

CLUBS AND ORGANIZATIONS REGISTRATION



Eligibility guidelines are at Advisor discretion for Clubs and Organizations:

- Completed form on file in the Activities office per each Club or Organization student is participating in.
- Any student missing school due to participation in a club must meet the following eligibility requirements:
 - Passed 5 classes previous **Quarter** & carry a 2.0 GPA; **PLUS:** be currently enrolled in and passing 5 classes, with the exception of seniors who are on track to graduate, who need to be enrolled in 4 classes.
 - For incoming freshmen, the eligibility standards begin with 1st Quarter grades.
- Insurance is recommended. It is mandatory for Club travel off school grounds.
- Fees may be collected depending on club/activity. If Fee is applicable the cost is - **\$15.00**. Fee should be turned into Club advisor. Checks made payable to PHS or online payments *for PHS students* through School Cash Online at <http://matsu.schoolcashonline.com>.

Club or Organization: _____

Last Name: _____ First Name: _____ Middle Name: _____ Male Female

Student ID # _____ Current Grade: _____ Birth Date: _____

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

Mailing Address: _____ City: _____ Zip Code: _____

Parent E-mail Address: _____ Student E-mail Address: _____

INSURED BY: _____ Policy/Group Number (Not Mandatory; however, helpful in an emergency) : _____ * Social Security Number

* Insurance is recommended to participate in any activity (**Mandatory for travel purposes**). You are **not required** to give your Social Security number if Policy/Group number is your SS#, please check box.

School attended **last year** : _____ School enrolled in **this year**: _____

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 recommended and that school insurance is available to purchase.
- 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 Palmer High School, Matanuska-Susitna School District 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 Matanuska-Susitna School District rules and regulations, and Palmer High School/advisors rules and regulations. The advisor may add specific rules and regulations for his/her activity.
- Rules and regulations may be presented verbally or in written form.

THIS SECTION TO BE COMPLETED BY THE ACTIVITIES OFFICE.

Physical Date	TAD Form	S2 GPA	Q1 GPA	S1 GPA	Q3 GPA	Fee	Check/Cash		

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

Yes

No

- 1. Have you ever been hospitalized?..... _____
- Have you ever had surgery?..... _____
- 2. Do you have Asthma?..... _____
- If yes, do you currently use an inhaler?..... _____
- 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, acne?..... _____
- 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, bumer 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? _____
- What was the longest time between your periods last year? _____
- 12. Explain "Yes" answers: _____

Allergies: _____

Medications regularly taken: _____

Health concerns/conditions: _____

I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Dated this _____ day of _____ 20____.

Parent's signature: _____ Printed name: _____ Parent's Cell #: _____

Student's signature: _____ Printed name: _____ Student's Cell #: _____



PLAY FOR KEEPS

Student, Parent/Guardian Acknowledgement Form



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

- My child and I have participated in ASAA's "Play for Keeps" orientation and have watched the DVD presentation.
- My child and I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the penalties for violations.
- My child and 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.
- My child and 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.
- My child and I further understand that students must sign this form each season prior to competition.
- My child and 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.
- My child and 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.
- My child and I further understand that schools shall keep a copy of the signed form 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, my child and I agree to be bound by the terms of the policy.

Printed Name of Student _____ Date _____

Student Signature _____ Date _____

Printed Name of Parent/Guardian _____ Date _____

Parent/Guardian Signature _____ Date _____

Sport or Activity _____ School _____