

**Nome-Beltz Jr/Sr High School**

Box 131 • Nome, Alaska 99762

Phone: 443-5201 Fax: 443-3626

Edwin Sharpe  
Principal



Beth Sandefur  
Assistant Principal

2015-16  
**ATHLETIC  
FORMS**

This packet does not contain a physical  
form.





**Nome-Beltz Jr/Sr High School  
Athletic Participation Form**

The athletic fee for the 2015-2016 school year is \$50.00 per student, per activity. This fee is waived for those students whose name appears on an eligibility list from the State of Alaska designating free lunch status. The Participation Form and athletic fee, if applicable, must be turned in before a student is allowed to participate in the activity. A new form is required for each sport.

**READ AND COMPLETE THE FOLLOWING:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>M/F</b>	<b>Grade</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sport</b>	<b>Home Ph#</b>	<b>Mother's Wk#</b>	<b>Father's Wk#</b>		
<input type="text"/>				<input type="text"/>	
<b>Residence Address</b>				<b>P.O. Box</b>	

I hereby consent to participate for the above-named sport in ASAA and NPS interscholastic activities.

I hereby consent to travel to and from NPS activities via NPS-approved transportation.

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 accept financial responsibility for uniforms that are not returned or that are damaged beyond repair, and agree to pay uniform replacement costs.

I hereby state the above information on this form is true.

I hereby consent to abiding by the ASAA rules and regulations, the Nome Public School District rules and regulations, and the coach and school rules and regulations. The coach may add specific rules and regulations for his/her sport. These rules and regulations may be presented verbally or in written form.

_____	_____	_____
<b>Student's Signature</b>	<b>Parent's Signature</b>	<b>Date</b>

This section to be completed by activity personnel. Please do not write in this space

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Physical Date</b>	<b>Practice Elig. Date</b>	<b>S-2 GPA</b>	<b>G-1 GPA</b>	<b>S-1 GPA</b>	<b>Q-3 GPA</b>	<b>Fee Paid</b>	<b>Initial</b>



# ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

## STUDENT

<b>Student Last Name</b>	<b>Student First Name</b>	<b>MI</b>	<b>Date of birth</b>	<b>Grade</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>		<b>City</b>	<b>Zipcode</b>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<b>Phone</b>	<b>Email</b>			
<input type="text"/>	<input type="text"/>			
<b>School</b>				
<input type="text"/>				

## PARENT/GUARDIAN

<b>Parent/Guardian Last Name</b>	<b>Parent/Guardian First Name</b>	<b>MI</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Address</b>		<b>City</b>	<b>Zipcode</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Phone</b>	<b>Email</b>		
<input type="text"/>	<input type="text"/>		

## COACH/ADVISOR

<b>Coach/Advisor Last Name</b>	<b>Coach/Advisor First Name</b>	<b>MI</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Address</b>		<b>City</b>	<b>Zipcode</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>

## PRINCIPAL

<b>Principal Last Name</b>	<b>Principal First Name</b>	<b>MI</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>School</b>	<b>Phone</b>	<b>Email</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

Continuation

## CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in ASAA or school district approved interscholastic activities as a representative of his/her school. I also give my consent for the the above named student to accompany the group as a member on out-of-town trips. I have received and have reviewed the "Parents Guide to Concussion in Sports."

**Parent/Guardian name (please print)**

**Parent/Guardian signature**

**Date**

## INSURANCE COVERAGE

I understand that the Alaska State Board of Education and Alaska School Activities Association (ASAA) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE BOARD OF EDUCATION OR ASAA, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

**Parent/Guardian name (please print)**

**Parent/Guardian signature**

**Date**

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to medical examination, emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, nurse practitioner, PA, athletic trainer, community health aid, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or ASAA, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows:  Native Services     Military     Private Insurance Carrier  
 None. I will assume financial responsibilities for injuries.

Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Phone of Insurer: \_\_\_\_\_

**Parent/Guardian name (please print)**

**Parent/Guardian signature**

**Date**

**Parent/Guardian phone number**

**Parent/Guardian emergency phone number**

**Personal Physicians Name**

**Personal Physicians phone number**

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



## Student Travel Rules

1. Students must obey the instructions of the chaperone(s). Students, who display disobedience or uncooperativeness to the chaperone(s), to the extent that safety or chaperone effectiveness is compromised may be returned to their home-site with administrative (principal or assistant principal and superintendent) concurrence, and their parent/guardian may be billed by the school district for the cost of return travel.
2. The use of tobacco, alcohol, and /or drugs is prohibited regardless of the age of the student. Students who break the laws of Alaska, such as in the case of shoplifting, alcohol possession or consumption, drug use, etc., will be reported to local law enforcement, the principal, and parent(s)/guardians(s). The student will also be returned to their home-site and their parent/guardian may be billed by the school district for the price of return travel.
3. Students must attend all classes on the day of a trip **PRIOR** to departure. Students failing to attend classes on the day of departure will not be allowed to travel. The Principal or their designee may excuse students from attending classes. Permission to miss classes on the day of departure should be secured no later than the day before the trip departure date.
4. Students must attend all classes the next school day **AFTER** travel. Failure to attend the next school day after travel will cause the student to be ineligible to compete the next week. Permission to miss classes on the day after travel may be granted by the Principal or their designee and must be obtained prior to the commencement of travel.
5. Students who are traveling for school activities will need to request their homework from teachers at least two days in advance. Pre-assigned homework and tests need to be turned in ahead of time or on the **FIRST** day back from the activities trip.
6. Students shall be with the chaperone(s) at all times when traveling. Chaperone(s) may assign students to groups of at least three students while at a mall, movie or event. Under no circumstances will students be permitted to leave the building without a chaperone(s) in attendance.
7. Students must dress appropriately for cold weather travel on commuter airlines (Bering Air, Era Aviation, etc.) This includes parka, insulated boots, gloves, insulated pants, and insulating headgear. All are to be worn on the plane. Appropriate clothing for both departure and arrival destinations is required when traveling on a major airline (Alaska Airlines).

8. Students must respect the chaperone(s) decisions regarding the selection and approval of all activities. Only movies rated "G", "PG", and "PG-13" shall be permitted.
9. Unless the schedule absolutely does not permit it, time will be set aside daily (time identified in published itinerary) for students to work on classroom assignments.
10. Students will not be out of their rooms following curfew, lights out and bed check. Offenses may result in the student(s) being returned to their home-site with home-site administrative (principal, assistant principal and superintendent) concurrence.
11. Students will abide by the traveling group's electronic devices policy. Coaches/sponsors reserve the right to confiscate any electronic devices from students when necessary.
12. Students will abide by the coach's/sponsor's cell phone usage policy.

Any student that is returned to the home-site for rules violation will be subject to the following:

**FIRST OFFENSE:**      **The student will be ineligible to compete in or travel for any extra-curricular activity for a period of 30-calendar school/competition days. Parent(s)/Guardian(s) may be billed for the cost of return travel for the student following a meeting between parents' guardians and NPS administration.**

**SECOND OFFENSE:**      **The student shall not be allowed to travel on School District funds for the remainder of the school year.**

**I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE RULES.**

---

Student Signature

Date

---

Parent Signature

Date





# Play for Keeps

ALASKA SCHOOL ACTIVITIES ASSOCIATION

# Student, Parent/Guardian Acknowledgement Form

**Please read the following statements, sign below and return to your school's office**

- I have participated in ASAA's "Play for Keeps" orientation and have watched the DVD presentation.
- I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the penalties for violations.
- I further understand that it is solely the school's responsibility to determine if a violation has occurred and that the school's decision may not be appealed to ASAA.
- I further understand that schools are required to report each violation to ASAA and to maintain strict confidentiality as specified in the policy. More specific wording of the confidentiality statement is found in the policy which is available from the school or at [www.asaa.org](http://www.asaa.org).
- I further understand that students must participate in the orientation and sign this form each season prior to competition.
- I further understand that a student's parent/guardian must participate in the orientation and sign this form at least annually for the student to gain eligibility.
- I further understand that a copy of this signed form must be returned to the school before the student is permitted to participate in interscholastic activities.
- I further understand that schools shall keep a copy of the signed forms on file.
- After participating in the "Play for Keeps" orientation and having the opportunity to review and understand ASAA's Tobacco, Alcohol and Controlled Substances Policy, the violations, penalties and reporting requirements, I agree (both student and parent/legal guardian) to be bound by the terms of the policy.

**Printed Name of Student**

**Student Signature**

**Date**

**Printed Name of Parent/Guardian**

**Parent/Guardian Signature**

**Date**

**Sport or Activity**

**School**

# **ASAA Tobacco, Alcohol and Drug Policy**

Students and parents MUST watch the ASAA Tobacco, Alcohol and Drug (TAD) video and sign the TAD acknowledgment form prior to any interscholastic competition.

Prior years student were required to view the video for each activity, however, ASAA has now directed that students and parents only need to watch the video once per school year.

## **TO VIEW THE VIDEO**

Please visit [www.asaa.org](http://www.asaa.org) and on the lower right corner of the page you will see a link titled "Play for Keeps Orientation Video". Click on the link to view the video – be sure to view all three sections.

The exact web address of the ASAA Play for Keeps video can be found at

<http://asaaeligibility.org/PlayForKeeps/PlayForKeeps.html>

If you do not have internet access please have your child check out the TAD video on DVD from the coach.

## **TO SIGN THE FORM**

The form is on the back of this sheet. Please sign the form and return to your coach or to the High School office when school is in session.

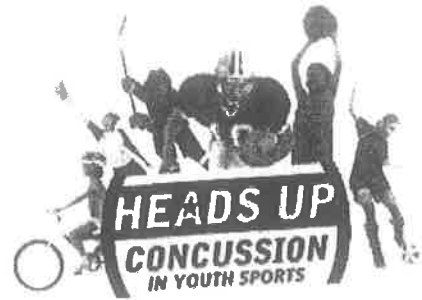
You can also download the form at :

<http://www.asaa.org/playforkeeps/index.html>

Click on the link for "Students/Parents Acknowledgment Form"

Questions? Please contact your Coach or the Activities Director for answers.

**Continued on the Back – Signatures Required**



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
<p>Appears dazed or stunned</p> <p>Is confused about assignment or position</p> <p>Forgets an instruction</p> <p>Is unsure of game, score, or opponent</p> <p>Moves clumsily</p> <p>Answers questions slowly</p> <p>Loses consciousness (<i>even briefly</i>)</p> <p>Shows mood, behavior, or personality changes</p> <p>Can't recall events <i>prior</i> to hit or fall</p> <p>Can't recall events <i>after</i> hit or fall</p>	<p>Headache or "pressure" in head</p> <p>Nausea or vomiting</p> <p>Balance problems or dizziness</p> <p>Double or blurry vision</p> <p>Sensitivity to light</p> <p>Sensitivity to noise</p> <p>Feeling sluggish, hazy, foggy, or groggy</p> <p>Concentration or memory problems</p> <p>Confusion</p> <p>Just not "feeling right" or "feeling down"</p>

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date