

GENERAL USE FORMS

General Use Forms

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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) – Bigteams)

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 1 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 Bigteams
 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 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 Bigteams

TAD VIOLATIONS

Enter violations in Bigteams

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 12, Section 10)

PARTICIPANTS: All participants must be on a varsity or subvarsity roster before the first event for their activity. (Article 12, Section 10)

ACTIVITY	COACH	PART
Co-ed Soccer – 8/14/24		
CC Running – 8/14/24		
Flag Football – 8/14/24		
Football – 8/14/24		
Football Cheer – 8/14/24		
Tennis – 8/14/24		
Gymnastics – 8/21/24		
Swim/Dive – 8/21/24		
VB 3A/4A – 8/21/24		
DDF – Prior to first meet		
Dance Team – Prior to first Event		
Rifle – 9/18/24		
All State Music – 9/18/24		
VB Mix 6/2A – 9/25/24		
AASG – 9/28/24		

ACTIVITY	COACH
Bowling – 10/14/24	
Esports – 10/14/24	
Wrestling – 10/16/24	
Hockey Cheer – 10/30/24	
Hockey – 10/30/24	
Nordic Ski – 11/13/24	
Basketball – 12/18/24	
Basketball Cheer – 12/18/24	
World Language – 2/5/25	
Baseball – 3/24/25	
Soccer – 3/24/25	
Softball – 3/24/25	
Track & Field – 3/24/25	
All state Art – 4/5/25	
Solo & Ensemble – 4/26/25	

OTHER: The following information should also be entered into the SARS

- Weight certifications for wrestling

MAXPREPS (maxpreps.com)

Schedules, and scores for all team sports should be entered on MAXPREPS. All football, volleyball, hockey, basketball, baseball, soccer and softball teams are required to enter schedules at the beginning of the season and scores by 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**

SchoolDistrict 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:

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Region **Decision** **Date** **Executive Director's Signature**

APPROVED _____

DISAPPROVED _____

ALASKA SCHOOL ACTIVITIES ASSOCIATION
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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 enter the names of individuals and the positions each holds with the school or school district as passes will be personalized before mailing out.

School or School District	Principal	Phone

FIRST NAME	LAST NAME	POSITION

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 _____

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CONTRACT FOR INTERSCHOOL GAMES OR MEETS

Date

This contract is made and subscribed to by the Principal and Athletic Directors of the participating schools listed below:

Name of School #1

Name of School #2

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

First Team Contest

_____ / _____ / _____ : _____ m
To be held at Date Day of Week Hour

Preliminary Game

_____ : _____ m
Hour

First Team Contest

_____ / _____ / _____ : _____ m
To be held at Date Day of Week Hour

Preliminary Game

_____ : _____ m
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"

#1

Principal

Athletic Director

School

City / Town

#2

Principal

Athletic Director

School

City / Town

COOPERATIVE SCHOOL/JOINT PARTICIPATION PROGRAMS APPLICATION

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.

School #1	Enrollment	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
School #2	Enrollment	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
School #3	Enrollment	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
School #4	Enrollment	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	

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.

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Boys
<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Mix Six Volleyball	<input type="checkbox"/> Other _____		<input type="checkbox"/> 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.

School #1 Administrator's Name	School #1 Administrator's Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
School #2 Administrator's Name	School #2 Administrator's Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
School #3 Administrator's Name	School #3 Administrator's Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
School #4 Administrator's Name	School #4 Administrator's Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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Executive Director's Signature: _____ **Date** _____

Decision	Comments
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<input style="width: 100%; height: 40px;" type="text"/>

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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.

School

Date of request

Team, group or organization requesting travel

Out-of-state destination

Departure date

Return date

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

Executive Director's signature

Comments

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

SECTION 1: THE CONCUSSED 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-CONCUSSED 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 _____

GOLD LIFETIME PASS NOMINATION

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

Nominee's last name	Nominee's first name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day phone	Evening phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOMINATOR'S CONTACT INFORMATION

Printed name of person submitting nomination letter supporting qualifications of nominee

Address	City	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone	Email	Date of nomination
<input type="text"/>	<input type="text"/>	<input type="text"/>

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GOLD LIFETIME PASS NOMINATION

continuation

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.

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Date received

____/____/____

Date reviewed by Board

____/____/____

Board of Directors’ decision

APPROVED DISAPPROVED

Comments

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