

FOR OFFICE USE ONLY
Fall: Amount _____ Date _____
 Check _____ Cash _____
 Emergency Card In: _____

FOR OFFICE USE ONLY
Winter: Amount _____ Date _____
 Check _____ Cash _____
 Emergency Card In: _____

FOR OFFICE USE ONLY
Spring: Amount _____ Date _____
 Check _____ Cash _____
 Emergency Card In: _____

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE ACTIVITIES OFFICE ALONG WITH ALL FEES BEFORE THE STUDENT WILL BE PERMITTED TO PRACTICE

Student's Name _____ Grade _____

Address _____ City _____ Zip _____

Phone () _____ Date of Birth _____ M _____ F _____

Have you attended any other High School during grades 9 through 12? No _____ Yes _____ (If yes, see Activities Director)
 List all the schools enrolled in during the following school years since entering 9th grade.

9th _____ 11th _____
 10th _____ 12th _____

* Transfer students must complete the **Transfer Student Information Form**. (see Activities Director)
 * Foreign Exchange students must complete the **Foreign Exchange Student/International Student Registration Form**. (see athletic office)

Parent/guardian _____ Cell/Home Phone _____ Work Phone _____
 _____ Cell/Home Phone _____ Work Phone _____

Non-parent emergency contact _____ Phone _____

Siblings participating in Athletics/Activites: _____

Athletic Fee: \$210 per activity - Family Maximum: \$700 Reduced lunch Fee: (\$100) _____ Free lunch Fee:(\$50) _____

- | | | | |
|---------------------------|----------------|--------------|-------------|
| Fall: Cheerleading | Cross Country | Football | PI Soccer |
| Soccer | Girls Swimming | Girls Tennis | Volleyball |
| Winter: Basketball | Hockey | Alpine Ski | Nordic Ski |
| Boys Swimming | Wrestling | PI FI Hockey | |
| Spring: Baseball | Lacrosse | Softball | Boys Tennis |
| Golf | PI Softball | Track | |

Please read and complete **both sides** of this form – student and parent/guardian signatures are required. Your signatures indicate that you have read and agreed to the contents of this document. This form must be completed **each year before** the student will be allowed to practice or play. I/we understand that as a member school of the MSHSL all rules and regulations that pertain to the League athletic activities that a school may sponsor must be adhered to, but that local rules may be more stringent than MSHSL rule. (See district *Students Rights, Opportunities and Responsibilities and Discipline Guideline*.)

A physical exam record must be on file with the school prior to a student's participation. Physical exams are required every three years. The attached Health Questionnaire must be done every year. Athletes are not allowed to practice until the physical form/health questionnaire has been turned into the athletic office.

Date of last physical exam _____ (must be within three years) **Health Questionnaire** _____

Students must see the Bookkeeper to sign off on fees, fines and detentions. Anything outstanding must be taken care of before the student is cleared to try-out.

Fees/Fines/Detentions
Fall: _____

Fees/Fines/Detentions
Winter: _____

Fees/Fines/Detentions
Spring: _____

STUDENT CODE OF RESPONSIBILITIES

The member schools of the Minnesota State High School League believe that participation in interscholastic activities is a privilege which is accompanied by responsibility. As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities.

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I understand I am responsible for the return or reimbursement of all equipment issued to me.
- I will respect and obey the rules of my school and the laws of my community, state and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.
- I know I am responsible for the return of apparel issued from Armstrong.
- **A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by the principal. While a student is not in good standing, a student may not serve any penalty or MSHSL bylaw violations until they return as a full time student at Armstrong.**

Date _____
(Month, day, and year)

Signed _____
(Signature of participant)

The parent's should read and sign below:

- Grants this student permission to participate in all Minnesota State High school League (MSHSL) activities.
- Grants permission for this student to go on all supervised trips connected with MSHSL activities.
- Indicates understanding that this student will refrain from practice or play, while under medical treatment and until he or she provides written physician permission to resume participation.
- Certifies that this student is physically fit to participate in all high school interscholastic activities.
- Read and agree to the Athletic Trainer Authorization
- Read and understand the Eligibility Guidelines for participants.

ATHLETIC/ACTIVITY INSURANCE WAIVER/INFORMED CONSENT

By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate the risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. Participants are informed that mouth guards are mandatory in football and hockey. Mouth guards also are recommended in volleyball, basketball, soccer, wrestling, baseball and softball. The decision to wear or not to wear a mouth guard in these sports shall be left up to each family.

By signing this, we acknowledge that we have read the above information.. PARENTS, GUARDIANS OR STUDENT WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN A SCHOOL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.

I HEREBY GIVE MY CONSENT FOR THE STUDENT NAMED ABOVE.

1. To represent Robbinsdale Area Schools in approved student activities except those indicated by an examining medical doctor.
2. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of activities or travel.
3. I fully understand the Robbinsdale Area Schools does not provide any accident or health insurance coverage for my boy/girl while participating in student activities. I fully understand that is it my responsibility to provide insurance coverage for my boy/girl. I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the student named above in the proper course of such student activities or travel.

ATHLETIC TRAINER AUTHORIZATION

Armstrong High School staffs a certified and registered athletic trainer through the Institute for Athletic Medicine for the purposes of educating student-athletes and preventing and treating injuries to the student-athletes while participating in school-related events and programs.

I consent to the athletic trainer treating injuries and discussing any injuries or medical conditions with coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.

I understand that in the case of injury or illness requiring transportation to a health care facility, every attempt will be made to contact me but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

A copy of Fairview's Notice of Privacy Practices can be obtained via internet at www.fairview.org, e-mail to privacy1@fairview.org, or mail to Fairview Privacy Office 2450 Riverside Ave, Minneapolis, MN 55454.

Date _____
(Month, day, and year)

Signed _____
(Parent/guardian signature)

