

MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT
ATHLETIC/ACTIVITY PARTICIPATION REGISTRATION

READ AND COMPLETE THE FOLLOWING:
A NEW FORM IS REQUIRED FOR EACH SPORT/ACTIVITY

Last Name	First Name	M.I.	M/F	Grade	Birth Date
Sport or Activity	Home Phone #	Mother's Work #		Father's Work #	
Residence Street Address			City, State		Zip Code
Student's Signature		Parent's Signature		Date	

Student ID#: _____ **Insured By:** _____ **Policy #:** _____
Mandatory

School attended during the _____ school year: _____

- 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 understand that insurance is mandatory and that school insurance is available to purchase, if necessary.
- I hereby consent to participation for the above-named sport in ASAA.
- I hereby consent to travel to and from Matanuska-Susitna School District activities via Matanuska-Susitna School District approved transportation.
- I hereby consent to providing transportation to and from practices or events when Matanuska-Susitna School District transportation is not available.
- I hereby waive on behalf of myself and the above student any liability of Matanuska-Susitna School District or ASAA organizationally or for any of its officers, agents, or employees for injuries sustained in the interscholastic program.
- I hereby accept financial and legal responsibility of the above student in the event of an injury or illness.
- I hereby accept financial and legal responsibility of the above student for property damage, lost equipment or disciplinary sanctions.
- I hereby consent to abiding by the ASAA rules and regulations, the Matanuska-Susitna School District rules and regulations, and high school/coach's rules and regulations. The coach may add specific rules and regulations for his/her sport/activity.
 These rules and regulations may be presented verbally or in written form.

I hereby state the above information is true. Dated this _____ day of _____ 20 ____.

 Parent's Signature Printed Name

 Student's Signature Printed Name

Fees are as follows:
Sport Activity Fee \$60.00

THIS SECTION TO BE COMPLETED BY THE ACTIVITIES OFFICE. PLEASE DO NOT WRITE IN THIS SPACE.

--	--	--	--	--	--	--	--	--	--