

GENERAL USE FORMS

General Use Forms

- Checklist for School Administrators 1
- School Membership Application 5
- ASAA Pass Order 6
- Contract for Interschool Games or Meets..... 7
- Cooperative School/Joint Participation Programs Application..... 8
- Out-of-State Travel Request..... 9
- Healthcare Provider Release - Concussion Return to Play Protocol..... 10
- Gold Lifetime Pass Nomination 13

CHECKLIST FOR SCHOOL ADMINISTRATORS

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

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

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

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

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

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

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

- 8 items from #1
- Student/Parent initiate Transfer Rule Waiver in 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).
 - 9th, 10th, 11th, graders – 2.5 semester credits
 - 12th graders on track to graduate – 2 semester credits
- Pass minimum number of semester units with a 2.0 or higher the previous semester. (Article 12, section 7).
 - First semester 9th graders immediately eligible
 - 2nd semester 9th graders, 10th & 11th graders – 2.5 semester credits
 - 12th graders on track to graduate – 2 semester credits

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

CONTRACT FOR INTERSCHOOL GAMES OR MEETS

Date

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

Name of School #1

Name of School #2

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

First Team Contest

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

Preliminary Game

_____ : _____ m
Hour

First Team Contest

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

Preliminary Game

_____ : _____ m
Hour

Financial Terms

1. Each school guarantees its membership and good standing in the Alaska School Activities Association, Inc., and also guarantees that participation in this contest will not violate any rule of that corporation.
2. Each contestant will be eligible under rules of the Alaska School Activities Association, Inc.
3. If either party fails to fulfill its contract obligations, that party shall make amends, if any, in accordance with the terms stated below. Such provisions shall not conflict with the Constitution or Bylaws.

Contract Terms

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

#1

Principal

Athletic Director

School

City / Town

#2

Principal

Athletic Director

School

City / Town

COOPERATIVE SCHOOL/JOINT PARTICIPATION PROGRAMS APPLICATION

Cooperative school programs are defined as a union of two or more schools. Cooperative school programs may be approved by the Executive Director and/or the Board of Directors when a request is received in a timely manner. Schools are encouraged to consult with the Executive Director as how to best submit a request.

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

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

These schools request permission to form a cooperative team.

School #1 <input style="width: 95%; height: 25px;" type="text"/>	Enrollment <input style="width: 95%; height: 25px;" type="text"/>	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #2 <input style="width: 95%; height: 25px;" type="text"/>	Enrollment <input style="width: 95%; height: 25px;" type="text"/>	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #3 <input style="width: 95%; height: 25px;" type="text"/>	Enrollment <input style="width: 95%; height: 25px;" type="text"/>	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #4 <input style="width: 95%; height: 25px;" type="text"/>	Enrollment <input style="width: 95%; height: 25px;" type="text"/>	Class <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.

School #1 Administrator's Name <input style="width: 95%; height: 25px;" type="text"/>	School #1 Administrator's Signature <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 95%; height: 25px;" type="text"/>
School #2 Administrator's Name <input style="width: 95%; height: 25px;" type="text"/>	School #2 Administrator's Signature <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 95%; height: 25px;" type="text"/>
School #3 Administrator's Name <input style="width: 95%; height: 25px;" type="text"/>	School #3 Administrator's Signature <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 95%; height: 25px;" type="text"/>
School #4 Administrator's Name <input style="width: 95%; height: 25px;" type="text"/>	School #4 Administrator's Signature <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 95%; height: 25px;" type="text"/>

FOR OFFICE USE ONLY

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

Decision <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Comments <input style="width: 95%; height: 40px;" type="text"/>
----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

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

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

Scan and email this form to office@asaa.org

HEALTHCARE PROVIDER RELEASE CONCUSSION RETURN TO PLAY PROTOCOL

Student Name: _____

Sport: _____ Date of Injury: _____

School: _____

NOTE TO HEALTHCARE PROVIDER

Per AS 14.30.142, as amended, a student removed from participation in a practice or game due to suspected concussion may not return to play until they are evaluated and cleared by either:

1. An Athletic Trainer, OR
2. A qualified individual who is currently trained in concussion evaluation and management.

A "qualified person" is defined as one of the following:

- A healthcare provider who is licensed in Alaska, or exempt from licensure under Alaska law (AS 08.64.370(1), (2), or (4)), OR
- A person acting under the direction and supervision of a licensed healthcare provider in Alaska, or someone exempt from licensure.

According to ASAA:

- An "Athletic Trainer" refers specifically to a Certified and Licensed Athletic Trainer.
- A "trained" provider is one who meets one of the following criteria:
 1. Has completed the online CDC Concussion Course for Clinicians (available at www.preventingconcussions.org) in the past two years, OR
 2. Completed 2 hours of continuing education (CE) or continuing medical education (CME) in Sports Concussion Management, OR
 3. Completed a one-year Sports Medicine Fellowship, obtained a Certificate of Added Qualifications in Sports Medicine, or completed a Residency in Neurology or Neurosurgery.

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

Following an initial period of relative rest (Step 1: approximately 24–48 hours following injury), clinicians can implement Step 2, (light Step 2A & then moderate Step 2B aerobic activity). The athlete may then advance to Steps 3–6 on a time course dictated by symptoms, cognitive function, examination findings and clinical judgement. Differentiating early activity (Step 1), aerobic exercise (Step 2) and individual sport- specific exercise (Step 3) as part of the treatment from the remainder of the RTP progression (Steps 4–6) can be useful for the athlete and their support network. Each step typically takes at least 24 hours. Clinicians and athletes can expect a minimum of 1 week to complete the full rehabilitation strategy, but typical unrestricted RTP can take up to 1 month.

HEALTHCARE PROVIDER RELEASE - CONCUSSION RETURN TO PLAY PROTOCOL

Return to Play (RTP) — each step typically takes a minimum of 24 hours. Initials indicate completion of step

Step	Exercise Strategy	Activity at each step	Goal	Initial
1	Symptom Limited activity	Daily activities that do not Exacerbate symptoms (ie. walking)	Gradual reintroduction school/work	
2	Aerobic Exercise 2A-light (55% max HR) then 2B-moderate (70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms	Increase heart rate	
3	Individual sport specific Exercises. Note: If sport specific exercises involves risk of head impact medical clearance should occur prior to step 3	Sport specific training away from the team environment. No activities at risk of head impact	Add movement, change of direction	
Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical finding related to the current concussion, including with and after physical exertion.				
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (ie passing, multiplayer drills), can Integrate into a team environment	Resume usual intensity of Exercise, coordination and Increased thinking	
5	Full Contact Practice	Participate in normal training	Restore confidence & assess functional skills by coaching staff	
6	Return to play	Normal game play		

Mild and brief exacerbation of symptoms (ie, an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (ie, symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (ie, more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.

Additional Comments

HEALTHCARE PROVIDER RELEASE - CONCUSSION RETURN TO PLAY PROTOCOL

THE CONCUSSED ATHLETE – to be completed by Healthcare Provider

_____ Student has sustained a concussion and is not yet ready to begin the Return to Play Protocol.

_____ Student is cleared to begin ASAA’s **Return to Play Protocol** with any modifications noted in comment section. This clearance is no longer effective if student’s symptoms return and persist.

_____ **Student is entirely free of concussion symptoms and has completed the ASAA Return to Play Protocol as described above. The athlete is medically eligible to return to competition.**

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

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: _____

_____ Student is cleared to return to full sports participation.

_____ Student is cleared for limited participation with the following restrictions: _____

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.

HCP Printed Name AK License Number

Healthcare Provider Signature Date

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 Printed Name Student Athlete Signature Date

Parent Printed Name Parent Signature Date

GOLD LIFETIME PASS NOMINATION

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

Program

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

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

NOMINEE CONTACT INFORMATION

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

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

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

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