:** Pay for activities and school meals.
2. **Account:** View and change your ParentConnect account settings.
3. **Email Notifications:** Determine whether or not you receive email notifications.
4. **Help:** Get Help information.
5. **About:** Displays Copyright and Version info.
6. **Sign Out:** Logs you out of your ParentConnect account.

# #1 Activity Fee Payment Selection

## Activity Fees

ASD Store    Shopping Cart    Purchase History    Meal Plan

### ASD Fee Payments

Welcome. Please begin by choosing a student.

If you would like to make a purchase for multiple students you may change your selection at any time.

1 → **Student:** Anthony Jones (Grade 6 , Mirror Lake Middle School) ▾

2 → **Selection:** SPORTS FEE - TRACK ▾

**Price:** 90.00

\*This item's price has been lowered to calculate for Family Cap

3 → **Add to Cart**

1. Select the **Student** that you are paying for (if you have more than one student.)
2. **Selection** – Choose sport or activity that you will pay for by selecting the drop down arrow.
3. Select **Add to Cart**.

## #2 ASD Shopping Cart Check Out

### Activity Fees

ASD Store    Shopping Cart (1)    Purchase History    Meal Plan

#### ASD Shopping Cart Check Out

##### Billing information

##### Address Information

Name: Georgia Jones  
(As it appears on your credit card)

Address: 1234 Somewhere Lane

City: Eagle River

State: AK

Zip: 99577

Phone: 9071234567

Email: myemail@yahoo.com

##### Credit Card Information

Credit Card: Visa

Credit Card #: 1234000000000000

Expire (mm/yy): 1 / 2014

CVV2: 123 Where is my CVV2?

1. Verify address; it must match Credit Card address.
2. Enter Credit Card information.
3. Select Continue.

**Continue**

## #3 Order Summary

### ASD Shopping Cart Check Out

#### Order Summary

Student ID	Student Name	Product ID	Description	Price
	Anthony Jones (Grade 6 , Mirror Lake Middle School)	Z7560015	SPORTS FEE - TRACK	\$90.00
<b>Grand Total:</b>				<b>\$90.00</b>

#### Billing Summary

**Complete Your Order**

##### Contact Info

Name: Georgia Jones

Address: 123 Somewhere Lane  
Eagle River, AK  
99577

Phone: 9071234567    Email: myemail@yahoo.com

##### Credit Card Info

Credit Card Type: Visa

Credit Card #: 4781000000000000

Expire: 1/2013

CVV2: 123

**End**

**Complete Your Order**

1. Verify payment information is correct.
2. Select **Complete Your Order**.

## #4 Anchorage School District Receipt

Your Order is complete!

Anchorage School District  
Receipt

Receipt: WP000182  
Bank Receipt#: 1367224266.43A4  
Transaction Date: Tuesday, March 27, 2012 11:48 AM

Student ID	Student Name	Product ID	Description	Price
	Anthony Jones (Grade 6 , Mirror Lake Middle School)	Z7560015	SPORTS FEE - TRACK	\$90.00
<b>Sub Total:</b>				<b>\$90.00</b>

Name: \_\_\_\_\_  
Credit Card: VISA  
Credit Card #: XXXXXXXXXXXX0008  
Total Charged: 90.00  
E-Mail: myemail@yahoo.com

1. Print receipt or
2. Check email for receipt.

**Anchorage School District**  
**2017-18 MIDDLE SCHOOL**  
**ACTIVITY PARTICIPATION FORM**  
**A new form is required for each activity. Complete the following:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE NAME	M/F	GRADE	BIRTH DATE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS		CITY	STATE	ZIP	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
SPORT OR ACTIVITY	CURRENT MIDDLE SCHOOL	ATTENDED OTHER MIDDLE SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		ASD STUDENT ID #	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
PARENT/GUARDIAN NAME	WORK PHONE #	EMERGENCY CONTACT #	CELL PHONE #		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PARENT/GUARDIAN NAME	WORK PHONE #	EMERGENCY CONTACT #	CELL PHONE #		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement**

**This agreement affects your legal rights and responsibilities. Please read it carefully before you sign it. Please consult an attorney if you have any questions about anything contained in this agreement.**

In consideration for the opportunity to participate in ASD activities, it is the purpose of this agreement to waive claims and release the Anchorage School District and others from all liability for personal injury, property damage, and wrongful death, including if caused by the Anchorage School District or other persons. Parties released under this agreement include the Anchorage School District, its board members, administrators, teachers, coaches, employees, agents, and insurers, as well as all other persons or entities acting in any capacity on the District's behalf (together referred to as the "ASD").

**Parent/Guardian please review and initial each paragraph:** ← *Note*

I have read the ASD and/or site activity guidelines and understand their contents. I have read and understand the eligibility requirements and code of conduct for the activity in which the student will participate, including training rules required of students participating in ASD activities. I understand the coach may add specific rules and regulations for the activity that he/she supervises. I understand and recognize the importance of the participant following the ASD's rules and the coach's instructions regarding playing techniques, training, and other team rules.

I understand that the coaches and other employees seek safety, but are not infallible. Possible errors include, but are not limited to, being ignorant of a participant's abilities, failing to give adequate warnings or instructions and negligence generally associated with the activity.

I understand that all extra-curricular activities have a certain degree of risk, including known and unknown risks. I understand that many of these risks are essential to the activity and, therefore, cannot be eliminated. I understand that these risks include bodily injury ranging from minor sprains and contusions, to major injuries including concussion, spinal injuries, disfigurement, and injuries that may cause paralysis, illness, disease or even death, as well as psychological injury. I understand an injury may impair the participant's future ability to earn a living, to engage in business, social, and recreational activities, and to generally enjoy life. I understand the following describes some but not all of the risks that may result in injury, death or property damage:

- Equipment failure
- Failure to properly maintain equipment
- Inadequate coach/instructor training or supervision
- Failure to give adequate warnings or instruction
- Failure by participants to follow instructions
- Participant's exceeding their skills or physical condition
- Vehicular accidents
- The participant's own negligence and the negligence of others
- Dehydration, exhaustion, cramps, hypothermia and fatigue
- Collisions with other participants, equipment and other objects
- Collisions with the ground and floors
- Adverse weather conditions
- Unavailability of immediate medical care

I agree that participation in the activity is **VOLUNTARY** and based on

my independent assessment of the risks involved.

I understand that ASD will **not** assume responsibility for injuries, death and damages sustained in connection with the activities.

By signing below, I acknowledge that the participant and I are **ULTIMATELY RESPONSIBLE** for my/his/her own safety during the participation in ASD activities, including the use of facilities and equipment.

I expressly agree and promise to accept and assume all the risks to myself and/or the participant associated with the ASD activity.

I understand that primary accident insurance coverage is my responsibility. If the participant is a non-ASD alternative education program/home school student, I further understand that ASD secondary accident insurance will not cover the participant.

I give my consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by emergency medical personnel, hospitals, physicians and other medical providers, in the event of an injury or illness.

I authorize the school to transport the participant to and from ASD activities via ASD approved transportation. I accept the responsibility to pay the cost of transportation should the participant be sent home early from an out-of-town event as a result of their behavior.

**I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE ASD FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH PARTICIPATION IN THESE ACTIVITIES, INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF ASD. I ACCEPT SOLE FINANCIAL AND LEGAL RESPONSIBILITY FOR THE NAMED STUDENT IN THE EVENT OF INJURY OR ILLNESS AND AGREE TO INDEMNIFY FOR ANY INJURIES TO MY CHILD ARISING OUT OF THE ASD ACTIVITY. I ACCEPT SOLE FINANCIAL AND LEGAL RESPONSIBILITY FOR THE NAMED STUDENT FOR PROPERTY DAMAGE, LOST EQUIPMENT, AND/OR DISCIPLINARY SANCTIONS.**

By signing this document, I acknowledge that if anyone is hurt or killed or property is damaged during the participant's participation in the ASD activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ASD on the basis of any claim from which I have released them herein.

Having read the above and having understood the dangers and potential risks involved in playing or practicing the above activities, I give my consent as the parent/legal guardian of the participant, \_\_\_\_\_ (student's name), to participate in the above-named activity.

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Signature	Parent/Guardian Signature	Date

**THIS SECTION TO BE COMPLETED BY ACTIVITY OFFICE. PLEASE DO NOT WRITE IN THIS SPACE.**

<input type="text"/>	Physical Date	<input type="text"/>	Activity Fee	<input type="text"/>	Baseline Fee	<input type="text"/>	Receipt #
<input type="checkbox"/> Baseline Test <input type="checkbox"/> Concussion Fact Sheet/Parent Acknowledgement/Release							

**MIRROR LAKE MIDDLE SCHOOL**  
**SPORTS FEE REMITTANCE FORM**  
(for interscholastic sports only)

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ DATE: \_\_\_\_\_

There is a \$110.00 activity fee per interscholastic sport. This fee may be waived based upon economic hardship (see requirements below) or if the family cap, totaling \$390.00 for a combination of middle and/or high school fees, has been met.

SPORT: \_\_\_\_\_

**PAYMENT OF FEES**

AMOUNT REMITTED: \$ \_\_\_\_\_

PAID ONLINE \_\_\_\_\_ **\*\*\*ONLINE RECEIPT MUST BE ATTACHED\*\*\***

PAID BY: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**WAIVER OF FEES** (Initial which is appropriate)

\_\_\_\_\_ Our family has met the family cap and no further payment is required.

**\*\*If fees have been paid at the high school or another middle school, proof of payment is required.\*\***

\_\_\_\_\_ I request a waiver from the competition fee of \$110.00 for economic reasons.

**Required for approval:** ASD Fee Waiver Application 2017-2018 form must be completed and approved by the building Principal of Activities. The form is available on the ASD Website at <http://www.asdk12.org/activities/ms/participation/> or inquire in the activity office.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

# Anchorage School District Sports Physical - Health Examination Form

## MEDICAL HISTORY TO BE COMPLETED BY LEGAL PARENT/GUARDIAN

Last Name (print) \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Have you ever been hospitalized? Y \_\_\_ N \_\_\_
2. Have you ever had surgery? Y \_\_\_ N \_\_\_
3. Are you presently taking any medications or pills? Y \_\_\_ N \_\_\_
4. Have you ever passed out during or after exercise? Y \_\_\_ N \_\_\_
5. Have you ever been dizzy during or after exercise? Y \_\_\_ N \_\_\_
6. Have you ever had chest pain during or after exercise? Y \_\_\_ N \_\_\_
7. Do you tire more quickly than your friends during exercise? Y \_\_\_ N \_\_\_
8. Have you ever had high blood pressure? Y \_\_\_ N \_\_\_
9. Have you ever been told that you have a heart murmur? Y \_\_\_ N \_\_\_
10. Have you ever had racing of your heart or skipped beats? Y \_\_\_ N \_\_\_
11. Has anyone in your family died of heart problems or sudden death before age 50? Y \_\_\_ N \_\_\_
12. Do you have any skin problems (itching, rashes, acne)? Y \_\_\_ N \_\_\_
13. Have you ever had a head injury? Y \_\_\_ N \_\_\_
14. Have you ever had a concussion? If yes, how many \_\_\_\_\_ Y \_\_\_ N \_\_\_
15. Have you ever been knocked out or unconscious? Y \_\_\_ N \_\_\_
16. Do you suffer from migraines? Y \_\_\_ N \_\_\_
17. Have you ever had a seizure? Y \_\_\_ N \_\_\_
18. Have you ever had a stinger, burner or pinched nerve? Y \_\_\_ N \_\_\_
19. Have you ever had heat or muscle cramps Y \_\_\_ N \_\_\_
20. Have you ever been dizzy or passed out in the heat? Y \_\_\_ N \_\_\_
21. Do you have trouble breathing or do you cough during or after activity? Y \_\_\_ N \_\_\_
22. Do you use any special equipment (pads, braces, neck rolls, mouth guards, eye guards, etc.)? Y \_\_\_ N \_\_\_
23. Have you ever had problems with your eyes or vision? Y \_\_\_ N \_\_\_
24. Do you wear glasses or contacts or protective eye wear? Y \_\_\_ N \_\_\_
25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? Y \_\_\_ N \_\_\_  

\_\_\_ Head
\_\_\_ Thigh
\_\_\_ Elbow
\_\_\_ Chest
\_\_\_ Shin/calf
\_\_\_ Wrist
\_\_\_ Hip

\_\_\_ Shoulder
\_\_\_ Neck
\_\_\_ Knee
\_\_\_ Forearm
\_\_\_ Back
\_\_\_ Ankle
\_\_\_ Hand
26. Have you ever had other medical problems (infectious mononucleosis, diabetes, etc.) Y \_\_\_ N \_\_\_
27. Have you had any medical problem or injury since your last evaluation? Y \_\_\_ N \_\_\_
28. Are you Diabetic? Y \_\_\_ N \_\_\_
29. Are you Asthmatic? Y \_\_\_ N \_\_\_
30. Do you have any allergies (medicine, bees or other stinging insects) \_\_\_\_\_ Y \_\_\_ N \_\_\_

List all allergies: \_\_\_\_\_

31. Explain all "yes" answers \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Consent information:**

- 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 participation in ASAA approved interscholastic activities.
- I hereby consent to travel to and from ASAA activities via school approved transportation.
- I hereby waive on behalf of myself and the above student any liability of the school or ASAA organizationally or for any of its officers, agents or employees for injuries sustained in the interscholastic program.
- I accept financial responsibility for the above student in the event of an injury or illness.
- I hereby state that information submitted on this form is true.
- I hereby consent to abiding by the ASAA rules and regulations and school handbook.
- I understand that the medical information disclosed by the medical provider to the school may be further disclosed by the school to the school's administrators, athletic director, coaches and athletic trainers of any interscholastic activities in which I seek to participate.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH EXAMINATION TO BE COMPLETED BY HEALTHCARE PROVIDER - MD, DO, ANP, PA**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Vision R/20 \_\_\_\_\_ Vision L/20 \_\_\_\_\_

**Circle any of the following that are abnormal and explain under "comments":**

Eyes/ears/nose/throat	Genitalia, Tanner stage _____	Knee/hip
PERRLA	Neurological	Back
Respiratory	Skin	Ankles
Cardiovascular	Head/neck	Other musculoskeletal
Liver/spleen/abdomen	LAB: UA, HGB/HCT (as needed)	DT (date): _____

Comments: \_\_\_\_\_

***I certify that on this date, I have examined this student and find him/her physically able to compete in all supervised activities not crossed out:***

Baseball	Football	Softball	Wrestling
Basketball	Gymnastics	Swimming	XC running
Bowling	Hockey (boys)	Tennis	XC skiing
Cheer	Hockey (girls)	Track & Field	
Diving	Riflery	Volleyball	
Flag Football	Soccer	Weight Training	

HCP Name (MD, DO, ANP, PA) (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date of exam \_\_\_\_\_

Address \_\_\_\_\_ **Healthcare provider stamp is required here**

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Zip \_\_\_\_\_