

**APPENDIX A**

**KPBSD Athletic/Activity Participation Registration**

User Fee Form, Consent Form, Warning, Assumption of Risk, and Hold Harmless Agreement

**This form affects your legal rights and responsibilities. Please read it carefully before you sign it and ask questions if there is anything you do not understand.**

**Eligibility Requirements for students participating in KPBSD and ASAA sponsored activities:**

- This form must be complete and on file in the Activities office for **each** sport/club in which the student participates.
- A physical is required every 18 months and cannot expire during the season in which the student is currently participating.
- These forms (Appendix A and physical form) must be on file before the first practice or tryout.
- See attached Activity Guidelines for further requirements including Scholastic Eligibility.

**KPBSD ENROLLED STUDENTS: Activities: Place an 'X' next to the activity your student is participating in.**

The following activities require a **\$200 participation fee**: Baseball \_\_\_ Basketball \_\_\_ Cross Country Running \_\_\_ Football \_\_\_ Ice Hockey \_\_\_ Nordic Skiing \_\_\_ Soccer \_\_\_ Softball \_\_\_ Swim/Diving \_\_\_ Track & Field \_\_\_ Volleyball \_\_\_ Wrestling \_\_\_ **DDF** \_\_\_

The following activities require a **\$100 participation fee**: Basketball Cheerleading \_\_\_ Football Cheerleading \_\_\_ ESports Fall \_\_\_ ESports Spring \_\_\_ Performance Dance \_\_\_

Requests for refund of fees must be made prior to the first contest. Fees may be prorated due to extenuating circumstances. Students removed from participation for discipline reasons or who quit will not be eligible for a refund. A **\$700** annual family limit applies to high school participation fees. Unless waived by the school administration, fees are due prior to the first contest.

**NON-KPBSD ENROLLED STUDENTS will be assessed an additional \$200 to support an equitable contribution to facilities and operations per KPBSD activity. The annual cap of \$1,400 applies for Non-KPBSD families: Activities: Place an 'X' next to the activity your student is participating in.**

The following activities require a **\$400 participation fee**: Baseball \_\_\_ Basketball \_\_\_ Cross Country Running \_\_\_ Football \_\_\_ Ice Hockey \_\_\_ Nordic Skiing \_\_\_ Soccer \_\_\_ Softball \_\_\_ Swim/Diving \_\_\_ Track & Field \_\_\_ Volleyball \_\_\_ Wrestling \_\_\_ **DDF** \_\_\_

The following activities require a **\$300 participation fee**: Basketball Cheerleading \_\_\_ Football Cheerleading \_\_\_ ESports Fall \_\_\_ ESports Spring \_\_\_ Performance Dance \_\_\_

Requests for refund of fees must be made prior to the first contest. Fees may be prorated due to extenuating circumstances. Students removed from participation for discipline reasons or who quit will not be eligible for a refund.

- I give my consent for the named KPBSD student to participate in the above-named activity.
- I have read the Kenai Peninsula Borough School District KPSAA Handbook Guidelines and understand their content.
- I have read and understand the eligibility requirements and code of conduct, including training rules required of students participating in KPBSD and ASAA sponsored activities.
- I understand the coach may add specific rules and regulations for the activity that he/she supervises.
- I understand the dangers and risks of participating in the named activity range from minor sprains and contusions, to major injuries including concussion, spinal injuries, disfigurement, and injuries that may cause paralysis or even death.
- I understand the possibility a serious injury may impair my abilities to earn a living, to engage in other business, social and recreational activities; and to generally enjoy life.
- I understand the above warnings and recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules and I agree to obey such instructions.
- I understand KPBSD and ASAA will not assume responsibility for injuries sustained in the co-curricular programs.
- I understand that primary accident insurance coverage is my responsibility.
- If my student is a non-KPBSD alternative education program/homeschool student, I further understand that the KPBSD secondary accident insurance will not cover my student.
- I give my consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, emergency medical personnel or hospital in the event of an injury or illness.
- I authorize the school to transport my child to and from KPBSD activities via KPBSD approved transportation.
- I hereby waive on behalf of myself and the participating student named, any liability of the sponsoring high school, KPBSD, or ASAA, or any of its officers, agents or employees for injuries sustained in the co-curricular program.
- I accept financial and legal responsibility of the named student in the event of injury or illness.
- I accept financial and legal responsibility of the named student for property damage, lost equipment and/or disciplinary sanctions.
- I accept the responsibility to pay the cost for transportation should any student be sent home early from an out of town event as a result of their behavior.
- Except for claims arising from sole negligence or willful misconduct of the school district, I hereby agree to hold the KPBSD, its employees, representatives and coaches harmless from any and all liability, actions, debts, or claims of every kind whatsoever which may arise by or in connection with participation of my child/ward in activities related to the above mentioned high school programs. The terms hereof shall serve as a release for my heirs, estate, executor and all members of my family.
- We (student and parent/guardian) consent to abide by the ASAA's rules and regulations, KPBSD's rules and regulations, and my school of eligibility's rules and regulations.

\_\_\_\_\_  
Participant/Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact's Printed Name

\_\_\_\_\_  
Parent/Guard. Phone # (H)

\_\_\_\_\_  
Parent/Guard Phone # (W)

\_\_\_\_\_  
Parent/Guard. Phone # (Cell)