



# 2025-2026 FORMS

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# 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).
  - 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, graders – 2.5 semester credits
  - 12<sup>th</sup> 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 9<sup>th</sup> graders immediately eligible
  - 2<sup>nd</sup> semester 9<sup>th</sup> graders, 10<sup>th</sup> & 11<sup>th</sup> graders – 2.5 semester credits
  - 12<sup>th</sup> 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. 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 10)

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

ACTIVITY	COACH	PART
Co-ed Soccer – 8/15/25		
CC Running – 8/15/25		
Flag Football – 8/14/25		
Football – 8/14/25		
Football Cheer – 8/14/24		
Tennis – 8/15/25		
Gymnastics – 8/21/25		
Swim/Dive – 8/21/25		
VB 3A/4A – 8/21/25		
DDF – Prior to first meet		
Dance Team – Prior to first Event		
Rifle – 9/25/25		
All State Music – 9/25/25		
VB Mix 6/2A – 9/25/25		
AASG –		

ACTIVITY	COACH	PART
Bowling – 10/10/25		
Esports – 10/10/25		
Wrestling – 10/16/25		
Hockey Cheer – 10/30/25		
Hockey – 10/30/25		
Nordic Ski – 11/13/25		
Basketball – 12/18/25		
Basketball Cheer – 12/18/25		
World Language – 2/1/26		
Baseball – 3/20/26		
Soccer – 3/20/26		
Softball – 3/20/26		
Track & Field – 3/20/26		
All state Art – 4/5/26		
Solo & Ensemble – 4/19/26		

**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 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

# CHECKLIST FOR NON-MEMBER SCHOOL ADMINISTRATORS

This document has been developed to aid non-member school administrators in meeting all the ASAA requirements.

Students attending non-member schools within member school districts may participate in the following activities for the non-member school;

All-State Art	Esports	Student Government
All-State Music	Solo & Ensemble	World Language

**NOTE:** Non-member schools wishing to compete in Drama Debate & Forensics must contact the Executive Director to obtain a waiver.

## **PARTICIPANT REQUIREMENTS**

- Parent/Guardian Consent for Student Travel and participation.(forms section ASAA handbook)
- Play for Keeps Student Parent/Guardian Acknowledgment. .(forms section ASAA handbook)
- No outstanding TAD requirements. (ASAA will verify)
- Be enrolled in minimum number of semester units (Article 12, section 2, A4).
  - 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, graders – 2.5 semester credits
  - 12<sup>th</sup> 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 9<sup>th</sup> graders immediately eligible
  - 2<sup>nd</sup> semester 9<sup>th</sup> graders, 10<sup>th</sup> & 11<sup>th</sup> graders – 2.5 semester credits
  - 12<sup>th</sup> graders on track to graduate – 2 semester credits

**COACHES/ADVISORS:** Students that attend ASAA activities must be accompanied by at least one certified adult. For volunteers, advisors and directors to be certified they must complete the following (Bylaws Article 10):

- Concussion Awareness Training from NFHSlearn.
- Sudden Cardiac Arrest Training from NFHSlearn.
- Protecting Students From Abuse.
- Sign the State Championship Code of Conduct



# SCHOOL MEMBERSHIP APPLICATION

**Type of School:**    **Public**    **Private**

**Number of students currently enrolled in grades 9-12**

**School**    **Principal**

**Address**    **City**    **Zipcode**

**Phone**    **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 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**    **Date**    **Executive Director's Signature**

    APPROVED  
 DISAPPROVED       

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# 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.

<b>School or School District</b>	<b>Principal</b>	<b>Phone</b>

FIRST NAME	LAST NAME	POSITION

<b>Total number of passes:</b>		<b>Amount Enclosed</b>
	x \$50 =	

Payment Method: \_\_\_\_\_ Have ASAA Invoice Us \_\_\_\_\_ Purchase Order # \_\_\_\_\_

Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card # \_\_\_\_\_ Card CV# \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature \_\_\_\_\_

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
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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.**

<b>School #1</b> <input style="width: 90%;" type="text"/>	<b>Enrollment</b> <input style="width: 90%;" type="text"/>	<b>Class</b> <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
<b>School #2</b> <input style="width: 90%;" type="text"/>	<b>Enrollment</b> <input style="width: 90%;" type="text"/>	<b>Class</b> <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
<b>School #3</b> <input style="width: 90%;" type="text"/>	<b>Enrollment</b> <input style="width: 90%;" type="text"/>	<b>Class</b> <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
<b>School #4</b> <input style="width: 90%;" type="text"/>	<b>Enrollment</b> <input style="width: 90%;" type="text"/>	<b>Class</b> <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A

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.

<b>School #1 Administrator's Name</b> <input style="width: 90%;" type="text"/>	<b>School #1 Administrator's Signature</b> <input style="width: 90%;" type="text"/>	<b>Date</b> <input style="width: 90%;" type="text"/>
<b>School #2 Administrator's Name</b> <input style="width: 90%;" type="text"/>	<b>School #2 Administrator's Signature</b> <input style="width: 90%;" type="text"/>	<b>Date</b> <input style="width: 90%;" type="text"/>
<b>School #3 Administrator's Name</b> <input style="width: 90%;" type="text"/>	<b>School #3 Administrator's Signature</b> <input style="width: 90%;" type="text"/>	<b>Date</b> <input style="width: 90%;" type="text"/>
<b>School #4 Administrator's Name</b> <input style="width: 90%;" type="text"/>	<b>School #4 Administrator's Signature</b> <input style="width: 90%;" type="text"/>	<b>Date</b> <input style="width: 90%;" type="text"/>

**FOR OFFICE USE ONLY**

**Executive Director's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Decision</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<b>Comments</b> <input style="width: 90%; height: 40px;" type="text"/>
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**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
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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: \_\_\_\_\_ Email: \_\_\_\_\_

**Executive Director's decision**

APPROVED     DISAPPROVED

**Executive Director's signature**

**Comments**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

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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](http://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. 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:** \_\_\_\_\_

**SECTION 1: 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 2: 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. \_\_\_\_\_  
Initials \_\_\_\_\_ Date \_\_\_\_\_

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. \_\_\_\_\_  
Initials \_\_\_\_\_ Date \_\_\_\_\_

**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]:

<b>SYMPTOMATIC STAGE:</b> Physical and Cognitive Rest; Then Incremental Cognitive Work, without Provoking Symptoms.		Initials	Date
Day 1	Begin when symptom free for 24 hours. 15 min of light aerobic activity: walk, swim, stationary bike. <b>NO</b> resistance training.		
Day 2	30 min light-moderate aerobic activity: jog, more intense walk, swim, stationary bike. <b>NO</b> 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. <b>NO</b> 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 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 4: 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**

<b>Nominee's last name</b>	<b>Nominee's first name</b>	<b>M.I.</b>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
<b>Address</b>	<b>City</b>	<b>Zipcode</b>
<input style="width: 95%; height: 35px;" type="text"/>	<input style="width: 70%; height: 35px;" type="text"/>	<input style="width: 20%; height: 35px;" type="text"/>
<b>Day phone</b>	<b>Evening phone</b>	<b>Email</b>
<input style="width: 23%; height: 35px;" type="text"/>	<input style="width: 23%; height: 35px;" type="text"/>	<input style="width: 54%; height: 35px;" type="text"/>

**NOMINATOR'S CONTACT INFORMATION**

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

<b>Address</b>	<b>City</b>	<b>Zipcode</b>
<input style="width: 95%; height: 35px;" type="text"/>	<input style="width: 70%; height: 35px;" type="text"/>	<input style="width: 20%; height: 35px;" type="text"/>
<b>Daytime phone</b>	<b>Email</b>	<b>Date of nomination</b>
<input style="width: 26%; height: 35px;" type="text"/>	<input style="width: 26%; height: 35px;" type="text"/>	<input style="width: 48%; height: 35px;" 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.**

**FOR OFFICE USE ONLY**

**Date received**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date reviewed by Board**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Board of Directors’ decision**

APPROVED       DISAPPROVED

**Comments**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# PARTICIPANT FORMS

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## Participant Forms

- Concussion Information - Parent and Student Verification .....16
- Play for Keeps Student, Parent/Guardian Acknowledgement.....17
- Sudden Cardiac Arrest.....18
- Parent/Guardian Consent for Student Travel and Participation .....19
- Authorization to Release Medical Information.....21
- Student Health Review/Exam.....22

# 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**



**Play for Keeps**  
ALASKA SCHOOL ACTIVITIES ASSOCIATION

# 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 - 5 days suspension and must complete the first offence educational component
    - 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](http://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) is the leading cause of death in student athletes. It happens suddenly and often without warning. 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 (Comotio 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.**

\_\_\_\_\_  
**Student Name (please print)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

# PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

## STUDENT

<b>Student Last Name</b>	<b>Student First Name</b>	<b>MI</b>	<b>Date of birth</b>	<b>Grade</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Phone</b>	<b>School</b>			
<input type="text"/>	<input type="text"/>			

To comply with the requirements of the Alaska Department of Education and Early Development regulation 4 AAC 06.115, indicate what gender the student was assigned at birth:

Male     Female

## PARENT/GUARDIAN

<b>Parent/Guardian Last Name</b>	<b>Parent/Guardian First Name</b>	<b>MI</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>	<b>City</b>	<b>Zipcode</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		

## CONSENT FOR PARTICIPATION AND PHOTO/VIDEO RELEASE

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 give my consent for the the above named student to accompany the group as a member on out-of-town trips.

I hereby grant to the ASAA the right to record, as it relates to participation in an ASAA activity, the image and/or voice and use the artwork and/or written work of myself and/or my child on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion. I further grant the right to use, and to allow others to use, my and/or my child's image, voice, artwork, and/or written work on the internet, television, in brochures, and in any other electronic or print medium.

I hereby release the ASAA and their successors using my and/or my child's image and/or voice, artwork, and/or written work pursuant to this media release from any and all claims, damages, liabilities, costs and expenses which I and/or my child now have or may hereafter have by reason of any use thereof. I understand this release means that I and/or my child are to receive no compensation with respect to the use described above. I also hereby relinquish any right that I or my child may have to examine or approve any completed media product that may be used by the ASAA.

<b>Parent/Guardian name (please print)</b>	<b>Parent/Guardian signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

**Continuation**

## 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.

## 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):

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies (explain): _____ | <input type="checkbox"/> Prosthetic             |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Seizure Disorder       |
| <input type="checkbox"/> Cardiac Condition          | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> 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: \_\_\_\_\_

<b>Parent/Guardian name (please print)</b> _____	<b>Parent/Guardian signature</b> _____	<b>Date</b> ____/____/____
---	---	-------------------------------

<b>Parent/Guardian phone number</b> _____	<b>Parent/Guardian emergency phone number</b> _____
--	--

<b>Personal Physicians Name</b> _____	<b>Personal Physicians phone number</b> _____
--	--

# 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

**To be completed by parent or guardian.**

<b>Student Last Name</b> <input style="width: 95%;" type="text"/>	<b>Student First Name</b> <input style="width: 95%;" type="text"/>	<b>MI</b> <input style="width: 95%;" type="text"/>	<b>Date of birth</b> <input style="width: 95%;" type="text"/>	<b>Grade</b> <input style="width: 95%;" type="text"/>
<b>Address</b> <input style="width: 95%;" type="text"/>		<b>City</b> <input style="width: 95%;" type="text"/>		<b>Zipcode</b> <input style="width: 95%;" type="text"/>
<b>Phone</b> <input style="width: 95%;" type="text"/>	<b>Emergency Phone</b> <input style="width: 95%;" type="text"/>		<b>Date of last physical exam</b> <input style="width: 95%;" type="text"/>	
<b>Are your immunizations up to</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Last tetanus shot</b> <input style="width: 95%;" type="text"/>	<b>Last measles shot</b> <input style="width: 95%;" type="text"/>	<b>Last TB skin test</b> <input style="width: 95%;" type="text"/>

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been diagnosed with COVID-19? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you presently taking any medications, pills or supplements? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been dizzy during or after exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had chest pain during or after exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you tire more quickly than your friends during exercise? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high blood pressure? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told that you have a heart murmur? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had racing of your heart or skipped beats? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has anyone in your family died of heart problems or sudden death before age 50? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have any skin problems ( <i>itching, rashes, acne</i> )? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a head injury? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had a concussion? If yes, how many _____ .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been knocked out or unconscious? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you suffer from migraines? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a seizure? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever had a stinger, burner or pinched nerve? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had heat or muscle cramps? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been dizzy or passed out in the heat? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you have trouble breathing or do you cough during or after activity? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you use any medical assistant devices ( <i>insulin pump, prosthetic, implanted device, etc.</i> )? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had problems with your eyes or vision? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you wear glasses or contacts or protective eye wear? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest<br><input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Hand |                          |                          |
| 27. Are you Diabetic? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are you Asthmatic? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you had any medical problem or injury since your last evaluation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have any allergies ( <i>medicine, bees or other stinging insects</i> )?? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| List all allergies: _____  |                          |                          |
| 31. Have you ever had other medical problems ( <i>infectious mononucleosis, etc.</i> )? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. When was your first menstrual period? _____<br>When was your last menstrual period? _____<br>What was the longest time between your periods last year? _____   |                          |                          |
| 33. Explain all "yes" answers: _____<br>_____  |                          |                          |

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

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)*

<b>Student Last Name</b>	<b>Student First Name</b>	<b>MI</b>	<b>Date of birth</b>	<b>Grade</b>
			/ /	

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / ( / )	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolve and the potential consequences are completely explained to the athlete (and parents/guardians).

<b>Name of M.D., D.O. P.A., ANP or DC (circle)</b>	<b>Signature</b>	<b>Date</b>
		/ /
<b>Address</b>	<b>Phone</b>	



# COACHES & OFFICIALS FORMS

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## Coaches Forms

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## Officials Forms

The following forms can be found on the Officials Forms page of the ASAA website at:

<https://asaa.org/officials/officials-forms/>

Hockey Officials 15 Penalties Incident Report  
Officials Ejection Report (All Sports)

Forms should be completed online within 24 hours of the event. If you have questions, contact:

[brian@asaa.org](mailto:brian@asaa.org)

# BOOK ORDERS FOR 2025-26

When available, NFHS rule books can be purchased through the ASAA office. Fill out the form and email to office@asaa.org with a purchase order, credit card or signature to invoice the school. Also, note once ASAA's inventory is gone, rule books will need to be purchased from another source. Book orders are non-refundable.

**Alaska School Activities Association**  
**4048 Laurel Street Suite 203**  
**Anchorage, Alaska 99508**  
**Email: office@asaa.org / Phone: 907-375-4400**

**Member School or Organization**

**Date of Order**

**Printed Name of Person Ordering**

**Phone**

**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:

Total Number of Books Ordered: \_\_\_\_\_ x \$10.00 each \_\_\_\_\_ + 15% shipping \_\_\_\_\_ Total \$ \_\_\_\_\_

Total Number of Books Ordered: \_\_\_\_\_ x \$12.50 each \_\_\_\_\_ + 15% shipping \_\_\_\_\_ Total \$ \_\_\_\_\_

Total Number of Books Ordered: \_\_\_\_\_ x \$15.00 each \_\_\_\_\_ + 15% shipping \_\_\_\_\_ Total \$ \_\_\_\_\_

Payment Method: Invoice School: \_\_\_\_\_ Purchase Order # \_\_\_\_\_

Credit Card

Card # \_\_\_\_\_ Card CVV# \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature \_\_\_\_\_

### ALASKA SCHOOL ACTIVITIES ASSOCIATION

Scan and email this form to office@asaa.org

# BOOK ORDERS FOR 2025-26

**ASAA:**

QTY	TOTAL
_____ ASAA Handbook w/o forms - (\$12.50)	_____
_____ ASAA Forms - (\$12.50)	_____
_____ ASAA Handbook & Forms - (\$15.00)	_____
Total Books Ordered: \$	_____

**BASEBALL:**

QTY	TOTAL
_____ Rule Book (\$10.00 ea)	_____
_____ Case Book (\$10.00 ea)	_____
_____ Scorebook (\$12.50 ea)	_____
Total Books Ordered: \$	_____

**BASKETBALL:**

QTY	TOTAL
_____ Rule Book (\$10.00 ea)	_____
_____ Case Book (\$10.00 ea)	_____
_____ Basketball Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**CROSS COUNTRY RUNNING**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
_____ XC Running Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**FLAG FOOTBALL:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
Total Books Ordered: \$	_____

**FOOTBALL:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
_____ Case Book (\$10.00)	_____
Total Books Ordered: \$	_____

**GYMNASTICS:**

QTY	TOTAL
_____ Rule Book (\$12.50)	_____
_____ Gymnastics Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**HOCKEY:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
Total Books Ordered: \$	_____

**SOCCER:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
_____ Soccer Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**SOFTBALL:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
_____ Case Book (\$10.00)	_____
_____ Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**SPIRIT:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
Total Books Ordered: \$	_____

**SWIMMING & DIVING:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
_____ Swimming Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**TRACK & FIELD:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
_____ Case Book (\$10.00)	_____
_____ Track & Field Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**VOLLEYBALL:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
_____ Case Book (\$10.00)	_____
_____ Volleyball Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**WRESTLING:**

QTY	TOTAL
_____ Rule Book (\$10.00)	_____
_____ Case Book (\$10.00)	_____
_____ Wrestling Scorebook (\$12.50)	_____
Total Books Ordered: \$	_____

**FOR OFFICE USE** \_\_\_\_\_

# WAIVER OF COACHES CERTIFICATION REQUIREMENT

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.

<b>Name of school district</b> _____	<b>Name of school</b> _____	<b>Date of Request</b> ____/____/____
<b>Coach's name</b> _____	<b>Sport(s)</b> _____	<b>Sports gender</b> <input type="checkbox"/> Girls <input type="checkbox"/> Boys

**Reason for requesting a waiver – be specific**  
\_\_\_\_\_

**Future plans for meeting the requirement – be specific**  
\_\_\_\_\_

## SCHOOL PRINCIPAL MUST COMPLETE THIS SECTION

Principal's name (please print) \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## FOR OFFICE USE ONLY

<b>Executive Director's decision</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<b>Executive Director's signature</b> _____	<b>Date</b> _____
--	--	----------------------

**Comments**  
\_\_\_\_\_

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to office@asaa.org

# 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.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.

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# 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](mailto:office@asaa.org)

# Request for Equivalent Certification for Protecting Students from Abuse

Alaska Coaches Education Program

Coach Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

The NFHSlearn Protecting Students From Abuse course is the preferred course. 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.pdf> . For any other courses you must apply for Equivalent Certification

**Equivalent Certification must include the following core areas;**

- Misconduct in Activities
- Reporting Responsibilities
- Policies to prevent Abuse

**For Equivalent Certification you must include the following:**

- Name of Course.
- Organization offering the course
- Syllabus or Curriculum of the course
- Certificate with date course completed and expiration date

If your request is approved you will be notified via email.



# TOURNAMENT FORMS

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# CHECKLIST FOR STATE CHAMPIONSHIP QUALIFIERS

## 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)
- Submit Roster through SARS (Sunday prior to event)
- Indicate state attendees in SARS (Sunday prior to event)
- Sign the State Championship Code of Conduct through Document Management in SARS (Sunday prior to event)
- Submit State Entry through Document Management in SARS (Sunday prior to event)
- Submit photo through Document Management in SARS (Sunday prior to event)
- For athletic events submit Good Sport Selection Form through Document Management in SARS (Sunday prior to event)
- Submit Academic Award Entry Form online (Tuesday prior to event)
- Have an administrator attend state events

**NOTE:** Student Activities Reporting System (SARS) is big teams

# 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 contained within 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**

**Division**

Open     Girls     Co-Ed

**Date**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# 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.

### **Individual Sports: Cross Country Running, Nordic Ski, Swim & Dive, Tennis, Track & Field, Wrestling.**

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 open 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

- Academic Award Entry Form — A school must submit academic award information on this form.
- 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.
- 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

Course	Credit	Grade	Point Value	Total
Math	1	B	1 x 3	3
Science	1	A	1 x 4	4
P.E.	1/2	A	1/2 x 4	2
History	1	C	1 x 2	2
French	1	D	1 x 1	1
Physics	<u>1</u>	B	1 x 3	<u>3</u>
<b>Total</b>	<b>5.5</b>			<b>15</b>

**Student GPA**  
15 ÷ 5.5 = 2.7272

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

**Team GPA**  
12.57 ÷ 4 = 3.142

*(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

# 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**

**Sport or Activity**

**School Location**

**Coach**

**Student Name important: Do not list "alternative education program" students**      **Grade (9-12)**      **GPA (based on 4.0 system)**

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

**Total of Team Member GPAs**

*list additional team members on subsequent pages to this form.*

**Total of Team Member GPAs**

÷

**Number of Team Members**

=

**Team GPA**

*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)**

**Administrator's Signature**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# ACADEMIC AWARD ENTRY

**Continuation**

**School**

**Sport or Activity**

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

**Grade (9-12)**

**GPA (based on 4.0 system)**

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**  
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# WAIVER FORMS

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## Waiver Forms

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Transfer and Eligibility waivers can be found online at: <https://studentcentral.bigteams.com>

# F1 VISA-FOREIGN 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.

<b>Member School</b>	<b>Phone</b>
<input type="text"/>	<input type="text"/>

<b>Mailing Address</b>	<b>City</b>	<b>Zipcode</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Principal's name (please print)</b>	<b>Principal's signature (required)</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 1. GENERAL STUDENT INFORMATION

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

<b>Gender</b>	<b>Date of birth (mm/dd/yy)</b>	<b>Age</b>	<b>Grade level (9-12) in Alaska</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Permanent Address (in home country not USA address)</b>	<b>Home Phone</b>
<input type="text"/>	Country Code:  Number:

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

<input type="checkbox"/> Father	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mother	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**Father's Name**

**Current Employer**

**Mother's Name**

**Current Employer**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# F1 VISA-FOREIGN STUDENT WAIVER

## 2. EDUCATIONAL BACKGROUND - SCHOOL LAST ATTENDED

<b>School Name</b>	
<b>School Address</b>	
<b>City/State/Country</b>	
<b>Phone Number</b>	
<b>Headmaster/Principal</b>	
<b>Attendance Dates</b>	
<b>Grades Attended</b>	
<b>Diplomas</b>	
<b>Who Paid?</b>	

## 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?

# F1 VISA-FOREIGN STUDENT WAIVER

## 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

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**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

# F1 VISA-FOREIGN STUDENT WAIVER

## 5. HIGH SCHOOL / COLLEGE ATHLETICS INTEREST / CONTACT — to be completed by all stu-

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

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

### A. LIST ALL ORGANIZED COMPETITION

Year	Name of Team	Head Coach	Location	Division	Sport

### B. AWARDS & BENEFITS

Has the student ever:	Yes	No	If yes, Explain.
Been provided lodging by a sports team or program?	<input type="checkbox"/>	<input type="checkbox"/>	
Received money for participation in competition?	<input type="checkbox"/>	<input type="checkbox"/>	
Received merchandise or other items of benefit for participation in competition?	<input type="checkbox"/>	<input type="checkbox"/>	
Signed or orally entered any type of agreement with a team or agent or other representative for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	
Received payment of education expenses for Secondary/high school from a sports team or related organization?	<input type="checkbox"/>	<input type="checkbox"/>	
Agreed to provide any individuals with money in the future for assistance in the past?	<input type="checkbox"/>	<input type="checkbox"/>	

# F1 VISA-FOREIGN STUDENT WAIVER

## 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**  
Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# SUNDAY CONTEST/EVENT WAIVER

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: \_\_\_\_\_ 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

# EIGHTH GRADE STUDENT ELIGIBILITY FOR VARSITY

**Per ASAA Handbook Article 12, Section 2, E, 3a:**

There were thirty (30) or fewer students, or fifteen (15) or fewer students per gender, enrolled in grades 9-12 during the previous school year's October student count as reported to the Department of Education and Early Development (DEED) or that there were fifty (50) or fewer students, or twenty-five (25) or fewer students per gender, enrolled in grades 9-12 during the previous school year's October student count as reported to the Department of Education and Early Development (DEED), and that the school is conducting two (2) or more team sports which seasons overlap for more than six (6) weeks. 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.

**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.

**Check all Sports that apply:**

- BASKETBALL
- SOCCER
- MIX-SIX VOLLEYBALL
- VOLLEYBALL

School District \_\_\_\_\_ Name of School \_\_\_\_\_

School Contact Person \_\_\_\_\_  
(Printed Name)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Previous or Current Year's 9-12 Enrollment Numbers as Reported to DEED: Males \_\_\_\_\_ Females \_\_\_\_\_

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

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**Scan and email to [office@asaa.org](mailto:office@asaa.org) prior to 8th grade participation**

**FOR OFFICE USE ONLY**

**Directors' Signature**

\_\_\_\_\_

**Directors' Decision**

- APPROVED
- DISAPPROVED

# EIGHTH GRADE STUDENT ELIGIBILITY FOR SUB-VARSITY

**Per ASAA Handbook Article 12, Section 2, E, 3b:**

For schools classified as 1A, 2A, or mix-six, students enrolled in the 8th grade may be granted eligibility to participate as members of a high school basketball, volleyball, soccer, mix six volleyball sub-varsity team, when an annual request is submitted in writing to ASAA by the district superintendent.

**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.

**Check all Sports that apply:**

<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> SOCCER	<input type="checkbox"/> MIX-SIX VOLLEYBALL	<input type="checkbox"/> VOLLEYBALL
-------------------------------------	---------------------------------	---	-------------------------------------

School District \_\_\_\_\_ Name of School \_\_\_\_\_

School Contact Person \_\_\_\_\_  
(Printed Name)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Previous or Current Year's 9-12 Enrollment Numbers as Reported to DEED: Males \_\_\_\_\_ Females \_\_\_\_\_

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

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**Scan and email to [office@asaa.org](mailto:office@asaa.org) prior to 8th grade participation**

**FOR OFFICE USE ONLY**

**Directors' Signature**

\_\_\_\_\_

**Directors' Decision**

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
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# EIGHTH GRADE STUDENT ELIGIBILITY FOR ACTIVITIES

**Per ASAA Handbook Article 12, Section 2, E, 3c:**

For schools with enrollments of 500 or less, students enrolled in the 8th grade may be granted eligibility to participate as members of the a high school's Art, Drama, Debate & Forensics, Dance / Drill Teams, Esports, Honor Band, Choir, Orchestra, Solo & Ensemble, Student Government and World Language Declamation programs, when an annual request is submitted in writing to ASAA by the district superintendent. This request must verify that the high school described above is a member school and that there were five hundred (500) or fewer students, enrolled in grades 9-12 during the previous school year's October student count as reported to the Department of Education and Early Development (DEED). If the current school year's October count is lower than the previous year's, it may substitute as the official count for the purposes 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.

**Check all Activities that apply:**

- |   |   |                                      |                                  |                                |
|---|---|--------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> ART                | <input type="checkbox"/> DDF            | <input type="checkbox"/> DANCE/DRILL | <input type="checkbox"/> ESPORTS | <input type="checkbox"/> MUSIC |
| <input type="checkbox"/> STUDENT GOVERNMENT | <input type="checkbox"/> WORLD LANGUAGE |                                      |                                  |                                |

School District \_\_\_\_\_ Name of School \_\_\_\_\_

School Contact Person \_\_\_\_\_  
(Printed Name)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Previous or Current Year's 9-12 Enrollment Numbers as Reported to DEED: Males \_\_\_\_\_ Females \_\_\_\_\_

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

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**Scan and email to [office@asaa.org](mailto:office@asaa.org) prior to 8th grade participation**

**FOR OFFICE USE ONLY**

**Directors' Signature**

\_\_\_\_\_

**Directors' Decision**

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DISAPPROVED |
|-----------------------------------|--------------------------------------|

# WRESTLING FORMS

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## Wrestling Forms

Release for Wrestler to Participate with Skin Lesions .....	50
Wrestling Weight Certification .....	51
Girls Wrestling Weight Certification.....	52

# RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESIONS

**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.

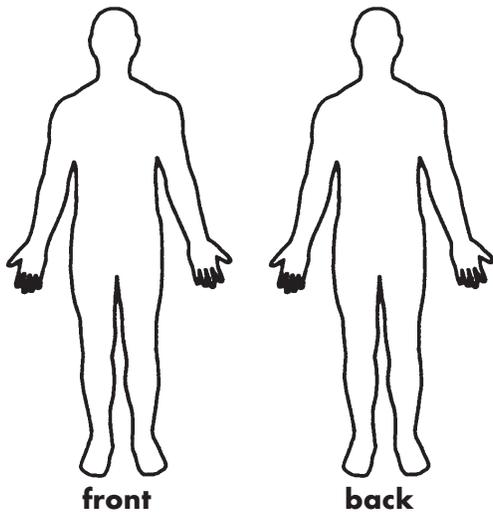
Below are some guidelines that suggest minimum treatment before returning to wrestling.

- **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 curettage.

**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**

# WRESTLING WEIGHT CERTIFICATION

This certification should discourage excessive weight reduction and wide variation in weight which could be harmful to the athlete. 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**  **Today's Weight**

**Date of birth**  **Grade**  **School**

**Weight class (circle one)**  
103 112 119 125 130 135 140 145 152 160 171 189 215 285

**Guideline for Medical Provider:**  
When certifying weight classifications, providers must be aware of the NFHS Rules (Rule 1.5.2) regarding appropriate minimum weight certification.  
1. A minimum of 7% body fat for males.  
2. Initial weight should be with the athlete being appropriately hydrated (before physical activity).  
3. Controlled weight loss for those athletes with higher than minimum body fat should not exceed 1.5% of body weight in pounds per week. Note: Medical providers may utilize calipers or urine specific gravity (not more than 1.025) to measure body fat or hydration.

**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)**

**Signature**  **Date**

**Address**  **Phone**

**Parent/Guardian name (please print)**  **Parent/Guardian signature**  **Date**

**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 IN THE STUDENT ACTIVITIES REPORTING SYSTEM (SARS) BEFORE THE STUDENT WILL BE ELIGIBLE TO WRESTLE.

# GIRLS WRESTLING WEIGHT CERTIFICATION

This certification should discourage excessive weight reduction and wide variation in weight which could be harmful to the athlete. 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**

**Today's Weight**

**Date of birth**

**Grade**

**School**

**Weight class (circle one)**

100G   107G   114G   120G   126G   132G   138G   145G   152G   165G   185G   235G

**Guideline for Medical Provider:**

When certifying weight classifications, providers must be aware of the NFHS Rules (Rule 1.5.2) regarding appropriate minimum weight certification.

1. A minimum of 12% body fat for females.
2. Initial weight should be with the athlete being appropriately hydrated (before physical activity).
3. Controlled weight loss for those athletes with higher than minimum body fat should not exceed 1.5% of body weight in pounds per week. Note: Medical providers may utilize calipers or urine specific gravity (not more than 1.025) to measure body fat or hydration.

**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)**

**Signature**

**Date**

**Address**

**Phone**

**Parent/Guardian name (please print)**

**Parent/Guardian signature**

**Date**

**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 IN THE STUDENT ACTIVITIES REPORTING SYSTEM (SARS) BEFORE THE STUDENT WILL BE ELIGIBLE TO WRESTLE.

# WRESTLING WEIGHT CERTIFICATION

**The following site may be helpful for providers to learn more about weight management and easy methods of body fat analysis:**

<http://www.muscleandstrength.com/tools/how-to-measure-bodyfat-using-calipers.html>

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

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## ASAA Endowment Forms

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# ASAA ENDOWMENT GAME APPLICATION

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**

**Responsible for endowment fee**

 Yes  No

**Name of Visiting School**

**Responsible for endowment fee**

 Yes  No

**Sport**

**Division (check one)**

 Girls  Open  Co-Ed

**Level of play (check one)**

 Varsity  JV  C

**Date of Endowment game**

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

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

**Administrator's Job Title**

**Home School Administrator's Email**

**Date**

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

**Administrator's Job Title**

**Visiting School Administrator's Email**

**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](mailto:office@asaa.org)

# ALTERNATIVE EDUCATION FORMS

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## Alternative Education Forms

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# GUIDELINES FOR ALTERNATIVE EDUCATION STUDENTS

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 Cognia 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 Cognia.

**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.

# GUIDELINES FOR ALTERNATIVE EDUCATION STUDENTS

## 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 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

\_\_\_\_\_  
Student Name Signature

\_\_\_\_\_  
Parent/Guardian Name Signature

\_\_\_\_\_

\_\_\_\_\_  
Home Address Phone Number

\_\_\_\_\_  
Student Email Parent Email

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



