

MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT ~ CLUB/MANAGER PARTICIPATION REGISTRATION

PLEASE PRINT USING A PEN

ACTIVITY: _____

Last Name: _____ First Name: _____ M.I. _____ Male Female Grade: _____

Birth Date: _____ Home Phone: _____ Mother's Cell #: _____ Father's Cell #: _____

Mailing Address: _____ City: _____ Zip Code: _____

STUDENT ID #: _____ **INSURED BY:** _____

Insurance is mandatory to participate in any activity

School attended during the **10-11** school year: _____

Include address if other than Mat-Su School.

PARTICIPATION GUIDELINES:

- 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.
- I hereby consent to participation for the above named activity in ASAA.
- I hereby consent to travel to and from Mat-Su School District activities via Mat-Su School District approved transportation.
- I hereby consent to provide transportation to and from practices or events when Mat-Su School District transportation is not available.
- I hereby waive on behalf of myself and the above student, any liability of Colony High School, Matanuska-Susitna School District or ASAA organization or 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 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. If disciplinary sanctions result in my student being sent home early from an out of town event, I accept the responsibility to pay the cost incurred.
- I hereby consent to abiding by the ASAA rules and regulations, the Matanuska-Susitna School District rules and regulations, and Colony High School/coach's rules and regulations. The coach may add specific rules and regulations for his/her activity.
- Rules and regulations may be presented verbally or in written form.

HISTORY: HEALTH REVIEW – to be completed by parent/guardian _____

	<u>Yes</u>	<u>No</u>
1. Do you have Asthma?.....	_____	_____
If yes, do you currently use an inhaler?.....	_____	_____
2. Have you ever been dizzy during or after exercise?.....	_____	_____
Do you tire more quickly than your friends during exercise?.....	_____	_____
Have you ever had high blood pressure?.....	_____	_____
Have you ever been told that you have a heart murmur?.....	_____	_____
Have you ever had racing of your heart or skipped beats?.....	_____	_____
3. Do you have any skin problems such as itching, rashes?.....	_____	_____
4. Have you ever had a head injury?.....	_____	_____
Have you ever been unconscious, knocked out, or had a seizure?.....	_____	_____
Have you ever had a stinger, burner or pinched nerve?.....	_____	_____
5. Have you ever had heat or muscle cramps?.....	_____	_____
Have you ever been dizzy or passed out in the heat?.....	_____	_____
6. Do you use any special equipment: pads/braces/neck rolls, mouth/eye guards, etc?.....	_____	_____
7. Have you had any problems with your eyes or vision?.....	_____	_____
Do you wear glasses, contacts, or protective eyewear?.....	_____	_____
8. Have you had any other medical problems: infectious mononucleosis, diabetes, etc.?.....	_____	_____
9. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?		
____Head ____Shoulder ____Thigh ____Neck ____Elbow ____Knee ____Forearm		
____Shin/Calf ____Back ____Wrist ____Ankle ____Hip ____Chest		
10. When was your last tetanus shot? _____		
When was your last measles immunization? _____		
11. When was your last menstrual period? _____		
12. Explain "Yes" answers: _____		

Medications regularly taken: _____

Health concerns/conditions: _____

I hereby state the above information is true and agree to guidelines as established by ASAA, Mat-Su School District, and Colony High School.

Dated this _____ day of _____ 20_____.

Parent's signature: _____ **Printed name:** _____

Student's signature: _____ **Printed name:** _____

THIS SECTION TO BE COMPLETED BY THE ACTIVITIES OFFICE.

Eligibility Date	S2 GPA	Q1 GPA	S1 GPA	Q3 GPA	Fee	Check	Cash