

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 604.4.1.1.2P Adopted September 1991 Revised October 2019

Title Middle School Annual Sports Health Questionnaire, Participation Release and Fees

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Check (✓) the sport(s) you are paying for *now*; in accordance with Administrative Regulation 507.2AR. The fee for each sport is **\$110**; students may participate in only one sport per season. **If a student quits an activity within five days, the fee will be refunded.**

- |   |  |   |
|---|--|---|
| <p><b>Fall Season</b></p> <p>_____ Girls Soccer</p> <p>_____ Boys Soccer</p> <p>_____ Girls Tennis</p> <p>_____ Girls Volleyball</p> <p>_____ Boys Cross Country</p> <p>_____ Girls Cross Country</p> | <p><b>Winter Season I</b></p> <p>_____ Girls Basketball</p> <p>_____ Boys Wrestling</p> <p><b>Winter Season II</b></p> <p>_____ Boys Basketball</p> <p><b>Winter Season III</b></p> <p>_____ Boys Swimming</p> <p>_____ Girls Swimming</p> | <p><b>Spring Season</b></p> <p>_____ Boys Track</p> <p>_____ Girls Track</p> <p>_____ Boys Tennis</p> |
|---|--|---|

**Grades 7-12, High School Programs** – Students who want to try out for these sports must *register and pay* at the high school in their attendance area using this form. The fee for each adapted sport is **\$110**; all others are **\$149**.

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|--|---|--|
| <p><b>Fall Season</b></p> <p>_____ Adapted Soccer, CI/PI</p> | <p><b>Winter Season</b></p> <p>_____ Girls Gymnastics</p> <p>_____ Nordic Skiing</p> <p>_____ Girls Hockey</p> <p>_____ Adapted Floor Hockey, CI/PI</p> | <p><b>Spring Season</b></p> <p>_____ Girls Softball</p> <p>_____ Adapted Softball, CI/PI</p> |
|--|---|--|

NOTE TO STUDENTS AND PARENTS/GUARDIANS: Middle school students participating in high school athletics will not be released early from school to attend practice, but may be released early to attend competitions. Transportation from middle school to high school is the responsibility of the parent.

**NOTE TO STUDENTS AND PARENTS/GUARDIANS: In order to participate in any practices and games, a student must have a valid sports-qualifying physical examination form on file at his or her school. Registrations will NOT be accepted until a sports-qualifying physical form is turned in or on file. If the student recently had a sports-qualifying physical, attach a signed note from the physician with the date of the physical or a copy of the physical examination form.**

Do you have a physical form from within the last three years on file at school?     Yes     No  
If you recently had a physical, please return the form along with the participation fee.

The following questions must be answered by the parent or guardian: **(please circle)**

- |   |     |    |
|---|-----|----|
| 1. Has the student been hospitalized since the above physical examination?  | YES | NO |
| 2. Has the student had a major injury since the above physical examination?   | YES | NO |
| 3. Has the student required medication on a daily or episodic routine?<br>(Example: insulin daily or asthma medication with an attack)        | YES | NO |
| 4. Has the student been knocked unconscious at any time within the past 12 months?  | YES | NO |
| 5. Has the student had a tetanus (lockjaw) booster within the last 10 years?  | YES | NO |
| 6. Has the student had one or more severe allergic reactions?   | YES | NO |
| 7. Do you know of or believe there is any health reason why this student should not participate in middle school athletics? If so, why? _____ | YES | NO |

**The undersigned, herewith,**

- A. Grants the above-named student permission to participate in school athletic activities;
- B. Grants permission to take the student on supervised trips connected with athletic activities;
- C. Understands that the student must refrain from practice or play during medical treatment until he or she is given a written permit by a physician to resume participation;
- D. Understands that middle schools follow the guidelines of the Minnesota State High School League as they pertain to drugs and alcohol;
- E. Certifies the parent/guardian and the student have received and read the CDC concussion fact sheet found on the reverse of this document, and
- F. Certifies that the answers to the above questions are correct and true.

**Parent/guardian's permit, health questionnaire and participation fee must be completed, signed and placed on file in the school office before the student will be permitted to practice or play.**

I am enclosing \$ \_\_\_\_\_ (checks are payable to the school)

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

\$ \_\_\_\_\_  
Amount received