2020-2021 FORMS

- General Use Forms
- Participant Forms
- Coaches & Officials Forms
- Ejection & Penalty Forms
- Tournament Forms
- Waiver Forms
- Wrestling Forms
- ASAA Endowment Forms
- Alternative Education Forms
GENERAL USE FORMS

General Use Forms

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ASAA Pass Order ............................................................................. 5
Contract for Interschool Games or Meets ............................................ 6
Cooperative School/Joint Participation Programs Application ............... 7
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Gold Lifetime Pass Nomination ......................................................... 11
CHECKLIST FOR SCHOOL ADMINISTRATORS

This document has been developed by ASAA to aid member school administrators in meeting all the requirements for their activity and athletic programs.

PARTICIPANT ELIGIBILITY (completed in the School Activities Reporting System (SARS) – PlanetHS)

1. Student attended or participated for your school last year needs the following

   - Physical Examination within the prior 18 months (athletic participation).
   - Parent permission to participate form signed.
   - Receipt of Concussion Information form signed (athletic participation).
   - Receipt of Sudden Cardiac Arrest Information form signed (athletic participation).
   - Play for Keeps video watched and form signed.
   - No outstanding TAD requirements.
   - Be enrolled in minimum number of semester units (Article 12, section 2, A4).
     - 9th, 10th, 11th graders – 2.5 semester credits
     - 12th graders on track to graduate – 2 semester credits
   - Pass minimum number of semester units with a 2.0 or higher the previous semester. (Article 12, section 7).
     - First semester 9th graders immediately eligible
     - 2nd semester 9th graders, 10th & 11th graders – 2.5 semester credits
     - 12th graders on track to graduate – 2 semester credits

2. Student is first entering high school or has not established a school of eligibility needs the following

   - Enter into the SARS system
   - 8 items from #1

3. Student is transferring from another high school needs the following

   - 8 items from #1
   - Student/Parent initiate Transfer Rule Waiver in PlanetHS
     Note: Bona Fide Change of Residence, Transfer without a Bona Fide change of residence,
     Application For Changing School of Eligibility, Boarding School Transfer are all in the same form

4. Student does not meet eligibility criteria (i.e. enrollment, classes passed, GPA) because of a hardship. A hardship is unforeseeable, unavoidable and uncorrectable act, condition or event which causes the imposition of severe and non-athletic burden upon the student

   - 8 items from #1
   - Student Eligibility Waiver Request filled out in PlanetHS

TAD VIOLATIONS

Enter violations in PlanetHS
CHECKLIST FOR SCHOOL ADMINISTRATORS

SCHOOL ACTIVITIES REPORTING SYSTEM (SARS)

COACHES/ADVISORS: All coaches and advisors must be entered in the master eligibility system within two weeks of the beginning of their respective season. In addition all coaches and advisors must be certified. (Bylaws Article 10)

PARTICIPANTS: All participants must be entered in the master eligibility system before the first event for their activity. (Bylaws Article 12, Section 10)

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>COACH</th>
<th>PART</th>
<th>ACTIVITY</th>
<th>COACH</th>
<th>PART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-ed Soccer – 8/13/20</td>
<td></td>
<td></td>
<td>Esports – 10/9/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CC Running – 8/13/20</td>
<td></td>
<td></td>
<td>Wrestling – 10/17/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flag Football – 8/13/20</td>
<td></td>
<td></td>
<td>Hockey – 10/29/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Football – 8/13/20</td>
<td></td>
<td></td>
<td>Hockey Cheer – 10/29/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Football Cheer – 8/13/20</td>
<td></td>
<td></td>
<td>All State Music – 10/29/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennis – 8/13/20</td>
<td></td>
<td></td>
<td>Nordic Ski – 11/12/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gymnastics – 8/20/20</td>
<td></td>
<td></td>
<td>Basketball – 12/17/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swim/Dive – 8/20/20</td>
<td></td>
<td></td>
<td>Basketball Cheer – 12/17/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VB 3A/4A – 8/20/20</td>
<td></td>
<td></td>
<td>World Language – 2/20/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DDF – Prior to first meet</td>
<td></td>
<td></td>
<td>Baseball – 3/18/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dance/Drill Team</td>
<td></td>
<td></td>
<td>Soccer – 3/18/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifle – 9/24/20</td>
<td></td>
<td></td>
<td>Softball – 3/18/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VB Mix 6/2A – 9/24/20</td>
<td></td>
<td></td>
<td>Track &amp; Field – 3/18/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AASG – 10/9/20</td>
<td></td>
<td></td>
<td>All state Art – 3/28/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowling – 10/9/20</td>
<td></td>
<td></td>
<td>Solo &amp; Ensemble – 4/28/21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER: The following information should also be entered into the SARS
- Rosters
- Weight certifications for wrestling

ASAA365 (asaa365.com)
Schedules, and scores for all team sports should be entered on ASAA365. All football, volleyball, hockey, basketball, baseball, soccer and softball teams are required to enter schedules at the beginning of the season and scores by the Tuesday of the following week.
- Football schedules & scores are entered
- Volleyball set scores are entered
- Hockey schedules & scores are entered
- Basketball schedules & scores are entered
- Baseball scores are entered
- Soccer schedules & scores are entered
- Softball scores are entered
SCHOOL MEMBERSHIP APPLICATION

Type of School:  
Public [ ]  Private [ ]  Number of students currently enrolled in grades 9-12  

School  
Principal  

Address  
City  Zipcode  

Phone  Fax  Email  

School Mascot  School Colors  

SUPERINTENDENT / SCHOOL DISTRICT INFORMATION  

School District  
Public School Superintendent, if applicable  

School District Address  
City  Zipcode  

School District Phone  School District Fax  School District Email  

SCHOLASTIC STANDARDS  

Is the school approved by the state or other accrediting agency?  [ ] Yes  [ ] No  

Do students take the state assessment tests?  [ ] Yes  [ ] No  

Is the curriculum approved by the state or other national entity?  [ ] Yes  [ ] No  

If so, please name the specific entity:  

FOR OFFICE USE ONLY  

Region  Decision [ ] APPROVED  [ ] DISAPPROVED  Date  Executive Director’s Signature  

ALASKA SCHOOL ACTIVITIES ASSOCIATION  
Scan and email this form to office@asaa.org or fax to 907-561-0720  

2020-2021 ASAA Forms  Forms 4
ASAA PASS ORDER

The ASAA Pass affords entrance into any regular season event, regional or district event, and any/all state tournaments during the school year. Passes are primarily for Certified Coaches, Athletic Directors, Administrators, School District Administrators and School Board Members. The cost is $50 per pass.

Please PRINT or type the names of individuals and the positions each holds with the school or school district as passes will be personalized before mailing out.

<table>
<thead>
<tr>
<th>School or School District</th>
<th>Principal</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Total number of passes: ____________ Amount Enclosed ____________

x $50 = ____________

Payment Method: ____________ Have ASAA Invoice Us ____________ Purchase Order # ____________

Credit Card: ______ Visa ______ Mastercard ______ American Express ______ Discover

Card #: ____________ Card CVV# ____________

Expiration Date: ____________ Signature ____________

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
This contract is made and subscribed to by the Principal and Athletic Directors of the participating schools listed below:

<table>
<thead>
<tr>
<th>Name of School #1</th>
<th>Name of School #2</th>
</tr>
</thead>
</table>

for (number) ________________ contests in (list sport) __________________________________ to be played as follows:

**First Team Contest**

<table>
<thead>
<tr>
<th>To be held at</th>
<th>Date</th>
<th>Day of Week</th>
<th>Hour</th>
</tr>
</thead>
</table>

**Preliminary Game**

| Date | Day of Week | Hour |

**Financial Terms**

1. Each school guarantees its membership and good standing in the Alaska School Activities Association, Inc., and also guarantees that participation in this contest will not violate any rule of that corporation.

2. Each contestant will be eligible under rules of the Alaska School Activities Association, Inc.

3. If either party fails to fulfill its contract obligations, that party shall make amends, if any, in accordance with the terms stated below. Such provisions shall not conflict with the Constitution or Bylaws.

**Contract Terms**

Alaska School Activities Association, Inc. By-Laws Article VI, Section 1A states: “A breach of contract will be considered a rule violation”

<table>
<thead>
<tr>
<th>#</th>
<th>Principal</th>
<th>Athletic Director</th>
<th>School</th>
<th>City / Town</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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</tr>
</tbody>
</table>
Cooperative school programs are defined as a union of two or more schools. Cooperative school programs may be approved by the Executive Director and/or the Board of Directors when a request is received in a timely manner. Schools are encouraged to consult with the Executive Director as how to best submit a request.

Joint Participation Programs allows students from a 1A or 2A schools to participate on another member schools team. Request must be submitted to the Executive Director in a timely manner.

For guidelines and specific conditions of Cooperative and Joint Participation Programs see ASAA Bylaws Article 7, Section 11

These schools request permission to form a cooperative team.

<table>
<thead>
<tr>
<th>School #1</th>
<th>Enrollment</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ 1A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 3A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School #2</th>
<th>Enrollment</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ 1A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 3A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School #3</th>
<th>Enrollment</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ 1A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 3A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School #4</th>
<th>Enrollment</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ 1A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 3A</td>
</tr>
</tbody>
</table>

Cooperative teams may be formed in the following sports. Mark the sport and gender in which the above schools wish to form a cooperative team.

- Baseball
- Basketball
- Football
- Hockey
- Soccer
- Boys
- Softball
- Volleyball
- Mix Six Volleyball
- Other
- Girls

The administrators of each school have read and understand ASAA Bylaw Article 7, Section 9, subsections B and C, and wish to form a cooperative team under these guidelines.

<table>
<thead>
<tr>
<th>School #1 Administrator’s Name</th>
<th>School #1 Administrator’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>School #2 Administrator’s Name</th>
<th>School #2 Administrator’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School #3 Administrator’s Name</th>
<th>School #3 Administrator’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School #4 Administrator’s Name</th>
<th>School #4 Administrator’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

Executive Director’s Signature: ___________________________ Date ____________

Decision: [ ] APPROVED [ ] DISAPPROVED

Comments: __________________________________________

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Scan and email this form to office@asaa.org or fax to 907-561-0720
OUT-OF-STATE TRAVEL REQUEST

Out-of-state travel for interscholastic competition during the school year must be approved by the Executive Director. Use this form to request approval.

<table>
<thead>
<tr>
<th>School</th>
<th>Date of request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Team, group or organization requesting travel

<table>
<thead>
<tr>
<th>Out-of-state destination</th>
<th>Departure date</th>
<th>Return date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the out-of-state competition

Event Title:
Type of Competition (invitational, tournament, etc.):

School administrator’s permission

The above named school team/organization has my permission to travel for out-of-state competition.

School Administrator (please print) __________________________________________
School Administrator’s Signature: ___________________________ Date: ___________
Phone: ___________________ Fax: ___________________ Email: ___________________

Executive Director’s decision

☐ APPROVED ☐ DISAPPROVED

Comments

Executive Director’s signature

_________________________

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Scan and email this form to office@asaa.org or fax to 907-561-0720
HEALTHCARE PROVIDER RELEASE

CONCUSSION RETURN TO PLAY PROTOCOL

Student Name: ________________________________

Sport: ___________________________ School: ___________________________ Birthdate: ______

Date of Injury: ___________________________ Description: ________________________________

IMPORTANT NOTE TO HEALTHCARE PROVIDER

Per AS 14.30.142, as amended, a student who has been removed from participation in a practice or game for suspicion of concussion may not return to play until the student has been evaluated and cleared for participation by an Athletic Trainer OR by a qualified person who verifies that he or she is currently trained in the evaluation and management of concussions.

"Qualified person" means either:

1) A health care provider licensed in Alaska, or exempt from licensure under Alaska law(AS 08.64.370(1), (2), or (4), OR

2) a person acting at the direction and under the supervision of a physician licensed in Alaska, or exempt from licensure.

As interpreted by ASAA, Athletic Trainer means a Certified Athletic Trainer.

As interpreted by ASAA, "Trained" means that the provider:

1) Has completed the online CDC Concussion Course for Clinicians (www.preventingconcussions.org) in the last two years,

AND

2) Has a) completed 2 hours of CE or CME in Sports Concussion Management in the last 2 years, or b) has completed a one-year Sports Medicine Fellowship, a Certificate of Added Qualifications in Sports Medicine, or a Residency in Neurology or Neurosurgery.

IF YOU DO NOT MEET THESE CRITERIA, PLEASE REFER THE STUDENT ATHLETE TO A HEALTHCARE PROVIDER WHO DOES

If an athlete is removed from participation in an activity because of a suspected concussion:

BUT is found not to have a concussion, the athlete’s return to play should be determined by the athlete’s medical provider in accordance with the provider’s assessment of the athlete’s condition and readiness to participate;

AND is determined to have sustained a concussion, the athlete’s readiness to return to participation should be assessed in accordance with the Alaska School Activities Association’s graduated Return to Play (RTP) protocol. All student athletes with a concussion must successfully complete an appropriate RTP Protocol that lasts a minimum of six days before resuming full athletic activity. The Return to Play protocol recommended by ASAA’s Sports Medicine Advisory Committee is described below.

Students should begin with a period of complete rest in which they avoid cognitive and physical exertion. As symptoms diminish, and the athlete feels able, he/she can begin trials of cognitive work, e.g. reading, texting, computer, TV, school.

The introduction of cognitive work should be in short increments which increase progressively in length and intensity so long as concussion symptoms do not recur or worsen. When several hours of cognitive work are well tolerated at home, then attendance at a half day of school is appropriate. When a full day of school is tolerated, then homework may be added. Academic accommodations may be necessary for student athletes as they return to school following a concussion. If cognitive work at any time provokes or exacerbates symptoms, then the work should be discontinued, additional cognitive work should be minimized until symptoms regress, and the student can attempt to advance cognitive work again on the following day.

Only when the concussion symptoms have been entirely absent for 24 hours, does Day 1 of the progressive return to physical activity begin. The Return To Play Protocol is to take place over a minimum of six days, with at least 24 hours between each step. The rate of progression through the steps in the program should be individualized. Factors which may slow the rate are young age, history of previous concussions, number/severity/duration of concussion symptoms, medical risk factors, and the concussion risk of the sports to which the athlete will return. Physical or cognitive activity that provokes recurrence of concussive symptoms will delay recovery and increase the risk of future concussion. Therefore, if symptoms recur at any step, then physical activity should stop until 24 hours after resolution of the symptoms, and then resume at the previous step.
**HEALTHCARE PROVIDER RELEASE - CONCUSSION RETURN TO PLAY PROTOCOL**

**Student Name:** ______________________________________________________

**SYMPTOMATIC STAGE:** Physical and Cognitive Rest; Then Incremental Cognitive Work, without Provoking Symptoms.

<table>
<thead>
<tr>
<th>Day</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Begin when symptom free for 24 hours. 15 min of light aerobic activity: walk, swim, stationary bike. <strong>NO</strong> resistance training.</td>
</tr>
<tr>
<td>Day 2</td>
<td>30 min light-moderate aerobic activity: jog, more intense walk, swim, stationary bike. <strong>NO</strong> resistance training. START PE class at previous day’s activity level. As RTP Protocol activity level increases, PE activity level remains 1 day behind.</td>
</tr>
<tr>
<td>Day 3</td>
<td>30 min mod-heavy aerobic activity: run, swim, cycle, skate, Nordic ski. <strong>NO</strong> resistance training.</td>
</tr>
<tr>
<td>Day 4</td>
<td>30 min heavy aerobic activity: hard run, swim, cycle, skate, Nordic ski. 15 min Resistance Training: push-up, sit-up, weightlifting</td>
</tr>
<tr>
<td>Day 5</td>
<td>Return to Practice, Non-contact Limited Participation: Routine sport-specific drills</td>
</tr>
<tr>
<td>Day 6</td>
<td>Return to Full-Contact Practice</td>
</tr>
<tr>
<td>Day 7</td>
<td>Medically Eligible for Competition after completing RTP Protocol and is cleared by Healthcare Professional. ASAA Eligibility Criteria must be met before return to competition.</td>
</tr>
</tbody>
</table>

**SECTION 1: THE CONCUSED ATHLETE** - to be completed by Healthcare Provider

- [ ] Student has sustained a concussion and is not yet ready to begin the Return to Play Protocol.
- [ ] Student is cleared to begin ASAA’s Return to Play Protocol with any modifications noted below. **This clearance is no longer effective if student’s symptoms return and persist.**
- [ ] Student is entirely free of concussion symptoms and has completed the ASAA Return to Play Protocol as described above. The athlete is medically eligible to return to competition.

Please note any additional modifications to ASAA’s Return to Play Protocol below [attach more pages if needed]:

**SECTION 2: THE NON-CONCUSED ATHLETE** - to be completed by Healthcare Provider

- [ ] Student has **NOT** sustained a concussion. The **Medical Diagnosis** which explains his/her symptoms is: **This is REQUIRED if checking the first box:**

- [ ] Student is cleared to return to full sports participation. Medical Dx: ____________________________________________

- [ ] Student is cleared for limited participation with the following restrictions [attach more pages if needed]: ____________________________________________

**SECTION 3: HEALTHCARE PROFESSIONAL ATTESTATION**

By signing this form, I attest that I am a **Qualified Healthcare provider authorized under AS 14.30.142** and that I meet the ASAA definition of “Currently Trained” in the evaluation and management of concussion, as explained above. I do hereby take responsibility for the daily monitoring and decision making in managing this student athlete’s concussion.

Healthcare Provider Signature ____________________________________________________________________________
HCP Printed Name __________________________________________________________________________________
AK License Number __________________________________________________________________________________
Date _______________________________________________________________________________________________

**SECTION 3: ATHLETE AND PARENT CONSENT**

The Return to Play Protocol incorporates an internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Participation in athletics is accompanied by the risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at more risk for another head injury with risk of permanent disability or death. By signing this form, the athlete and the parent indicate their understanding that the completion of the Return to Play Protocol is not a guarantee of safe return to athletic participation. The parent accepts the risk of additional injury in requesting and consenting to the athlete’s return to athletic participation.

Student Athlete Signature ____________________________________________________________________________
Date ____________________________________________________________________________________________

Parent Signature __________________________________________________________________________________
Date ____________________________________________________________________________________________

Student Athlete Printed Name ________________________________________________________________________

Parent Printed Name ______________________________________________________________________________
ASAA has adopted a program under which those individuals who have made an extraordinary contribution to high school activities in Alaska and/or at the national level may be selected as recipients of an ASAA Gold Lifetime Pass.

**Program**

- **Qualifications**: Significant service to high school students of Alaska through demonstrated leadership for at least twenty (20) years at the state and/or national level. Served as activities administrator, coach/director/advisor, official, community supporter, or committee member.
- **Number**: Up to eight (8) recipients may be selected each year, one from each region or association.
- **Use of Passes**: The Gold Lifetime Pass will be honored at all ASAA events, and will provide free entry for the recipient and one guest. Passes are not transferrable.
- **Selection Process**: Regions or associations will forward nominations to the Board of Directors which will make the final selection at the Spring BOD meetings.

Gold Passes issued by the Board in previous years will be honored for admission to state tournaments.

## NOMINEE CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Nominee’s last name</th>
<th>Nominee’s first name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zipcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day phone</th>
<th>Evening phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## NOMINATOR’S CONTACT INFORMATION

**Printed name of person submitting nomination letter supporting qualifications of nominee**

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zipcode</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Daytime phone</th>
<th>Email</th>
<th>Date of nomination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to office@asaa.org or fax to 907-561-0720
GOLD LIFETIME PASS NOMINATION

Describe the nominee’s significant service to high school students of Alaska through demonstrated leadership for at least twenty (20) years at the state and/or national level. Specify roles served (activities administrator, coach, director, advisor, official, community supporter, committee member), dates, exemplary performance and outcomes, etc. Use additional pages if necessary. Letters of support may also be included or forwarded.

---

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Date received</th>
<th>Date reviewed by Board</th>
<th>Board of Directors’ decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>□ APPROVED □ DISAPPROVED</td>
</tr>
</tbody>
</table>

Comments

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ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
ParticipanT forms

Participant Forms

Concussion Information - Parent and Student Verification .......................... 14
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Sudden Cardiac Arrest ........................................................................... 17
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Authorization to Release Medical Information .......................................... 20
Student Health Review/Exam ................................................................. 21
CONCUSSION INFORMATION
PARENT AND STUDENT VERIFICATION

In accordance with AS 14.30.142, the School District requires that each athlete, and each minor athlete’s parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the District. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled “A Parent’s Guide to Concussions in Sports.” Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled “Head’s Up: Concussion in High School Sports – A Fact Sheet for Athletes.” Students who are 18 years of age or older will also be provided with the Parent’s Guide.

Parents and Students should review this information, discuss it at home, and direct any questions to the student’s coach, school principal or athletic activities director.

For more information go to: http://asaa.org/resources/sports-medicine/

Student Acknowledgement (required for all athletes)

I acknowledge that I have received a copy of “Head’s Up: Concussion in High School Sports – A Fact Sheet for Athletes” and understand its contents.

Student Signature

Print Name

Date

Parent/Guardian/Eligible Student Acknowledgement

(Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

I acknowledge that I have received a copy of “A Parent’s Guide to Concussions in Sports” and understand its contents.

Parent/Guardian/Eligible Student Signature

Print Name

Date
COVID-19 WAIVER AND RELEASE

The Alaska School Activities Association ("ASAA") is an IRS 501(c)(3) non-profit corporation that sanctions Alaska high school activities in the State including sports, music, art, drama, debate, esports, language, and student government. In this role, ASAA is working with member school districts to provide activities to the extent possible during the current COVID-19 pandemic. Providing activities during this time cannot be done without inherent risk to all participants. ASAA and member school districts are planning and may plan to allow activities (referred to in this document as an “EVENT”) to take place. This effort to provide student activities comes with inherent risks.

In consideration of being permitted to practice, compete, officiate, observe, work, or participate in an EVENT, I, for myself and my children, agree to the following:

1. I affirm that neither I, nor my children, nor anyone in my immediate household (including the actual participant(s) in the EVENT) are currently diagnosed with, demonstrate any symptoms of, or have in any way been exposed to any communicable diseases, including the novel corona virus known as COVID-19.

2. I agree that I will immediately notify a school administrator if I, my children, or anyone in my immediate household is diagnosed with the novel corona virus known as COVID-19. I understand that this notification requirement is critical to limit the spread of the virus.

3. I acknowledge that I am aware that by entering any EVENT premises and participating in the EVENT that there are inherent risks to me and my children of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur directly or indirectly.

4. I understand that certain individuals may be more susceptible to becoming seriously ill if they contract COVID-19, including people over the age of 65, people with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised. I understand that if I or my children, including the actual participant(s) in the EVENT, or a household member fall within one or more of these categories, there could be a greater risk that I should discuss with my health care provider.

5. I understand that while ASAA strives to provide safe EVENT premises by providing member school district’s with recommendations and protocols intended to reduce the risk of COVID-19, ASAA and member school districts cannot eliminate all risks. ASAA’s and member school district’s staff may make unintentional mistakes when trying to eliminate or mitigate the risks of contracting COVID-19. By signing this Waiver, I ASSUME ALL RISKS on behalf of myself and my child/children regarding the possibility of contracting the novel corona virus known as COVID-19 or any mutation or variation thereof.

6. I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE ASAA and/or its officers, directors, and employees; the ALASKA STATE BOARD OF EDUCATION; and member school districts; and any individuals, companies, or associations having anything to do with the EVENT, including but not limited to promoters, participants, officials, and owners of the premises where the EVENT takes place (collectively referred to as “RELEASEES”). By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any and all loss or damage whether caused by the negligence of the Releasees or otherwise related to possible exposure to or contracting of the novel corona virus known as COVID-19 or any mutation or variation thereof; and

7. I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damage, or cost (including reasonable attorney’s fees) they may incur arising out of or related to my illness or death, or the illness or death of my children, including the actual participant(s) in the EVENT whether caused by the negligence of the Releasees or otherwise.

BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ AND UNDERSTOOD THIS WAIVER AND RELEASE AND AGREE TO BE BOUND BY ITS TERMS.

Student Name: ______________________________

Parent Name: ________________________________  Parent Signature ________________________________

Date: ________________________________
Student, Parent/Guardian Acknowledgement Form

Please read the following statements, sign below and return to your school’s

- I have participated in ASAA’s “Play for Keeps” orientation which includes watching the orientation video.
- I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the following penalties for violations.
  - First Offense - 10 days suspension
  - Second Offense - 45 days suspension and additional components
  - Third Offense - 6 months suspension and additional components
  - Fourth Offense - 1 year suspension and additional components

Additional components can be found within the Play for Keeps - Tobacco, Alcohol and Controlled Substances (TAD) Policy.

- 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.

- I further understand that students and parents/guardian must participate in the orientation and sign this form annually as part of the student’s eligibility process.

- 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
SUDDEN CARDIAC ARREST

PARENT & STUDENT INFORMATION SHEET

Sudden Cardiac Arrest (SCA) takes the lives of thousands of students every year. It is the number one cause of death in student athletes. SCA is where the heart stops beating suddenly. An individual will stop breathing and collapse, lying motionless or appearing to have a seizure.

CAUSES OF SCA INCLUDE:
• Structural heart defects (hypertrophic cardiomyopathy, Marfan syndrome etc.)
• Electrical Heart Defects (long QT syndrome, Wolff-Parkinson White Syndrome, etc.)
• Blow to the chest (Commotio Cordis)

RISK FACTORS FOR SCA INCLUDE:
• Fainting or seizures during or immediately following exercise
• Chests pains during exercise
• Unexplained shortness of breath, long time to catch breath
• Dizziness
• Unusually rapid heart rate
• Extreme fatigue, always tired and lack of energy
• Unexplained sudden death of a direct family member under the age of 50

If you have any of the risk factors consult your healthcare provider

TO INCREASE THE CHANCES OF SURVIVING SCA THERE SHOULD BE:
1. An Emergency Action Plan in place for every practice and event
2. Someone immediately calling 911
3. An Automated External Defibrillator (AED) immediately accessible
4. Cardiopulmonary Resuscitation (CPR) hands only started immediately

I have reviewed and understand the symptoms and warning signs of SCA

TO BE COMPLETED BY THE STUDENT AND HIS/HER PARENT OR GUARDIAN.

<table>
<thead>
<tr>
<th>Student Name (please print)</th>
<th>Student Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Parent or Guardian Name (please print)</th>
<th>Parent or Guardian Signature</th>
<th>Date</th>
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</table>
# PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

## STUDENT

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>MI</th>
<th>Date of birth</th>
<th>Grade</th>
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<th>Phone</th>
<th>Email</th>
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<thead>
<tr>
<th>School</th>
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## PARENT/GUARDIAN

<table>
<thead>
<tr>
<th>Parent/Guardian Last Name</th>
<th>Parent/Guardian First Name</th>
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<th>Address</th>
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<th>Zipcode</th>
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<tr>
<th>Primary Phone</th>
<th>Secondary Phone</th>
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## 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 above named student to accompany the group as a member on out-of-town trips.

<table>
<thead>
<tr>
<th>Parent/Guardian name (please print)</th>
<th>Parent/Guardian signature</th>
<th>Date</th>
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## 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.

<table>
<thead>
<tr>
<th>Parent/Guardian name (please print)</th>
<th>Parent/Guardian signature</th>
<th>Date</th>
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HEALTH CONDITIONS

For the welfare of the above named student, it would helpful to know if they have any of the following medical conditions (not required):

☐ Allergies (explain): ____________________________

☐ Asthma

☐ Cardiac Condition

☐ Diabetes

☐ Prosthetic

☐ Seizure Disorder

☐ Other (explain): ____________________________

☐ None

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, certified 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 Health Service ☐ Private Insurance Carrier

☐ Military ☐ I 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
AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: Medical Provider

I hereby authorize you to release copies of all medical information in your possession, whether paper or electronic, relating to student health review/exams of the student identified below to the school or school district in which the student is enrolled and to appropriate health care providers.

Name of school or school district

This release authorizes disclosure of this information to the school for purposes of the school's determining the fitness of the student to participate in strenuous physical activities, including but not limited to competitive athletic events.

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 and coaches of any interscholastic activities in which I seek to participate.

I understand that once the information is disclosed, it may be re-disclosed by the recipient and federal law may not protect the information.

I understand that I may revoke this authorization in writing at any time, except to the extent action has been taken in reliance on this authorization.

I certify that the signatures on this release are voluntary.

Photocopies of this release shall have the same authority as the original. This release will expire one year from the date of signatures on this form, unless revoked earlier by me in writing.

Date of signature

Signature of student

Printed or typed name of student

Student’s social security number [optional] Date of birth

CONSENT OF PARENT

I am the parent or legal guardian of the above student, and authorize the foregoing release of medical information to the student's school/school district and to appropriate health care providers.

Date of signature

Signature of parent / legal guardian

Printed or typed name of parent / legal guardian
# STUDENT HEALTH REVIEW/EXAM

## SECTION A: To be completed by parent or guardian.

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>MI</th>
<th>Date of birth</th>
<th>Grade</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>Zipcode</th>
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**Phone**

<table>
<thead>
<tr>
<th>Emergency Phone</th>
<th>Date of last physical exam</th>
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</table>

Are your immunizations up to date? [Yes] [No]

<table>
<thead>
<tr>
<th>Last tetanus shot</th>
<th>Last measles shot</th>
<th>Last TB skin test</th>
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<tr>
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</table>

1. Have you ever been hospitalized? [ ]
2. Have you ever had surgery? [ ]
3. Are you presently taking any medications or pills? [ ]
4. Have you ever passed out during or after exercise? [ ]
5. Have you ever been dizzy during or after exercise? [ ]
6. Have you ever had chest pain during or after exercise? [ ]
7. Do you tire more quickly than your friends during exercise? [ ]
8. Have you ever had high blood pressure? [ ]
9. Have you ever been told that you have a heart murmur? [ ]
10. Have you ever had racing of your heart or skipped beats? [ ]
11. Has anyone in your family died of heart problems or sudden death before age 50? [ ]
12. Do you have any skin problems (itching, rashes, acne)? [ ]
13. Have you ever had a head injury? [ ]
14. Have you ever had a concussion? If yes, how many? [ ]
15. Have you ever been knocked out or unconscious? [ ]
16. Do you suffer from migraines? [ ]
17. Have you ever had a seizure? [ ]
18. Have you ever had a stinger, burner or pinched nerve? [ ]
19. Have you ever had heat or muscle cramps? [ ]
20. Have you ever been dizzy or passed out in the heat? [ ]
21. Do you have trouble breathing or do you cough during or after activity? [ ]
22. Do you use any medical assistant devices (insulin pump, prosthetc, implanted device, etc.)? [ ]
23. Have you ever had problems with your eyes or vision? [ ]
24. Do you wear glasses or contacts or protective eye wear? [ ]
25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? [ ]

<table>
<thead>
<tr>
<th>Forearm</th>
<th>Shin/calf</th>
<th>Back</th>
<th>Wrist</th>
<th>Ankle</th>
<th>Hip</th>
<th>Hand</th>
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26. Have you ever had other medical problems (infectious mononucleosis, diabetes, etc.)? [ ]
27. Have you had any medical problem or injury since your last evaluation? [ ]
28. Are you Diabetic? [ ]
29. Are you Asthmatic? [ ]
30. Do you have any allergies (medicine, bees or other stinging insects)? [ ]

List all allergies:

31. When was your first menstrual period? ____________________________
32. When was your last menstrual period? ____________________________
33. What was the longest time between your periods last year? ________
34. Explain all “yes” answers: ____________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and give consent for my student to be examined.

**Student Signature:** ____________________________ **Date:** ____________________________

**Parent/Guardian Signature:** ____________________________ **Date:** ____________________________
### STUDENT HEALTH REVIEW/EXAM

**SECTION B:** To be completed by physician, physician assistant, advanced nurse practitioner or doctor of chiropractic

*This form to be sent to the school (do not send to ASAA)*

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>MI</th>
<th>Date of birth</th>
<th>Grade</th>
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<th>Height</th>
<th>Weight</th>
<th>Blood Pressure</th>
<th>Pulse</th>
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<tr>
<th>Vision — Right Eye</th>
<th>Vision — Left Eye</th>
<th>Vision Corrected?</th>
<th>Pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/</td>
<td>20/</td>
<td>□ Yes □ No</td>
<td></td>
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</table>

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<thead>
<tr>
<th>INITIALS</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
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</table>

- Cardiopulmonary
  - Pulse
  - Heart
  - Lungs
- Skin
- Abdominal
- Genitalia
- Musculoskeletal
  - Neck
  - Shoulder
  - Elbow
  - Wrist
  - Hand
  - Back
  - Knee
  - Ankle
  - Foot

**Clearance:**
- □ Cleared
- □ Cleared with restriction: _________________________________
- □ Not cleared. Explain why: _________________________________

**Name of M.D., D.O., P.A., ANP, CHAP or DC (cir-)**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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**Address**

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<th>Phone</th>
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Coaches & Officials Forms

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Request for Equivalent Certification for Fundamentals of Coaching .......... 28
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Note: The Sports Officials Application is no longer available in a printable form. Please submit your application via our new online process at: https://app.arbitersports.com/registration/official?org=9890&role=3

If you have any questions, please contact Russ Schreckenghost at 907-375-4400 or via email at: schreck@asaa.org
BOOK ORDERS FOR 2020-21

All order forms must be accompanied by a check or purchase order. NFHS sends rule books throughout the year as they are published with revised rules. The ASAA office will fill your order as these books become available, so please expect your order to come in partial shipments. Also, book orders are non-refundable.

Mail this order form with a check, or email or fax with purchase order number or credit card information to:

Alaska School Activities Association
4048 Laurel Street Suite 203
Anchorage, Alaska 99508
FAX: 907-561-0720 / Email: office@asaa.org

<table>
<thead>
<tr>
<th>Member School or Organization</th>
<th>Date of Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name of Person Ordering</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Shipping Information (there is no shipping charge if orders are picked up in the office.)

- Order will be picked up at ASAA office.
- Please send books to the following address:

  Contact Person receiving orders

  Street Address

  City Zip Code

Payment Method (orders will not be processed unless accompanied by payment)

<table>
<thead>
<tr>
<th>Total Number of Books Ordered:</th>
<th>x</th>
<th>$7.50 each</th>
<th>15% shipping</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Books Ordered:</td>
<td>x</td>
<td>$10.00 each</td>
<td>15% shipping</td>
<td>Total $</td>
</tr>
<tr>
<td>Total Number of Books Ordered:</td>
<td>x</td>
<td>$15.00 each</td>
<td>15% shipping</td>
<td>Total $</td>
</tr>
</tbody>
</table>

Payment Method: Check made out to ASAA Purchase Order #

Credit Card: Visa Mastercard American Express Discover

Card #: Card CVV#

Expiration Date: Signature

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
# BOOK ORDERS FOR 2020-21

## ASAA:

<table>
<thead>
<tr>
<th>QTY</th>
<th>NAME</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td></td>
<td>ASAA Handbook w/o Forms - ($10.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASAA Forms Only - ($10.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASAA Handbook &amp; Forms - ($15.00)</td>
<td></td>
</tr>
</tbody>
</table>

**Total Books Ordered:** $____

## BASEBALL:

<table>
<thead>
<tr>
<th>QTY</th>
<th>NAME</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td></td>
<td>Rule Book ($7.50)</td>
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<tr>
<td></td>
<td>Case Book ($7.50)</td>
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<tr>
<td></td>
<td>Umpire’s Manual 2020-22 ($7.50)</td>
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</tr>
<tr>
<td></td>
<td>Baseball Rules by Topic ($10.00)</td>
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<td></td>
<td>Rules Simplified &amp; Illustrated ($10.00)</td>
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<td>Scorebook ($10.00)</td>
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**Total Books Ordered:** $____

## BASKETBALL:

<table>
<thead>
<tr>
<th>QTY</th>
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<tbody>
<tr>
<td></td>
<td>Rule Book ($7.50)</td>
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<td></td>
<td>Case Book ($7.50)</td>
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<td></td>
<td>Handbook 2020-22 ($7.50)</td>
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<td></td>
<td>Official’s Manual 2019-21 ($7.50)</td>
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<td></td>
<td>Basketball Rules by Topic ($10.00)</td>
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<tr>
<td></td>
<td>Rules Simplified and Illustrated ($10.00)</td>
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<tr>
<td></td>
<td>Basketball Scorebook ($10.00)</td>
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**Total Books Ordered:** $____

## CROSS COUNTRY RUNNING:

<table>
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## FOOTBALL:

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<td></td>
<td>Case Book ($7.50)</td>
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<td></td>
<td>Handbook 2019 &amp; 2020 ($7.50)</td>
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<tr>
<td></td>
<td>Official’s Manual 2020-21 ($7.50)</td>
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<tr>
<td></td>
<td>Football Rules by Topic ($10.00)</td>
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<tr>
<td></td>
<td>Rules Simplified and Illustrated ($10.00)</td>
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<tr>
<td></td>
<td>Football Scorebook ($10.00)</td>
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## GYMNASTICS:

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<tbody>
<tr>
<td></td>
<td>Rule Book &amp; Manual 2020-22 ($10.00)</td>
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<tr>
<td></td>
<td>Gymnastics Scorebook ($10.00)</td>
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**Total Books Ordered:** $____

## HOCKEY:

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## SOCCER:

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<tr>
<td></td>
<td>Rule Book ($7.50)</td>
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<td></td>
<td>Soccer Scorebook ($10.00)</td>
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**Total Books Ordered:** $____

## SOFTBALL:

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<td>Rule Book ($7.50)</td>
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<td>Case Book ($7.50)</td>
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<tr>
<td></td>
<td>Umpire’s Manual 2020-21 ($7.50)</td>
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<td>Scorebook ($10.00)</td>
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**Total Books Ordered:** $____

## SPIRIT:

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<tbody>
<tr>
<td></td>
<td>Rule Book ($7.50)</td>
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**Total Books Ordered:** $____

## SWIMMING & DIVING:

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<tbody>
<tr>
<td></td>
<td>Rule Book ($7.50)</td>
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<tr>
<td></td>
<td>Swimming Scorebook ($10.00)</td>
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</tbody>
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**Total Books Ordered:** $____

## TRACK & FIELD:

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<thead>
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<th>QTY</th>
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<th>TOTAL</th>
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<tbody>
<tr>
<td></td>
<td>Rule Book ($7.50)</td>
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<tr>
<td></td>
<td>Case Book ($7.50)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Official’s Manual 2021-22 ($7.50)</td>
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<tr>
<td></td>
<td>Track &amp; Field Scorebook ($10.00)</td>
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**Total Books Ordered:** $____

## VOLLEYBALL:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Rule Book ($7.50)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Case Book &amp; Official’s Manual ($7.50)</td>
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<td></td>
<td>Volleyball Scorebook ($10.00)</td>
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**Total Books Ordered:** $____

## WRESTLING:

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<td></td>
</tr>
<tr>
<td></td>
<td>Case Book &amp; Official’s Manual ($7.50)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wrestling Scorebook ($10.00)</td>
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**Total Books Ordered:** $____

## FOR OFFICE USE

______________________________
The ASAA Coaches Education Program requires that all high school level coaches who have direct supervision of students be certified within two weeks of the beginning of their season. This may include head coaches and assistant coaches at all levels, as well as non paid coaches and coaches of outsourced programs. If requested by the school, ASAA Executive Director may grant to a coach, one-time only, a waiver of the certification requirement. The waiver is good only until the completion of the current sports season and will not be granted without the successful completion of the NFHSlearn Concussion Awareness and Sudden Cardiac Arrest courses.

<table>
<thead>
<tr>
<th>Name of school district</th>
<th>Name of school</th>
<th>Date of Request</th>
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<table>
<thead>
<tr>
<th>Coach’s name</th>
<th>Sport(s)</th>
<th>Sports gender</th>
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<tbody>
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<tr>
<th>Reason for requesting a waiver — be specific</th>
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<tr>
<th>Future plans for meeting the requirement — be specific</th>
</tr>
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</table>

**SCHOOL PRINCIPAL MUST COMPLETE THIS SECTION**

<table>
<thead>
<tr>
<th>Principal’s name (please print)</th>
<th>Principal’s Signature: Date:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>School Address:</th>
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<table>
<thead>
<tr>
<th>Phone:</th>
<th>Fax:</th>
<th>Email:</th>
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**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Executive Director’s decision</th>
<th>Executive Director’s signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>☐ APPROVED</td>
<td>☐ DISAPPROVED</td>
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<thead>
<tr>
<th>Comments</th>
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**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to office@asaa.org or fax to 907-561-0720
REQUEST FOR EQUIVALENT CERTIFICATION FOR FIRST AID

Alaska Coaches Education Program

Coach Name: ____________________________________________________________

Email: _________________________________________________________________

Phone: _________________________________________________________________

The NFHSlearn First Aid, Health and Safety course is the preferred course for meeting the First Aid requirement. Other courses have been pre-approved for Equivalent Certification. A list of these courses can be found at http://asaa.org/wp-content/uploads/Pre-Approved-Courses-1.pdf. For any other courses you must apply for Equivalent Certification.

Equivalent Certification must include the following core areas:

☐ Breathing Emergencies
☐ Sudden Illness
☐ Environmental Emergencies
☐ Soft Tissue Injuries
☐ Skeletal Injuries
☐ Other Health and Safety issues (Skin Conditions, Mental Health, Blood Pathogens)

For Equivalent Certification you must meet one of the following:

☐ Degree in Medical Field from accredited college/university
  ☑ Official transcript
  ☑ Health care provider license

☐ Documentation of courses taken related to first aid
  ☑ Certification – include organization and dates
  ☑ Description of information covered
  ☑ Hours of instruction

If your request is approved you will be notified via email.
Request for Equivalent Certification for Fundamentals of Coaching

Alaska Coaches Education Program

Coach Name: ____________________________________________

Email: _________________________________________________

Phone: ________________________________________________

Equivalent Certification must include the following core areas;

☐ Educational Athletics Coaching Philosophy
☐ Sport Psychology
☐ Teaching Sports Skills
☐ Sport Physiology
☐ Sports Management & Legal Issues

For Equivalent Certification you must meet one of the following

☐ Major or Minor in Coaching from accredited college/university
  ✓ Official transcript

☐ Courses from accredited college/university related to coaching
  ✓ Official transcript
  ✓ Course content guides – Syllabus

☐ Certification from another organization related to coaching
  ✓ Certification – include organization and dates
  ✓ Description of information covered
  ✓ Hours of instruction

If your request is approved you will be notified via email. At that time you will be required to complete the Alaska State Component from NFHSlearn

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720

2020-2021 ASAA Forms
SPORTS OFFICIALS SELECTION BALLOT (STATE CHAMPIONSHIPS)

Check which state tournament this ballot applies to:

☐ Baseball  ☐ Basketball  ☐ Hockey  ☐ Soccer  ☐ Softball  ☐ Volleyball  ☐ Wrestling

BALLOT INFORMATION: Please vote for any four (4) officials from throughout the state. Your written selections will count as your regional/conference vote, regardless of where the official lives. For example, a school in Region 1 may vote for an official from Region 3. Please prioritize your officials selection by writing your first choice in the “Selection #1” box, your second choice in the “Selection #2” box, etc. *It is your responsibility to verify the availability of nominated officials.*

School Name

Name of Person submitting ballot

Classification / Division (check one)

☐ 1A  ☐ 2A  ☐ 3A  ☐ 4A  ☐ DI  ☐ DII  ☐ MIX SIX

BALLOT

Selection #1

Selection #2

Selection #3

Selection #4

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
EJECTION & PENALTY FORMS

Ejection & Penalty Forms

Hockey Officials Penalty Incident Report .......................................................... 32
Officials Ejection Report (Except Hockey) ......................................................... 34
Schools Contest Ejection .................................................................................. 36
HOCKEY OFFICIALS PENALTY INCIDENT REPORT

Whenever a team accumulates fifteen (15) penalties in one (1) game, or is assessed a GAME MISCONDUCT, GAME DISQUALIFICATION and/or GAME SUSPENSION penalty in any Alaska high school hockey game, the game referee must send this report within twenty-four (24) hours to the school whose student or coach receives the penalty. In addition, within twenty-four (24) hours after the completion of the game, this report must also be sent to the ASAA office, along with a copy of the top page of the scoresheet. Online version of form is available at http://www.asaa.org

NOTICE: A referee who fails to report any penalty that requires a report is subject to disciplinary action. Please complete all information.

Involved school #1

Involved school #2

Game location (facility and city)

School #1’s head coach

School #2’s head coach

Date of game

Reporting referee

Signature

Day phone or Email

Linesman

Signature

Day phone

Jersey #

Player name

Team/school

Penalty

Rule reference

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
**HOCKEY OFFICIALS PENALTY INCIDENT REPORT**

**Continuation**

*In the space below:* Describe all facts pertaining to the penalties assessed in the following space and add more pages if needed. **BE FACTUAL — DO NOT** express any opinions regarding disciplinary actions that should be taken. Be sure to quote the actual language used by the players if it is pertinent. An example: “The player called another player a @##!!”, not “The player used profanity.” Specific details of the incident are important.

**Form distribution:** Distributed this completed form as follows:

1. **Original to the penalized school — Immediately after the game,** deliver the original report to the administrator of the school that has accumulated 15 penalties in one game or whose coach or student has received a Game Misconduct, Game Disqualification or Game Suspension penalty.

2. **Copy to the Alaska School Activities Association office — Within 24 hours,** Email (schreck@asaa.org) or fax (907-561-0720) a copy of the report, along with a copy of the top page of the scoresheet.

---

Reporting referee/official’s name (print)  Reporting official’s signature  Day phone

---

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to office@asaa.org or fax to 907-561-0720
This form must be completed by officials (except in incidents that involve hockey)
Officials must inform ASAA of every high school player or coach ejection by using this form to report specific details of the incident. Online version of form is available at http://www.asaa.org
NOTICE: A referee who fails to report any penalty that requires a report is subject to disciplinary action. Please complete all information.

<table>
<thead>
<tr>
<th>Host school</th>
<th>Visiting school</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Sport/Activity</th>
<th>Contest location (school/facility)</th>
<th>Contest date</th>
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<table>
<thead>
<tr>
<th>Name of ejected coach</th>
<th>Ejected coach’s school</th>
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<table>
<thead>
<tr>
<th>Name of ejected player</th>
<th>Ejected player’s school</th>
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</table>

Rules cited

Details of the ejection — be specific

Officials involved

1. Daytime phone:
2. Daytime phone:
3. Daytime phone:

Reporting referee/official’s name (print) Reporting official’s signature Day phone

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
Continuation

In the space below: Describe all facts pertaining to the ejection penalty assessed in the following space and add more pages if needed. **BE FACTUAL — DO NOT** express any opinions regarding disciplinary actions that should be taken. Be sure to quote the actual language used by the players if it is pertinent. An example: “The player called another player a @##!!”, not “The player used profanity.” Specific details of the incident are important.

**Form distribution:** Distributed this completed form as follows:

1. Original to the penalized school — **Immediately after the game**, deliver the original report to the administrator or coach of the penalized school.
2. Copy to the Alaska School Activities Association office — **Within 24 hours**, Email (schreck@asaa.org) or fax (907-561-0720) a copy of the report.
This form must be completed and Emailed to (schreck@asaa.org) by the administrator of the offending school within 24 hours after an ejection. This serves to confirm the school’s awareness of the ejection and subsequent suspension according to ASAA guidelines.

**ASAA expects athletic contests to exemplify citizenship and good sportsmanship**

Rule: Whenever a player or coach is ejected from a game or contest in any sport, that player or coach is also required to refrain from participation in any scheduled game or contest in the same activity, until completion of the next scheduled game or contest at the level (i.e. varsity, junior varsity) at which the ejection occurred. (See Bylaw Article 6, Section 6).

Coaches may not be physically present at the site of the next game or contest, nor may they have any contact - direct or indirect - with their teams during a game, when serving a suspension under this rule. Schools must notify ASAA whenever a player or coach is ejected from a game or contest by submitting this Contest Ejection Form.

<table>
<thead>
<tr>
<th>Home school</th>
<th>Home school’s head coach</th>
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<tbody>
<tr>
<td>Visiting school</td>
<td>Visiting school’s head coach</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Sport</th>
<th>Level (varsity, jv)</th>
<th>Date of contest when incident occurred</th>
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</table>

<table>
<thead>
<tr>
<th>Name of ejected individual</th>
<th>□ Coach □ Player</th>
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</table>

**Details of the ejection — be specific**

<table>
<thead>
<tr>
<th>Action taken by school beyond the mandatory ASAA suspension</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date of contest to serve suspension</th>
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<table>
<thead>
<tr>
<th>School administrator submitting this form</th>
<th>School administrator’s signature</th>
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<table>
<thead>
<tr>
<th>School administrator’s email address</th>
<th>School administrator’s phone number</th>
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</table>

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to office@asaa.org or fax to 907-561-0720
TOURNAMENT FORMS

Tournament Forms

Checklist for State Championship Qualifiers .................................................. 38
State Championship Code of Conduct .............................................................. 39
Academic Award Entry ................................................................................... 40
Coaches Appeal for Individual Events ............................................................. 43
Coaches Appeal for Team Events ..................................................................... 44
CHECKLIST FOR STATE CHAMPIONSHIP QUALIFIERS

ASAA CHECKLIST FOR SCHOOL ADMINISTRATORS
STATE CHAMPIONSHIP BOUND ACTIVITY & ATHLETIC PROGRAMS

The following information is for coaches/advisors and administrators. We count on administrators to make sure their state bound programs have everything done before they arrive at the state championships.

☐ Read and follow state championship policies and procedures (Found on the state information page for each activity)

☐ Coaches/Advisors sign the State Championship Code of Conduct (Sunday prior to event)

☐ Indicate state attendees in SARS (Sunday prior to event)

☐ Submit Roster through SARS (Sunday prior to event)

☐ Submit State Entry Form online (Sunday prior to event)

☐ Submit photo online (Sunday prior to event)

☐ For athletic events submit Good Sport Selection Form online (Sunday prior to event)

☐ Submit Academic Award Entry Form online (Tuesday prior to event)

☐ Have an administrator attend state events
STATE CHAMPIONSHIP CODE OF CONDUCT

ASAA believes that co-curricular activities are an integral part of the educational program of a school. Each eligible student should have an equal opportunity to participate in a broad number of activities based on her/his own talents and interests. It is the intent of ASAA to encourage participation in co-curricular activities.

Student participants are ambassadors of their schools and communities. As such, ASAA expects them to portray good citizenship, practice fair and ethical behavior, and be good role models.

To ensure the health, safety, and rights of all participants in ASAA sponsored events, this code of conduct has been adopted by the Board of Directors for all ASAA State Championships.

Violation of this code of conduct will result in the removal of the student’s right to participate in the event, as well as to attend the event. Any awards or team points received by that individual during the event shall be forfeited.

SEE THE COMPLETE WORDING IN NUMBER 4 OF THE STATE CHAMPIONSHIP POLICIES.

1. All participants should be under the direct supervision of a school official or his/her designee at all times.

2. All participants are expected to attend all event sessions that are required by the school/coach.

3. All participants are expected to respect the rights, cultural diversity, and safety of others.

4. All participants will treat event personnel, including officials and opposing team members and staff, with dignity and respect.

5. All ASAA sponsored events will be conducted in drug free environments. Use, possession, and/or distribution of alcohol, tobacco, or controlled substances is strictly prohibited.

6. All participants will respect the property of other individuals and facilities. Vandalism, theft, and possession of stolen property will not be tolerated.

7. All coaches will adhere to the ASAA Coaches Code of Ethics (see page 90 of the ASAA Handbook)

COACH / DIRECTOR’S INFORMATION & SIGNATURE

Name of Coach / Director (please print or type)  
Signature of Coach / Director**

**  Note: Your signature indicates that you have read, agree to support this code of conduct and will hold your students accountable.

School  
City / Town

Sport/Activity  
Gender  

[ ] Boys  [ ] Girls  [ ] Co-Ed

Date  

ALASKA SCHOOL ACTIVITIES ASSOCIATION  
Scan and email this form to office@asaa.org or fax to 907-561-0720
ACADEMIC AWARD ENTRY

ASAA ACADEMIC AWARDS
ASAA presents an academic award to the school with the highest team GPA average in each State Championship event. Alternative education program students as defined in AS 14.30.365, will not be included in a member school’s GPA for purposes of this section.

Team Sports: Baseball, Basketball, Cheer, Football, Hockey, Soccer, Softball, Volleyball
1. To be considered for the Academic Award, a team must have a minimum number of members that can play at one time (ie. 5 for Basketball, 6 for Volleyball) Cheer Teams must have a minimum of 4 participants.

1. To be considered for the Academic Award in individual sport championship events, a team must have a minimum of 4 members.
2. Keep girls and boys separate as an academic award submission with the exception of Tennis.

Fine Arts & Academic Activities: DDF, All-State Music, World Language, Solo & Ensemble
1. To be considered for the Academic Award in academic and fine arts championship events, a team must have a minimum of 10 members.
2. Combine girls and boys together as only one academic award is presented

QUALIFYING PROCESS
A. Academic Award Entry Form — A school must submit academic award information on this form.
B. Deadline — Academic Award Entry Forms must be submitted no later than 5:00 p.m. on the Tuesday prior to the start of the respective State Championship event.
C. School Transcript Analysis
   - Counting Courses — Count every course that a student has listed on his/her report card except those that are on a pass/fail basis.
   - Semester — In computing the team GPA, use only the GPA students earned during the semester prior to the semester in which the respective Championship Event is conducted.
   - Ineligible GPAs — Cumulative, Quarter or Mid-Term GPAs should not be considered.
   - Freshmen — For new 9th grade students, do not include until the beginning of the second semester.

COMPUTING TEAM G.P.A.
A. Student Grade Point Average — For each course listed for a team member, multiply the point value of the grade by the number of semester credits received for the course. A 4.0 GPA system must be used — A=4, B=3, C=2, D=1, F=0, incomplete is considered an F until made up. If a student’s GPA is above 4.0 due to advanced placement courses, it will be considered as 4.0, since not all schools use this grading system. Disregard pluses and minuses. Do not count courses on the report card if they are graded on a pass/fail basis.

Example report card and GPA computation

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit</th>
<th>Grade</th>
<th>Point Value</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td>1</td>
<td>B</td>
<td>1 x 3</td>
<td>3</td>
</tr>
<tr>
<td>Science</td>
<td>1</td>
<td>A</td>
<td>1 x 4</td>
<td>4</td>
</tr>
<tr>
<td>P.E.</td>
<td>1/2</td>
<td>A</td>
<td>1/2 x 4</td>
<td>2</td>
</tr>
<tr>
<td>History</td>
<td>1</td>
<td>C</td>
<td>1 x 2</td>
<td>2</td>
</tr>
<tr>
<td>French</td>
<td>1</td>
<td>D</td>
<td>1 x 1</td>
<td>1</td>
</tr>
<tr>
<td>Physics</td>
<td>1</td>
<td>B</td>
<td>1 x 3</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>5.5</td>
<td></td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

B. Team Grade Point Average — Compute team average by adding all team member GPAs and then dividing by the number of team members.

Example — Tom GPA - 2.73; Dick GPA - 3.13; Harry GPA - 3.46;
Sam GPA - 3.25. Total of individual team member GPAs = 12.57

(Use the form on the following pages to report Grade Point Averages)

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
## Academic Award Entry

**Use Previous Semester GPAs Only**

This form must be completed and submitted to the ASAA office no later than 5:00 p.m. on the Tuesday just prior to the first day of competition at the respective State Championship event.

### School Location

<table>
<thead>
<tr>
<th>School Name</th>
<th>Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sport or Activity

<table>
<thead>
<tr>
<th>Sport or Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Student Name important: Do not list “alternative education program” students

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade (9-12)</th>
<th>GPA (based on 4.0 system)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Team Member GPAs**

List additional team members on subsequent pages to this form.

<table>
<thead>
<tr>
<th>Total of Team Member GPAs</th>
<th>Number of Team Members</th>
<th>Team GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have reviewed the information presented on this form and, to the best of my knowledge, believe it to be true and correct.

### School Administrator (print name)

[School Administrator (print name)]

### Administrator’s Signature

[Administrator’s Signature]

---

**Alaska School Activities Association**

Scan and email this form to office@asaa.org or fax to 907-561-0720

---

2020-2021 ASAA Forms
### ACADEMIC AWARD ENTRY

**Continuation**

<table>
<thead>
<tr>
<th>School</th>
<th>Sport or Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Name** important: Do not list “alternative education program” students

<table>
<thead>
<tr>
<th>Grade (9-12)</th>
<th>GPA (based on 4.0 system)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. ____________________________________________
14. ____________________________________________
15. ____________________________________________
16. ____________________________________________
17. ____________________________________________
18. ____________________________________________
19. ____________________________________________
20. ____________________________________________
21. ____________________________________________
22. ____________________________________________
23. ____________________________________________
24. ____________________________________________
25. ____________________________________________
26. ____________________________________________
27. ____________________________________________
28. ____________________________________________
29. ____________________________________________
30. ____________________________________________
31. ____________________________________________
32. ____________________________________________
33. ____________________________________________
34. ____________________________________________
35. ____________________________________________
36. ____________________________________________

---

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to office@asaa.org or fax to 907-561-0720
**COACHES APPEAL FOR INDIVIDUAL EVENTS**

Process for reporting a potential rule violation:
1. Official reports incident to Referee.
2. Referee determines the consequences for the incident.
3. Referee may forward his decision to Appeals Committee for review. The committee is comprised of the following:
   - Tournament Director or their designee
   - Administrator
   - ASAA Representative
4. Coaches involved are notified of the incident and ruling.

Process for filing an appeal:
1. Coach fills out Appeal Form below and delivers to Referee within time limit. (See specific sport rules)
2. Referee calls committee together for review of appeal.
3. Committee makes final decision and informs coach in writing.

<table>
<thead>
<tr>
<th>Name of Coach</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Explain incident, the rule that applies, reason for appeal and action you are seeking.**

_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

**Committee’s Ruling**


**Signature of Committee Member**


**Date**


If an incident occurs during a game in which a head coach feels there has been a misinterpretation of the rules, the head coach may appeal the ruling by filling out the form below and giving it to the tournament director. This action must occur within thirty (30) minutes following the conclusion of the game. The Tournament Director will be responsible for convening the Board of Control to investigate the incident and report its findings to the head coach.

<table>
<thead>
<tr>
<th>Name of Coach</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sport</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Explain incident, the rule that applies, reason for appeal and action you are seeking.**

_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

**Committee’s Ruling**

_______________________________________________________________________________________________________________

**Signature of Committee Member**

_______________________________________________________________________________________________________________

**Date**

_________________
WAIVER FORMS

Waiver Forms

Alaska Student Foreign Exchange and Travel Program Waiver ........................................... 46
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J1 Visa-Foreign Exchange Student Waiver ............................................................................ 53
Minimum Practice Waiver ....................................................................................................... 54
Student Eligibility Waiver ....................................................................................................... 55
Sunday Contest/Event Waiver .................................................................................................. 57
Transfer Rule Waiver ................................................................................................................ 58
Bonafide Change of Residence ............................................................................................... 63
Application for Changing School of Eligibility ..................................................................... 64
Bording School Transfer Waiver ............................................................................................... 65
Eighth Grade Student Eligibility ............................................................................................. 69
Alaska students involved in exchange/travel programs including, but not limited to, the American Field Service, Rotary International and Youth for Understanding, are eligible for interscholastic competition upon return to their home schools when a request for waiver of the Semester Credit Rule (Bylaw Article 12, Section 7) is made to the Association and approved by the Executive Director. A request for waiver must be submitted on this form. Alaska students involved in exchange/travel programs must otherwise be eligible in accordance with all other rules. Participation in interscholastic competition while involved in an exchange/travel program will count toward maximum years or seasons of participation in that specific competition as defined in Bylaw Article 12, Section 3, as well as the Consecutive Semester Rule, Article 12, Section 3.

<table>
<thead>
<tr>
<th>Student</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Date of birth</th>
<th>Age</th>
<th>Grade level (9-12)</th>
<th>Request confidentiality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ M</td>
<td><strong>/</strong>/__</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents or guardians</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/guardian address</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country to which student traveled</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sponsoring organization</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School student attended in foreign country</th>
<th>Enrollment dates in foreign school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>/</strong>/__ to <strong>/</strong>/__</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home school student attended before travel</th>
<th>Date last attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>/</strong>/__</td>
</tr>
</tbody>
</table>

Did the student pass five (5) subjects during the last semester at his/her home school? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Date initially enrolled in high school in Alaska</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>/</strong>/__</td>
</tr>
</tbody>
</table>

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
## ALASKA STUDENT FOREIGN EXCHANGE AND TRAVEL PROGRAM WAIVER

### School principal’s certification

I certify that I have received and understand the Association’s Alaska Students Involved in Exchange/Travel Programs rule, Bylaw Article 12, Section 9, C 15, and that I have discussed this rule with the herein named student and with his/her parent(s) or guardians.

Principal’s Name (please print)  
Principal’s Signature: __________________________ Date: ____________

School Address:  
Phone: __________________ Fax: __________________ Email: __________________

### FOR OFFICE USE ONLY

#### Executive Director’s Decision
- [ ] Waiver request APPROVED
- [ ] Waiver request DISAPPROVED

#### Executive Director’s Signature

Comments

---

ALASKA SCHOOL ACTIVITIES ASSOCIATION  
Scan and email this form to office@asaa.org or fax to 907-561-0720
Print or type in English, and send the completed form to the principal of the Alaska school you are attending. Completion of this form does not guarantee eligibility for high school sports in the U.S.

Member School

Phone

Fax

Mailing Address

City

Zipcode

Principal’s name (please print)          Principal’s signature (required)          Date


1. GENERAL STUDENT INFORMATION

Student’s Full Name (as it appears on passport / birth certificate)


Gender          Date of birth (mm/dd/yy)          Age          Grade level (9-12) in Alaska

Male          Female

Permanent Address (in home country not USA address)


Home Phone

Country Code:

Number:

Individuals living at permanent address (check parents, and list other individuals by relationship)

Father          Other: ___________________________  Other: ___________________________

Mother          Other: ___________________________  Other: ___________________________

Other: ___________________________  Other: ___________________________

Other: ___________________________  Other: ___________________________

Father’s Name

Current Employer

Mother’s Name

Current Employer

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Scan and email this form to office@asaa.org or fax to 907-561-0720
2. EDUCATIONAL BACKGROUND - SCHOOL LAST ATTENDED

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Name</td>
<td></td>
</tr>
<tr>
<td>School Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Country</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Headmaster/Principal</td>
<td></td>
</tr>
<tr>
<td>Attendance Dates</td>
<td></td>
</tr>
<tr>
<td>Grades Attended</td>
<td></td>
</tr>
<tr>
<td>Diplomas</td>
<td></td>
</tr>
<tr>
<td>Who Paid?</td>
<td></td>
</tr>
</tbody>
</table>

3. ARRANGEMENTS FOR ATTENDING SCHOOL IN THE UNITED STATES

By whom was the school the student attends selected?

How was the school selected?

Is the student living in a school dormitory? □ Yes □ No

If yes, Location:

Why was this school selected for this student?

Explain what involvement the student had in his/her placement in a U.S. high school:

Did the student have U.S. contact prior to placement in a U.S. high school? □ Yes □ No

If yes, list persons and describe contact(s):

Does the student receive financial aid to pay for school attendance cost in the U.S.? □ Yes □ No

If yes, list the source, amount and conditions for receiving all such aid:

What means of support, other than financial aid, does the student have?

What independent agency determined the student’s eligibility for financial aid?

Does the student pay tuition as required by Section 625 of U.S. Public Law 104-208? □ Yes □ No

Who was the student’s first contact with at the U.S. high School?

When was it?

When did the student first communicate with any coach at the U.S. high school?

Who were the most influential people in the student’s placement at the U.S. high school?
## 4. STUDENT STATUS

**International Student** — An international student is a student whose home is in another country but who attends a school in the U.S. outside the auspices of an established exchange program.

### Secondary School in Home Country

- Has student graduated from the home country’s equivalent of High School: [ ] Yes [ ] No
- Number of semesters of secondary school attendance or its equivalent ____________________
- Last date student attended secondary/high school in home country: _____/_____/____.

### Visa Classification

- [ ] F-1
- [ ] Other:

### Visa Validity Dates

- [ ] F-1
- [ ] Other:

List steps taken by student to come to the U.S. List dates, persons contacted and purposes of all con-

### Name of person(s) with whom student resides in U.S.

Resident(s) Email

### Resident(s) Address

### Resident(s) Phone

### Resident(s) Fax

### Relationship of Student to Person(s) he/she Resides With.

List any relationships between resident(s) and the school and/or its athletic programs.

### Student’s Parents

Did Parents Move to

- [ ] Yes
- [ ] No

### Student’s Legal Guardian / Adoptive Parents (if any)

Name(s)

Was the legal guardian/adoptive parent appointed by a court in the U.S? [ ] Yes [ ] No

Did the guardian/adoptive parent move to the U.S. with the student? [ ] Yes [ ] No
5. HIGH SCHOOL / COLLEGE ATHLETICS INTEREST / CONTACT — to be completed by all stu-
dents

<table>
<thead>
<tr>
<th>Has the student ever:</th>
<th>Yes</th>
<th>No</th>
<th>If yes, list persons and institutions they represent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicated with any coach or other person about athletics participation in the U.S.?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed prospective athletic participation in the U.S. with any coach or other person in home country other than parents?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicated with any agent, or other sports representative or consultant about athletics participation in the U.S.?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed sports participation in the U.S. with any corporate representative?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended any sports camp in U.S.?</td>
<td></td>
<td></td>
<td>If yes, list:</td>
</tr>
</tbody>
</table>

6. ATHLETIC PARTICIPATION DATA — to be completed by all students

A. LIST ALL ORGANIZED COMPETITION

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of Team</th>
<th>Head Coach</th>
<th>Location</th>
<th>Division</th>
<th>Sport</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. AWARDS & BENEFITS

<table>
<thead>
<tr>
<th>Has the student ever:</th>
<th>Yes</th>
<th>No</th>
<th>If yes, Explain.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been provided lodging by a sports team or program?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received money for participation in competition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received merchandise or other items of benefit for participation in competition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signed or orally entered any type of agreement with a team or agent or other representative for any reason?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received payment of education expenses for Secondary/high school from a sports team or related organization?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreed to provide any individuals with money in the future for assistance in the past?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F1 VISA-FOREIGN STUDENT WAIVER

7. ELIGIBILITY VERIFICATION

A. TRANSPORTATION TO THE UNITED STATES

Date First Entered Location Where First Entered U.S.

Who paid for flight?

Describe arrangements for the trip, including who made the arrangements.

7. ELIGIBILITY VERIFICATION

A. TRANSPORTATION TO THE UNITED STATES

Date First Entered Location Where First Entered U.S.

Describe arrangements for the trip, including who made the arrangements.

Who paid for flight?

8. CHECKLIST — REQUESTED ATTACHMENTS

This form is considered incomplete unless the following items are attached. Please send your completed forms and attachments to the Alaska School Activities Association at the address below.

☐ a. A copy of student’s birth certificate or passport;
☐ b. A copy of student’s certificate of health insurance issued by a U.S. company;
☐ c. A copy of student’s immigration documents including his /her visa;
☐ d. A copy of all application forms from the student to the sponsoring agency.

9. STUDENT’S AFFIRMATION (SIGN AFTER COMPLETING THE ENTIRE FORM)

By signing below, I (print)________________________ affirm that I have completed and reviewed the responses to this questionnaire and agree that the information is correct. I understand that if I knowingly have given false or misleading answers to these questions, I will jeopardize my eligibility for participation in interscholastic athletics.

Student Signature

Date __/__/____

FOR OFFICE USE ONLY

Executive Director’s Decision

☐ Waiver request APPROVED
☐ Waiver request DISAPPROVED

Executive Director’s Signature

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org
J1 VISA-FOREIGN EXCHANGE STUDENT WAIVER

Print or type in English, and send the completed form to the principal of the Alaska school you are attending. Completion of this form does not guarantee eligibility for high school sports in the U.S.

Member School

Phone

Fax

Principal’s name (please print)

Principal’s signature (required)

Date

1. STUDENT INFORMATION

Student’s Full Name (as it appears on passport / birth certificate)

Gender

Date of birth (mm/dd/yy)

Age

Grade level (9-12) in Alaska

Male □ Female □

Permanent Address (in home country not USA address)

Secondary School in Home Country

Has student graduated from home country’s equivalent of high school?: □ Yes □ No

Name of Exchange Program

Does any member of the host family serve on the school’s coaching staff?

□ No □ Yes — If yes, explain:

2. CHECKLIST — REQUESTED ATTACHMENTS

□ Provide a copy of student’s passport/visa indicating J-1 Status.

3. STUDENT’S AFFIRMATION (SIGN AFTER COMPLETING THE ENTIRE FORM)

By signing below, I (print)______________________________________ affirm that I have completed and reviewed the responses to this questionnaire and agree that the information is correct. I understand that if I knowingly have given false or misleading answers to these questions, I will jeopardize my eligibility for participation in interscholastic athletics.

Student Signature

Date

□ Waiver request APPROVED □ Waiver request DISAPPROVED

FOR OFFICE USE ONLY

Executive Director’s Decision

Executive Director’s Signature

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.

4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org
All students must have ten (10) separate days of physical practice in the same sport activity prior to the first day of competition. When a student is participating in a recognized high school sport activity or is participating in a “nationally recognized activity” in the same sport, which overlaps the beginning of another recognized sport season, the Executive Director may waive up to five (5) practices. For the purposes of this section, a “nationally recognized activity” is a non-school athletic competition and/or practice, in the same sport, conducted under the auspices of a national sports governing body as part of an Olympic Development Program. This activity will usually be conducted outside of the state of Alaska.

<table>
<thead>
<tr>
<th>Requesting School</th>
<th>City / Town</th>
<th>Date of Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>/</strong>/____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Address</th>
<th>School Phone</th>
<th>School Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Administrator (print or type)</th>
<th>School Administrator Signature</th>
<th>Signature Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>/</strong>/____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Names (print clearly or type)</th>
<th>Name of Sport Ending</th>
<th>Name of Sport Beginning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
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<td>12.</td>
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**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Executive Director’s Decision</th>
<th>Executive Director’s Signature</th>
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<tbody>
<tr>
<td>☐ Waiver APPROVED</td>
<td></td>
</tr>
<tr>
<td>☐ Waiver DISAPPROVED</td>
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</tbody>
</table>

Comments

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
Who May Request A Waiver
A student (or his/her school) who has been determined to be ineligible to participate in interscholastic competition under one or more of the eligibility rules of Bylaw Article 12 may request a waiver of that rule(s) from the ASAA Executive Director. A waiver may only be granted for reasons of hardship or emergency, as described in Article 13, Section 5; or because such waiver is required by federal or state law.

Filing a Request
A request for a waiver of the eligibility rules must be directed by the student to the involved member school’s officially designated administrator who shall then file a written request stating the full particulars of the case and the student’s and/or administrator’s reason(s) for granting the waiver. This request for waiver must be submitted to the Executive Director. Waiver requests should be filed promptly when it becomes apparent to the student, or to his/her member school’s officially designated administrator, that a waiver will be required. Prompt filing of a waiver request is necessary for timely processing of any appeals before commencement of the interscholastic activity for which the waiver is being sought. Those seeking a waiver are responsible for providing timely additional documentation and evidence needed to support the waiver request. Failure to provide such information in a timely manner will eliminate that evidence from consideration in the final decision. The principal of the student’s school of eligibility must sign the waiver request form.

Please complete ALL information.

<table>
<thead>
<tr>
<th>School</th>
<th>Student</th>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Is confidentiality requested?</th>
<th>Date first enrolled in high school</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>☐ Yes ☐ No</td>
<td><em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
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<tr>
<td>☐ Female</td>
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<thead>
<tr>
<th>Credits earned previous semester</th>
<th>GPA earned prev. semester</th>
<th>Date of birth</th>
<th>Grade (9-12)</th>
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<tr>
<th>Sport/activity for which eligibility is sought</th>
<th>Previous seasons/years of participation in activity</th>
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<tr>
<th>Type of waiver request</th>
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<tr>
<td>☐ Maximum participation</td>
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<tr>
<th>Justification for waiver request. Please be specific. Include back up letters.</th>
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</table>

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
**STUDENT ELIGIBILITY WAIVER**

**NOT TO BE USED FOR TRANSFERS**

<table>
<thead>
<tr>
<th>School</th>
<th>Student</th>
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</thead>
</table>

**Supporting documentation and positions**

- [ ] Student transcripts are attached
- [ ] Letter(s) of explanation and support from school personnel, parents, health/social professionals attached
- [ ] Does the school support this waiver request?  [ ] Yes  [ ] No

**School principal MUST complete this section**

Principal’s Name (please print) __________________________
Principal’s Signature: __________________________ Date: __________
School Mailing Address: __________________________
Phone: __________ Fax: __________ Email: __________

**FOR OFFICE USE ONLY**

**Executive Director’s Decision**

- [ ] Waiver request APPROVED
- [ ] Waiver request DISAPPROVED

**Comments**

---

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to office@asaa.org or fax to 907-561-0720
According to ASAA Bylaw Article 6, Section 7, interscholastic events or contests may not be held on Sunday. However, if inclement weather, transportation difficulties or equipment failures force the cancellation of one contest of a scheduled series, and the series cannot be rescheduled at a later date, the host school may request that a Sunday contest be sanctioned. Sunday contests and events require a waiver, which must be approved by the Executive Director. Schools should use this form to request a waiver.

Requesting (host) school

Visiting school

Sport or Activity

Date of contest

Reason waiver is being requested (transportation difficulties or equipment failures are valid reasons)

School administrator’s acknowledgement

School Administrator (please print)

School Administrator’s Signature: ________________________________ Date: __________________

School Address: ______________________________________________

Phone: __________________ Fax: __________________ Email: __________________

FOR OFFICE USE ONLY

Executive Director’s decision

☐ APPROVED ☐ DISAPPROVED

Executive Director’s signature

Comments

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Scan and email this form to office@asaa.org or fax to 907-561-0720
# Transfer Rule Waiver

(NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

**Eligibility:** A student who transfers to another school under conditions that do not meet terms of the ASAA transfer rules, may be fully eligible to participate in interscholastic competition, provided the Executive Director approves the athletic eligibility, and further provided there is no athletic purpose involved in the transfer. This can only be done for “hardship” reasons (See Article 13).

The student shall be ineligible for all interscholastic competition for one calendar year for varsity level participation from the date of first attendance in the new school, in the event that the Executive Director declines to approve the eligibility. Students who live with coaches are ineligible (see Article 12 Section 5, C). At schools with no sub-varsity teams, the student could ask for a waiver to participate on the varsity team during the regular season, but would not be able to participate at either the conference or state tournaments.

The above rule applies to all transfers to member schools. This form is to be used ONLY to apply for eligibility as restricted by the Transfer Rule. An administrator from both the receiving and sending schools, as well as the parent(s) or legal guardian(s) and the student must certify that the transfer was not for athletic reasons. The student will become eligible when final approval is granted by ASAA. A student may represent only one member school during a respective sport season. See Article 12, Section 9, C 17.

Filing the Waiver Request: It shall be the responsibility of the principal of the receiving school to:

1) Initiate and complete sections A and B;
2) Secure necessary responses and signatures required in Sections A.
3) Submit the completed form to ASAA. ASAA will send to the sending school for their review.

## SECTION A: TO BE COMPLETED BY PRINCIPAL OF THE RECEIVING SCHOOL

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Name of Receiving School</th>
<th>Date Enrolled</th>
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<tr>
<th>Name of Sending School</th>
<th>Date of Withdrawal</th>
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<th>Gender</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Grade Level at time of transfer</th>
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Confidentiality Requested?  
[ ] Yes  
[ ] No

Date First Enrolled in 9th Grade

List all sports and activities in which the student is seeking to participate.

If the sport is a team sport, list the number of students on the team, not including this student.

---

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to office@asaa.org or fax to 907-561-0720
TRANSFER RULE WAIVER
(NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

(ANSWER BOTH QUESTIONS) If the student joins a team, will he/she be an impact player?
Will another student be displaced if this student joins the team?
___________________________________________________________________________________________
___________________________________________________________________________________________

Has a coach or any other member of the school’s staff encouraged the student to transfer to your school? If yes, please explain.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

REASON FOR THE TRANSFER - A waiver of the Transfer Rule may only be granted if a significant hardship caused the transfer. Hardship and other considerations are spelled out in ASAA Bylaw Article 13, Waiver of Eligibility Rules.

Please complete the information requested on this page and provide written documentation to support the request.

State the reasons for the transfer, including any conditions which you consider to be hardships.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

List the written documentation supporting this request (letters, statements, court orders, etc.).
1.________________________________________________________________________________
2.________________________________________________________________________________
3.________________________________________________________________________________
4.________________________________________________________________________________
5.________________________________________________________________________________
6.________________________________________________________________________________
7.________________________________________________________________________________
8.________________________________________________________________________________
9.________________________________________________________________________________
10.______________________________________________________________________________
TRANSFER RULE WAIVER
(NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

CERTIFICATION OF PRINCIPAL OF THE RECEIVING SCHOOL
The information is correct, to the best of my knowledge. Please check the correct answer to the following statements.

I do □ or do not □ believe that undue influence was used by a coach or any member of the school staff to encourage this transfer.

I do □ or do not □ believe that the transfer was athletically motivated.

I do □ or do not □ believe that this request meets ASAA’s hardship criteria.

After considering all the information presented in this request, I do □ or do not □ support the granting of this waiver. Please state reason(s):

___________________________________________________________________________________________
___________________________________________________________________________________________

Signature: ___________________________ Date: ___________________________

Phone: ___________________________ Fax: ___________________________
Email: ___________________________

Please send this form and a copy of all written documentation to ASAA. ASAA will submit all documents to the sending school for review.

TO BE COMPLETED BY THE STUDENT AND HIS/HER PARENT OR GUARDIAN.

Certification of Application: This is to certify that the student named herein has effected the transfer of schools as indicated, that the transfer was not for athletic reasons, and that no person has used undue influence in an attempt to secure this student’s enrollment for purposes of interscholastic competition. We further certify that all information herein contained is correct and understand that ineligibility may result if the information proves to be incorrect through error in statement.

Parent or Guardian Name (please print) ___________________________
Parent or Guardian Signature ___________________________
Date ___________________________

Student Name (please print) ___________________________
Student Signature ___________________________
Date ___________________________

FOR OFFICE USE ONLY

Date Received ___________________________
Date forwarded to Sending School ___________________________

Number of Documents Sent To Sending School ___________________________
TRANSFER RULE WAIVER
(NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

SECTION B: TO BE COMPLETED BY PRINCIPAL OF THE SENDING SCHOOL

Name of Student

Date of Withdrawal

Please indicate the name of school

List all sports for which the student was a member of that athletic team (at any level) during the school year of the transfer. (This includes any level of team: freshman, junior varsity, varsity, etc.)

Did the student complete the season?  
☐ Yes  ☐ No

If the student did not compete in any of the above sports, initial here: ____________________________

Additional comments may be made on page 5.

1. Was the student eligible to participate in your school’s interscholastic program at the time of transfer?  
☐ Yes  ☐ No

2. Did the student practice with or play on any athletic team(s) during the school year of the transfer?  
☐ Yes  ☐ No
If yes, state which teams and whether student completed the season

3. Prior to transferring, did the student discuss the possibility with any of the school’s staff members?  
☐ Yes  ☐ No
If yes, state reason on page under Additional Comments.

If yes, did the staff member explain the Transfer Rule and the possible implications of transferring?  
☐ Yes  ☐ No

4. Have you received the completed Transfer Form and all written documents in support of this waiver request from the Receiving School and ASAA?  
☐ Yes  ☐ No

5. Have you discussed this request with the principal at the Receiving School?  
☐ Yes  ☐ No
TRANSFER RULE WAIVER
(NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

Additional Comments: ____________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

CERTIFICATION OF PRINCIPAL OF THE SENDING SCHOOL
The information is correct, to the best of my knowledge. Please check the correct answer to the following statements.

I do [ ] or do not [ ] have reason to believe that undue influence was used by a coach or any member of the receiving school’s staff to encourage this transfer.

I do [ ] or do not [ ] believe that this request meets ASAA’s hardship criteria.

I do [ ] or do not [ ] believe that the transfer was athletically motivated.

The above information is correct, to the best of my knowledge. After considering all the information presented in this request,

I do [ ] or do not [ ] support the granting of this waiver. Please state reason(s):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Signature: ___________________________ Date: ___________________________

Phone: ___________________________ Fax: ___________________________ Email: ___________________________

Scan and email this form to office@asaa.org or fax to 907-561-0720

FOR OFFICE USE ONLY

Executive Director’s Decision  Executive Director’s Signature  Date
[ ] APPROVED  [ ] DISAPPROVED
BONA FIDE CHANGE OF RESIDENCE

**Article 12, Section 9, C 2, Transfer As a Result of a Move of Parents states:**

A student who transfers from one school’s attendance area to another’s with a bona fide change of residence of the parents, legal guardians (or other persons with whom the student has resided for a period of time to be determined by the Association) shall be eligible for interscholastic competition at the new school as soon as properly certified.

**Definition of a Bona Fide Change in Residence** — For the purposes of this section, a bona fide change of residence means, “the moving of the permanent residence of the entire family of the student and his/her parents or guardians (or other person with whom the student has resided for a period of time approved by the Association) from one school’s attendance area into another school’s attendance area prior to a change in enrollment of the student.” Schools must verify that a bona fide change of residence has occurred and must report this to the Association on the Bona Fide Change of Residence form, before the student is allowed to participate.

---

**To be completed by principal of the receiving school**

<table>
<thead>
<tr>
<th>Receiving School</th>
<th>Sending School</th>
<th>Transferring Student</th>
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**Gender**

- [ ] M
- [ ] F

**Date of birth**

_____/_____/_____

**Age**


**Date enrolled in current school**


**Credits earned to date in grades 9-12**


**Sports/activities student wants to compete in**


**Enrollment dates in previous school**

_____/_____/_____ to ____/____/____

**Has student and his/her family moved its residence from another school’s attendance area into your school’s attendance area?**

- [ ] No
- [ ] Yes — Explain:

**Previous Permanent Home Address:**

______________________________

**New Permanent Home Address:**

______________________________

(ASAA General Policy #4) Check the documents used to prove change of residence and submit copies to ASAA. For Transfer purposes, at least two of the following three are required as proof of residence change:

- Alaska Driver’s License
- Voter Registration Card
- Permanent Fund Application

**Certification of principal of receiving school**

The above information is correct, to the best of my knowledge.

Principal’s Signature: _______________________________ Date: ________________

Phone: __________________ Fax: __________________ Email: __________________

**Parent / Guardian Verification**

I have read and understand the Definition of Bona Fide Change of Residence as stated above. I further verify that my child’s transfer has been as a result of a bona fide change of residence into the receiving school’s attendance area. I further understand that providing false information may cause my child to be declared ineligible for interscholastic competition for a period of ninety (90) school days, including state approved in-services, and the school also may be penalized.

Parent/Guardian Name (please print) ___________________________ Parent/Guardian Signature: ___________________________ Date: ________________

**FOR OFFICE USE ONLY**

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<th>Executive Director’s Decision</th>
<th>Executive Director’s Signature</th>
<th>Date</th>
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<td>[ ] APPROVED</td>
<td>[ ] DISAPPROVED</td>
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Scan and email this form to office@asaa.org or fax to 907-561-0720.
APPLICATION FOR CHANGING SCHOOL OF ELIGIBILITY

Changing School of Eligibility: ASAA Bylaw Article 12, Section 2, B 3 states that:

A student attending a non-member charter school, alternative school or program (including district correspondence) whom wishes to change his/her School of Eligibility will be ineligible for interscholastic competition at the new School of Eligibility for one calendar year, from the date of receipt by ASAA of the Application for Changing School of Eligibility form. At schools with no sub-varsity teams, the student could ask for a waiver to participate on the varsity team during the regular season, but would not be able to participate at either conference or state tournaments.

A student enrolled in an “alternative education program” as described above, may request a change of School of Eligibility by asking both the sending and receiving schools to complete this form and send it to ASAA, acknowledging their agreement with this request. The calendar year period of ineligibility will begin when this form has been completed by both schools and has been sent to the ASAA office.

Student Name ____________________________________________

Current School of Eligibility _______________________________________

Requested School of Eligibility _______________________________________

Principal Name ___________________________ Signature ___________ Date ___________

Phone ______________________ Fax ______________________ Email _____________

Scan and email this form to office@asaa.org or fax to 907-561-0720

FOR OFFICE USE ONLY

Executive Director’s Decision

☐ APPROVED ☐ DISAPPROVED

Date student becomes fully eligible at new school ____________________________

Executive Director’s Signature ___________________________ Date ____________________________
Article 12, Section 9, C 16, Boarding School Transfer Rule states: The Transfer Rule shall be waived for students who transfer to a boarding school at the beginning of a school year, or from a boarding school at the end of a school year. Students who transfer to or from a boarding school during the school year shall be ineligible for Varsity, State Qualifying and State Championship interscholastic participation the remainder of the school year. Students who live with coaches are ineligible (see Section 5, C). At schools with no sub-varsity teams, the student may ask for a waiver to participate on the varsity team during the regular season, but would not be able to participate at either conference or state tournaments. Article 13, Waivers of Eligibility Rules states: “…A waiver may only be granted for reasons of hardship or emergency, as described in section 5 below; or because such waiver is required by Federal or State law…”

A. TO BE COMPLETED BY THE PRINCIPAL OF THE RECEIVING SCHOOL

<table>
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<th>Name of Student</th>
<th>Name of Receiving School</th>
<th>Date Enrolled</th>
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<th>Name of Boarding School</th>
<th>Date of Withdrawal</th>
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<tr>
<th>Gender</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Grade Level at time of transfer</th>
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</table>

Confidentiality Requested? [ ] Yes [ ] No

Date First Enrolled in 9th Grade __________________

List all sports and activities in which the student is seeking to participate.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

If the sport is a team sport, list the number of students on the team, not including this student.

________

(Answer both questions) If the student joins a team, will he/she be an impact player?
Will another student be displaced if this student joins the team?
___________________________________________________________________________________
___________________________________________________________________________________

Has a coach or any other member of the school’s staff encouraged the student to transfer to your school? If yes, please explain.
___________________________________________________________________________________
___________________________________________________________________________________
BOARDING SCHOOL TRANSFER WAIVER
(to be used when a student transfers during the school year)

Reason for the transfer - A waiver of the Boarding School Transfer Rule may only be granted if a significant hardship caused the transfer. Hardship and other considerations are spelled out in ASAA Bylaw Article 13, Waiver of Eligibility Rules.

Please complete the information requested on this page and provide written documentation to support the request.

State the reasons for the transfer, including any conditions which you consider to be hardships.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

List the written documentation supporting this request (letters, statements, etc.).
1. ___________________________________________________________________________________
2. ___________________________________________________________________________________
3. ___________________________________________________________________________________
4. ___________________________________________________________________________________

Certification of principal of the Receiving School
The above information is correct, to the best of my knowledge.
Please circle the correct answer to the following statements.

I do___ or do not___ believe that undue influence was used by a coach or any member of the school staff to encourage this transfer.

I do___ or do not___ believe that this request meets ASAA’s hardship criteria.

After considering all the information presented in this request, I do___ or do not___ support the granting of this waiver. Please state reason(s):
___________________________________________________________________________________

Signature: __________________________ Date: __________________________

Phone: __________________________ Fax: __________________________ Email: __________________________

Please send this form and a copy of all written documentation to the principal of the Boarding School and to ASAA.

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
BOARDING SCHOOL TRANSFER WAIVER
(to be used when a student transfers during the school year)

B. TO BE COMPLETED BY THE PRINCIPAL OF THE BOARDING SCHOOL

Name of Student ____________________ Date of Withdrawal ____________________

Please check name of boarding school:
□ GILA □ Kuskokwim Learning Academy □ Nenana □ Mt. Edgecumbe

Please circle your answers to all of the following questions. Additional comments may be made on page 4.

1. Was the student eligible to participate in your school’s interscholastic program at the time of transfer?     Yes  or  No

2. Did the student practice with or play on any athletic team(s) during the school year of the transfer?     Yes  or  No

   If yes, state which teams and whether student completed the season__________________________

3. Prior to transferring, did the student discuss the possibility with any of the school’s staff members?     Yes  or  No

   If yes, state reason on page under Additional Comments:

   If yes, did the staff member explain the Boarding School Transfer Rule and the possible implications of transferring during the school year?     Yes  or  No

4. Have you received the completed Boarding School Transfer Form and all written documents in support of this waiver request from the Receiving School?     Yes  or  No

5. Have you discussed this request with the principal at the Receiving School?     Yes  or  No

Additional Comments (specify page and question number):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720
BOARDING SCHOOL TRANSFER WAIVER
(to be used when a student transfers during the school year)

Certification by the principal of the Boarding School

Please circle the correct answer to the following statements.

I do___ or do not___ have reason to believe that undue influence was used by a coach or any member of the receiving school’s staff to encourage this transfer.

I do___ or do not___ believe that this request meets ASAA’s hardship criteria.

The above information is correct, to the best of my knowledge. After considering all the information presented in this request,

I do___ or do not___ support the granting of this waiver. Please state reason(s):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Signature: Date:

Phone: Fax: Email:

Please send this form and a copy of all written documentation to the principal of the Receiving School and to ASAA.

FOR OFFICE USE ONLY

Executive Director’s Decision Executive Director’s Signature Date
☐ APPROVED ☐ DISAPPROVED
EIGHTH GRADE STUDENT ELIGIBILITY

The following ASAA member high school had 30 or less students enrolled in grades 9-12, or 15 or less boys or 15 or less girls, as reported to the state Department of Education and Early Development during October of the previous school year (see Exceptions below). Alternative education program students who participate in a member school’s interscholastic activities program under AS 14.30.365 will be added to the school’s October count to determine a school’s eligibility to use 8th grade students.

Exceptions:
If the current school year’s October count is lower than the previous year’s, it may substitute as the official count for purposes of this section.

If a school’s enrollment in grades 9-12 for the previous or current school year is higher than 20 students due to enrolled, ineligible 5th year seniors, as verified by the superintendent, and if the school would otherwise have qualified to have 8th grade students participate under Article 12, Section 2 E, Use of Junior High or Middle School Students, the superintendent may request that the ineligible 5th year students not be included in the total enrollment number for the purpose of this section.

Verification:
I request that enrolled 8th grade students be allowed to participate under the provisions of Article 12, Section 2, and I understand that those 8th graders will not count in the high school’s enrollment for classification purposes.

Please complete this form and attach a list of eligible 8th grade students who wish to participate. All students should be entered into the School Activities Reporting System.

School District ___________________________ Name of School ______________________________

Address _____________________________________________________________________________

____________________________________________________________________________________

Phone __________________________________ Fax_________________________________________

Previous or Current Year’s 9-12 Enrollment as Reported to DEED ___________

Number of Ineligible 5th Year Seniors (if applicable) Included in Enrollment Report to DEED for Which Forgiveness is Requested__________

School Contact Person ________________________________________________________________

(Printed Name) (Signature)

Signature of Superintendent _______________________________________ Date ________________

Scan and email to office@asaa.org prior to 8th grade participation

FOR OFFICE USE ONLY

Directors’ Signature

Directors’ Decision

☐ APPROVED ☐ DISAPPROVED
WRESTLING FORMS

Wrestling Forms

Release for Wrestler to Participate with Skin Lesions ......................................................... 72
Wrestling Weight Certification ............................................................................................. 73
Note to providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rule-4-2-3 which states: “If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide current written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete’s participation would not be harmful to his opponent. This documentation shall be furnished at the weigh-in or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.

Note: If an on-site tournament physician is present, he/she may overrule the diagnosis of the physician signing this form.

Below are some guidelines that suggest minimum treatment before returning to wrestling:

• **Bacterial diseases (impetigo, boils):** Oral antibiotic for 2 days and no drainage, oozing or moist lesions.
• **Herpetic lesions (Simplex fever blisters, Zooster, Gladiatorium):** No new lesion in 48 hours and all lesions scabbed over. No oral treatment is required.
• **Tinea lesions (ringworm scalp, skin):** Oral or topical treatment for 7 days on skin and 14 days on scalp.
• **Scabies, Head Lice:** 24 hours after appropriate topical management.
• **Conjunctivitis:** 24 hours of topical or oral medication and no discharge.
• **Molluscum Contagiosum:** 24 hours after curretage.

### Form Fields

- **Name of Student**
- **Date of Exam**
- **Mark location(s) of lesion(s):**
- **Diagnosis**
  - [ ] Communicable
  - [ ] Non-contagious
- **Describe location of lesions**
- **Medication(s) used to treat lesion(s)**
- **Date treatment started**
- **Earliest date may resume participation**
- **Physician’s Name (printed or typed)**
- **Physician’s phone**
- **Physician’s Address**
- **Physician’s Signature**
In accordance with ASAA rules, each wrestler is required to establish a certified minimum weight within sixty (60) calendar days prior to the first team competition and is prohibited from certifying at a lower weight during the season. After the first 30 days of the season, a wrestler may not weigh-in more than one weight class above the certification without recertifying at a higher weight. A student weighing in more than one weight class above his/her minimum weight will be automatically recertified at the higher weight. A student beginning wrestling after the start of the season must have his/her weight determined before his/her first competition.

### Student Information

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#### Weight Class (Circle One)

- 103
- 112
- 119
- 125
- 130
- 135
- 140
- 145
- 152
- 160
- 171
- 189
- 215
- 285

#### Guideline for Medical Provider:

- 1. A minimum of 7% body fat for males and 12% body fat for females.
- 2. Initial weight should be with the athlete being appropriately hydrated (urine specific gravity of not more than 1.025).
- 3. Controlled weight loss for those athletes with higher than minimum body fat should not exceed 1.5% per week.

#### Medical Certification

I certify that I have examined the above named student. I have circled the minimum weight class at which this student may wrestle.

#### Name of Medical Doctor, Physician’s Assistant, Advanced Nurse Practitioner or Doctor of Chiropractic (Circle Which)

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#### NOTE:

DO NOT SEND THIS WEIGHT CERTIFICATION FORM TO THE ASAA OFFICE, BUT KEEP ON FILE AT THE SCHOOL. YOU MUST INDICATE THE WEIGHT CERTIFICATION ON THE ELECTRONIC ELIGIBILITY REGISTRATION (EER) FORM BEFORE THE STUDENT WILL BE ELIGIBLE TO WRESTLE.
The following site may be helpful for providers to learn more about weight management and easy methods of body fat analysis:


Excessive and repetitive weight loss can cause decreased strength and decreased athletic and academic performance as well as place the athlete at significant health risk.

Dehydration and starvation do not promote peak performance and should not be tolerated by coaches, wrestlers, and their parents.

A variety of inexpensive calipers such as Accumeasure or Slim Guide, for example are easily available on Amazon or other sites. ASAA does not endorse any specific brand or mechanism of determining body fat.
ASAA ENDOWMENT FORMS

ASAA Endowment Forms

ASAA Endowment Game Application ............................................................... 76
ASAA Endowment Donation ........................................................................... 77
Schools wishing to host Endowment Games must apply in writing to ASAA by submitting this form no later than one week prior to the game. Under no circumstances may an Endowment Game be played until this form has been signed by ASAA and returned to the participating schools. ASAA will invoice the responsible school $100 for each game.

**Name of Home School**

**Name of Visiting School**

**Sport**

**Gender (check one)**

**Level of play (check one)**

**Date of Endowment game**

**Location of Endowment Game (Facility and Town)**

**Home School Administrator’s Name (please print)**

**Home School Administrator’s Email**

**Home School Administrator’s Job Title**

**Date**

**Visiting School Administrator’s Name (please print)**

**Visiting School Administrator’s Email**

**Visiting School Administrator’s Job Title**

**Date**

**FOR OFFICE USE ONLY**

**Comments**

**APPLICATION & CHECK RECEIVED**

**APPLICATION IS APPROVED**

**Director’s Signature:**

**Date:**

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Scan and email this form to office@asaa.org or fax to 907-561-0720
ASAA ENDOWMENT DONATION

This form is no longer available
Alternative Education Forms
Guidelines for Alternative Education Students ................................................................. 80
Alaska Statute, AS 14.30.365, is called the "Home School Law". This law permits students who are enrolled in alternative education programs and accredited home schools as defined under AS 14.30.365, and who are otherwise eligible to participate in high school interscholastic activities, to request a “school of eligibility” within a public school district or at a religious or private school. The following suggestions and guidelines have been developed to aid school administrators in fully implementing the “letter and the spirit” of the law. For further clarification contact ASAA or your district level administration.

It is important to fully understand the definitions of alternative education program and accredited under the statute so that there is no confusion.

**Alternative Education Program:** The Association adopts the statutory definition, in AS 14.30.365 (c)(1), of “alternative education program” as a public secondary school that provides a nontraditional education program, including the Alaska Military Youth Academy; a public vocational, remedial or theme-based program; a home school program that is accredited, as defined in this section, a charter school authorized under AS 14.03.250-14.03.290; and a statewide correspondence school that enrolls students that reside outside of the district in which the student resides and provides less than 3 hours a week of scheduled face-to-face student interactions in the same location with a teacher who is certified under AS 14.20.020.

**Accredited:** For purposes of determining whether a home school program is "accredited" such as to qualify as an alternative education program herein, the State Department of Education and Early Development (DEED) has identified AdvancED as the sole recognized body to accredit home school programs that have standards similar to Alaska’s standards; the Association shall regard as "accredited" those home school programs that have been accredited by AdvancED.

**School of Eligibility:** shall be the public school that, (1) based on the residence of the parent or legal guardian, the student would be eligible to attend were the student not enrolled in an alternative education program; or (2) at which the student requests to participate, if (A) the student shows good cause, as determined by the governing body of the Public School the student would be eligible to attend were the student not enrolled in an alternative education program and (B) the governing body of the school in which the student seeks to participate in interscholastic activities approves. Or, a religious or other private school regulated under this chapter that, (1) the student would be eligible to attend were the student not enrolled in an alternative education program; and (2) at which the student requests to participate, if the administrator of the school approves.
GUIDELINES FOR ALTERNATIVE EDUCATION STUDENTS

ASAA Eligibility Requirements for Alternative Education Students

Alternative education program students must meet all ASAA and member school district eligibility requirements with the exception of regular attendance at the “school of eligibility.” Schools which permit ineligible students to participate will be subject to penalty under ASAA Bylaws.

Students must physically reside within the attendance area of the school, or if not, have received approval of the school’s governing body to establish the school as the “school of eligibility.”

Students must be enrolled in grades 9-12 in an “alternative education program” as defined in AS 14.30.365.

Students must be enrolled in at least the minimum number of classes according to ASAA and school district enrollment requirements.

Students must meet or exceed ASAA’s Semester Credit Rule for the immediate preceding semester, including the GPA requirement.

Students must not have transferred directly from a member school to start the school year (transfers may require a calendar year period of ineligibility for varsity level competition).

Students must not have been enrolled in high school for more than eight consecutive semesters since first enrolling in ninth grade; and students may not compete in a specific high school sport or activity for more than 4 seasons.

Students will not turn 19 years of age on or before August 1.

In accordance with ASAA Bylaws, students must be amateurs in each sport and activity in which they want to participate.

Students must not have been recruited by a person who coaches at the “school of eligibility” or by another school representative.

In accordance with ASAA Bylaws, students must have submitted to a sports physical exam within the prior eighteen months and agree to provide a copy to the school.

If they are hockey players, students must be aware of the limitations on non-school participation during the high school under ASAA’s Dual Participation Supplemental Rule for hockey.

Students are aware of and agree to comply with ASAA’s “Play for Keeps” tobacco, alcohol and drug (TAD) education program.

Students are aware of and agree to comply with ASAA’s or the school district’s Concussion Awareness/Education/Management Program.

Students are aware of the risk of Sudden Cardiac Arrest.

It is recommended that the administrator explain to students that the statute does not guarantee that they will be chosen by coaches to fill spots on competitive teams.

If the member school decides to charge a participation fee for alternative education students, ASAA encourages the adoption of a “fair share” policy.
Checklist For Alternative Education Students

This document has been developed by ASAA to aid a member school in determining the eligibility status of alternative education students as defined in AS 14.30.365 (c)(1) who have identified this school as their requested “school of eligibility.”

REGISTER: Before being eligible to participate in high school interscholastic activities, an alternative education student must register with the ASAA member school at which he/she is requesting to participate. This will be called the school of eligibility. School districts are encouraged to adopt a policy which provides public notice and a period of pre-registration.

DEMONSTRATE ELIGIBILITY: An alternative education student must demonstrate eligibility by providing verifiable written evidence of meeting ASAA and school district student eligibility requirements.

NOTE: Please review the following checklist with the student and parents. Unchecked boxes will likely mean that the student has NOT demonstrated eligibility.

☐ The student is officially enrolled in grades 9-12 in an “alternative education program” as defined in AS 14.30.365 (c)(1).

☐ If student is officially enrolled in an “accredited” home school, the “accreditation agency” has been recognized by the Alaska DEED.

Name of accreditation agency. ______________________________________

☐ The student’s residence is physically located within the attendance area of the member school, or if not, the student has requested to participate at the member school and has received approval of the school’s governing body to do so.

☐ The student is currently enrolled in a minimum of courses needed to receive 2.5 units of semester credit, or the equivalent, each of which counts toward graduation through the student’s alternative education program. (Exception for Seniors) (ASAA Bylaw Article 12, Section 2, A 4 & 5)

☐ The student passed at least 2.5 units of credit, or the equivalent, which count toward graduation, with at least an overall 2.0 GPA for the previous semester (exception for incoming Freshman and Seniors). (ASAA Bylaw Article 12, Section 7, A & B)

☐ The student has not been enrolled in high school for more than eight consecutive semesters since first enrolling in 9th grade and has not previously participated for four seasons in a sport or activity for which he/she is seeking eligibility. (ASAA Bylaw Article 12, Section 3)

☐ The student is not seeking to transfer eligibility from another ASAA member. Any request to transfer the student’s eligibility from another member high school will be subject to ASAA’s transfer rule, (ASAA Bylaw Article 12, Section 9)

☐ The student has not been enrolled in high school for more than eight consecutive semesters since first enrolling in 9th grade and has not previously participated for four seasons in a sport or activity for which he/she is seeking eligibility. (ASAA Bylaw Article 12, Section 3)

☐ The student will not turn 19 on or before August 1.

☐ The student is an amateur in each sport and activity in which he/she wants to participate in accordance with ASAA Bylaw Article 8.
GUIDELINES FOR ALTERNATIVE EDUCATION STUDENTS

☐ The parent and student affirm that he/she has not been recruited by a coach, nor by any other school representative, to play on a team at the school of eligibility. If the student is a hockey player, he/she understands that ASAA’s Supplemental Rules limit playing on a non-school hockey team during the high school season.

☐ The student has had a sports physical exam within the prior 18 months, and agrees to provide a copy of such to the school of eligibility.

☐ The student and parent are aware that participation in ASAA’s “Play for Keeps,” tobacco, alcohol and drug (TAD) education program is a requirement of eligibility.

☐ The student and parent are aware that participation in ASAA’s Concussion Education/Awareness/Management Program for student-athletes is a requirement of eligibility.

☐ The student and parent are aware of Sudden Cardiac Arrest and have signed the ASAA SCA form.

☐ The student and parent understand that AS 14.30.365 does not guarantee the student a position on a school team.

☐ The student and parent understand that the school of eligibility may charge a fee, on a “fair share” basis, for participation in an interscholastic sport or activity as defined in AS 14.30.365.

☐ The student and parent understand that the student must remain eligible, according to ASAA rules and those of the governing body of the school of eligibility, in order to participate in high school interscholastic activities. Schools which permit ineligible students to participate will be subject to penalties in accordance with ASAA Bylaws.

Student Information Sheet

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Alternative education program (ie. IDEA) | If a home school, it is accredited by