



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 office

- I have participated in ASAA's "Play for Keeps" orientation and have watched the DVD presentation.
- I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the penalties for violations.
- I further understand that it is solely the school's responsibility to determine if a violation has occurred and that the school's decision may not be appealed to ASAA.
- I further understand that schools are required to report each violation to ASAA and to maintain strict confidentiality as specified in the policy. More specific wording of the confidentiality statement is found in the policy which is available from the school or at www.asaa.org.
- I further understand that students must sign this form each season prior to competition.
- I further understand that a student's parent/guardian must participate in the orientation and sign this form at least annually for the student to gain eligibility.
- 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 <input type="text"/>	Student Signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> /200
Printed Name of Parent/Guardian <input type="text"/>	Parent/Guardian Signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> /200
Sport or Activity <input type="text"/>	School <input type="text"/>	

Concussion Information Acknowledgement Form

I have received written information on the nature and risks of concussions that could arise from participating in activities as a member of a Susitna Valley High School team. Additionally, I have watched the concussion video.

Student Name _____ Student Signature _____ Date _____

Parent Name _____ Parent Signature _____ Date _____