

2023-2024 Fine Arts and Activities Registration Form

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|---|-----------------------|
| FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX | |
| Amount: _____ | Date: _____ |
| Check #: _____ | Cash Receipt #: _____ |
| CC: _____ | Received By: _____ |

ONLINE REGISTRATION PREFERRED

To expedite registration, Parents/Guardians should register for activities online at: robbinsdalecooperhs-ar.schooltoday.com.

This form must be COMPLETED, SIGNED, AND RETURNED to the Cooper Activities Office, along with ALL FEES, before the student will be permitted to practice or participate in the activity. The Activities office accepts CASH, CHECK or CREDIT CARD. **MAKE CHECKS PAYABLE TO COOPER HIGH SCHOOL.**

Student's Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Students Phone _____ Date of Birth _____

Parent / Guardian 1 (Print) _____ Cell/Home Phone _____

Parent / Guardian 2 (Print) _____ Cell/Home Phone _____

Activity Fee: \$110 per activity _____ FAMILY MAX: \$700 per school year (Activities & Athletics)

Education Benefit (Reduced) \$50 _____ Education Benefit (Free) \$25 _____

**** To be eligible for Educational Benefits, which includes reduced activity fees, families MUST apply online at rdale.org. Show a copy of the award letter from Titan/District 281 confirming their education benefit status to the activity's office. ****

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|-------------------|-----------------|-----------------|-----------------|-------------|--------------|-----------------|
| MUSIC: | Bella Voce | Chamber Singers | Chamber Strings | Jazz Band I | Jazz Band II | Drop the Octave |
| | Treble Ensemble | Marching Band | Color Guard | | | |
| FINE ARTS: | Debate | Speech | Fall Play | Musical | One Act Play | Spring Play |
| OTHER: | Math Club | Quiz Bowl | Robotics | STEP Team | Hip Hop Team | |

STATEMENTS TO BE SIGNED BY PARTICIPANT AND PARENT OR GUARDIAN

I have read and I understand the Eligibility Guidelines for participants. I have furnished a copy to my parents or guardian and have secured my parent's or guardian's signature acknowledging receipt of that copy.

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 respect the property of others.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will be academically eligible to participate in all extracurricular activities and I will have a passing grade in 80% of my classes.
- 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.
- **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 Cooper.**

Date _____ Signed _____
(Month, day, and year) (Signature of student)

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.

Date _____ Signed _____
(Month, day, and year) (Signature of parent/guardian)