

2024 – 2025 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 4:15 p.m. - 5:45 p.m. Mon through Fri, and students are to be picked up no later than 6:00 p.m. However, depending on the sport, morning practices sometimes become necessary. For these sports, students are assigned either morning or afternoon practice. Morning practice is from 7:45 a.m. - 9:15 a.m.
- Sign-up deadlines for all paperwork to be turned in are noted below. Students should turn paperwork in to the office by the end of the specified school day. More information on the 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 **18 months** and **must** be valid throughout the entire sport.
- Parents must sign a participation form for **each** sport and activity. **The form MUST be complete and all 12 paragraphs MUST have initials for your student to participate.**
- A \$110 activity fee will be charged per interscholastic sport. Online payment is available and is the preferred method of payment (see reverse side for information).
- There is an individual student cap of \$220 (two activities) per school year. There is no fee for participation in subsequent activities once a student reaches the individual student cap.
- Fees may be collected for intramural and other academic/recreational activities to cover the expense of supplies

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

Sign-up **deadlines** for all paperwork to be turned in are noted below (due by end of lunch on the specified day):

<u>Sport</u>	<u>Season</u>	<u>Deadline</u>
Debate	August 26 - April 12	N/A
X-Country Running (boys/girls)	August 19 – October 7	August 23
Basketball (boys)	August 19 – September 28	August 23
Baseball (outsourced)	Quarter 1	August 23
Volleyball (girls)	October 15 - December 14	October 18
Wrestling (boys/girls)	January 6 - February 22	January 10
X-Country Skiing (boys/girls)	Quarter 3	TBD
Basketball (girls)	January 7 - Feb 22	January 10
Track and Field (boys/girls)	Quarter 4	TBD
Softball (outsourced)	Quarter 4	TBD

INTRAMURAL ACTIVITIES:

Mountain Biking (quarter 4)
Archery (quarter 4)

OTHER ACADEMIC AND RECREATIONAL ACTIVITIES (dependent on sponsorship)

Battle of the Books	Jazz Band	Spelling Bee	National Junior Honor Society
Homework Club	Geo Bee	Weight Training	Theatre

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

Helpful Information

Online Payments are available for sports fees, PE shirts & shorts, most class fees and lunch fees. Log into your “Q” **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 per-student payment cap.

Sign-up deadlines are noted on the front of this information sheet and will be announced regularly on the MLMS video news and our other communication streams. Please encourage your student to sign up for their sport **before** the sport’s start date to take full advantage of the season.

Participation forms fees and accompanying paperwork must be turned in to Ms. Crane, in the front office, by the end of the school day. The Activity Participation Form requires that 12 paragraphs be read and require parent/guardian initials. The form must be completed in full for your student to participate.

Physicals are valid for **18 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.

Game Days – Athletes will remain at school, under staff supervision, until the sports bus takes them to their game/meet. More information will be provided by the coach.

FOR FURTHER INFORMATION PLEASE REFER TO THE MIRROR LAKE CAMPUS INFORMATION, OR VISIT THE ASD WEBSITE:

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

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

PERRLA

Respiratory

Cardiovascular

Liver/spleen/abdomen

Genitalia, Tanner stage _____

Neurological

Skin

Head/neck

LAB: UA, HGB/HCT (as needed)

Knee/hip

Back

Ankles

Other musculoskeletal

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

Basketball

Bowling

Cheer

Diving

Flag Football

Football

Gymnastics

Hockey (boys)

Hockey (girls)

Riflery

Soccer

Softball

Swimming

Tennis

Track & Field

Volleyball

Weight Training

Wrestling

XC running

XC skiing

HCP Name (MD, DO, ANP, PA) (print) _____

Signature _____ Date of exam _____

Address _____ **Healthcare provider stamp is required here**

City _____ State _____

Phone _____ Zip _____

Anchorage School District 2024-25 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"/>	<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?		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:

____ 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 indepen-

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICAL DATE	ACTIVITY FEE	RECEIPT #	REV 7/24