

ISD 728 ONLINE CO-CURRICULAR ACTIVITIES REGISTRATION

Before starting registration, parents & students should carefully review the Sports/activities Eligibility information in the student handbook found on the high school websites and the [Minnesota State High School League Eligibility Brochure](#).

ISD 728 requires a Registration be completed for each Co-Curricular Sport/Activity prior to participation.

NOTE: Registrations received less than **five (5)** days prior to the start of the season may result in a delay in a student's ability to participate (until the registration is processed).

Parent/guardian and student must agree to the terms presented in order to submit the registration.

Registration includes the following:

1. Eligibility Forms:

- ISD 728 Activity Eligibility
- MSHSL Annual Eligibility Statement
- MSHSL Annual Health Questionnaire

2. Activity Emergency Card

3. Co-Curricular Fee Payment:

- Payments accepted on-line: With Registration or Pay at a Later Date (Parent Portal-Fee Tab) or cash or credit in the Activities Office.
- Fee Waivers may be available if you qualify for Free or Reduced Lunch. Please provide a copy of your ISD 728 Food Service letter to the Activities Office.
- Any student that withdraws from a program after the first contest will **not** receive a refund.
- Co-Curricular Family Max is \$775.00 per school year. Contact the Activities office if you have met your annual family max.
- Elk River School District has contracted with an outside service to handle all aspects of collecting checks that have been returned. There will be a service charge on all returned checks, as allowed by MN State Statute 604.113.
- Unpaid Co-Curricular Fees will be forwarded to a collection agency by ISD 728.

Sports Physical: In addition to the online registration, athletes must provide a Sports Physical.

- Updated Sports physicals are required every **three (3)** years, they must be on file with the school, and current for the entire season. Fine Arts do not require a sports physical (i.e. Jazz Band, Drama, Speech).
- Sports physicals should be submitted to your High School Activities Office.

Student Accident Insurance Available to ISD728 Families

NOTE: *The ISD 728 school district does not provide any type of health or accident insurance for injuries incurred by your child(ren) at school. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you feel your coverage is not adequate, as a service to students and families, ISD 728 has contracted with Student Assurance Services Inc. to provide parents with the opportunity to purchase student accident insurance for their child(ren). Students can enroll at any time during the policy period. This is a valuable option for those who desire to provide or supplement their health insurance.*

A variety of options exist to meet the needs of each individual, full details can be found at:

www.isd728.org/Insurance

ISD 728 Activity Eligibility Form

Student	Enrolled School		
Birthdate	Grade	Activity	
Address	SchoolYear		
City	Zip		
Parent/Guardian	Email		
Phone	Current GPA	Credits Earned	
Select Type from dropdown			

Have you attended your current High School since the first day of 9th Grade? No Yes

If NO:

School(S) Attended:

Please add School, City and Date on separate lines

STUDENT ACTIVITIES GUIDELINES & TRAINING RULES

These training rules apply to all student activities sponsored by ISD 728:

1. All regulations established by the Minnesota State High School League and ISD 728 schools must be followed.
2. Each coach/advisor will have on file rules and policies which will be enforced by the coach/advisor and the administration.
3. All members of a group will be expected to travel with the group and return with the group. The only exception - when transported by a parent - which must be prearranged.
4. You must be in school the day of the contest/event/performance in order to participate. Participation includes practice and competition/performance. Regular school attendance policy applies.
5. Any student who participates in high school athletic or activities who is assigned all day in-school suspension will be ineligible for practice and/or competition/performance on that day.
6. Students who take part in high school athletic or activities are not permitted to use or have possession of tobacco (including e-cig), drugs, or alcoholic beverages during the calendar year. Penalties are prescribed by the Minnesota State High School League.
7. Students involved in sexual harassment activities, initiations, and/or hazing will be subject to penalties as specified by the MSHSL.
8. Students involved in vandalism of school property, violation of school rules, or violation of the criminal code may be subject to MSHSL penalties. Student must be a good citizen.

GENERAL LETTERING GUIDELINES

1. MSHSL and ISD 728 training rules must be followed. (Students violating the rules during the season will not be eligible for lettering recognition.)
2. Students must complete the entire season as defined in the activity policy. Each program has an individually defined season.
3. Seniors that have faithfully participated in a program may letter.
4. Program managers, tech assistants, etc. may have the opportunity to letter.
5. Fundraising as part of an activity will not be used as a lettering requirement.
6. Each coach shall have on file specific lettering guidelines.

INSURANCE

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you feel your coverage is not adequate, as a service to students and families, ISD 728 has contracted with Student Assurance Services Inc, to provide parents with the opportunity to purchase student accident insurance for their child(ren). Students can enroll at any time during the policy period. This is a valuable option for those who desire to provide or supplement their health insurance.

A variety of options exist to meet the needs of the individual, full details can be found on the

[Student Accident Insurance Information Flyer](#) and also on our website at: www.isd728.org/Insurance

ALL students who wish to participate in an High School activity MUST have this completed form on file at School.

Student's Signature

Date

Parent or Guardian
Signature

Date



2023-2024 MSHSL Eligibility Statement

All MSHSL eligibility determinations are based on the most current official handbook on the MSHSL website at: www.mshsl.org/governance

Statement to be signed by the participant from a MSHSL member school and by the participant's parent or guardian each school year prior to participation in that year.

Please check all items:

I have read, understand, and acknowledge receiving the 2023-2024 MSHSL Eligibility Brochure, which contains only a summary of the eligibility rules of the Minnesota State High School League. I understand that a copy of the Official Handbook of the MSHSL is on file with the senior high school athletic director and or principal and that I may review it, in its entirety, if I so choose.

We, the student and parent, have reviewed Concussion Management Recommendations for MSHSL Athletes contained in the Eligibility Brochure and on the following website: www.cdc.gov/headsup

I understand that once I sign the eligibility statement all eligibility rules apply:

- 12 months of the year;
- Whether I am currently participating or not;
- Continuously from the first signing of the statement through the completion of my high school eligibility.

Regardless of my age I agree to follow all of the MSHSL Bylaws in order to be eligible to represent my school in League-sponsored activities.

I further understand that a member school of the MSHSL must adhere to all of the rules and regulations that pertain to the League athletics/activities a school may sponsor and that local rules may be more stringent, and penalties more severe, than MSHSL rules.

STUDENT CODE OF RESPONSIBILITIES

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 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 not in good standing, a student may not serve any penalty for MSHSL Bylaw violations.

Informed Consent: By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Herpes and Hepatitis B and others. 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 all 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. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN MSHSL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I consent to the athletic trainer or coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.

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

By signing this we acknowledge that we have read the information contained in the 2023-2024 MSHSL Eligibility Brochure and Statement.

I/we acknowledge the electronic signature confirms I/we have read and reviewed the information contained in the contents of the Eligibility Brochure and Statement. I/we also acknowledge this electronic signature has the same legal effect, validity, and enforceability as a signature in a non-electronic form.

The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student/parent understands and agrees that public information shall include names and pictures of students participating in or attending extra-curricular activities, school events, and High School League activities or events.

I am a home school student? **YES** **NO**

I am an online student? **YES** **NO**

Student's Signature

Date

Grade in School

Birthdate

Parent or Guardian
Signature

Date

2023-2024 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE

Name

Age

Birth Date

Grade

School

Sport(s)

Address

City

Zip

Phone

Date of Last Sports Qualifying Physical Exam (SQPE)

For office use only

Check Yes or No for each question or check cannot answer to questions for which you cannot answer.

CANNOT

IN THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire, HAVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS:

YES NO ANSWER

1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?.....

IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR

2. In the last year, have you passed out or nearly passed out *during* or *after* exercise?

3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?.....

4. In the last year, does your heart race or skip beats (irregular beats) during exercise?

5. In the last year, do you get light-headed or feel more short of breath than expected during exercise?

6. In the last year, have you had an unexplained seizure?

IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR

7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?

8. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including an unexplained drowning or an unexplained car accident)?

9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?.....

10. In the last year, has anyone in your immediate family been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?.....

11. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator?.....

MEDICAL RISK QUESTIONS IN THE LAST YEAR

12. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?.....

13. In the last year, have you had COVID-19 illness with trouble breathing; persistent chest pressure; confusion; inability to stay awake; high fever for more than 4 days; pale, gray, or blue-colored skin, lips, or nail beds; or hospitalization and not been approved for return to sports by a physician?

Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Legal Guardian Signature

Athlete Signature

Date

Activities Director Note: (A YES answer to any of the questions above requires a clearance note from a physician prior to participation.)

Supplemental Mental Health Screening Questions

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	Over half of days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying.....	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

ISD 728 Activity Emergency Card

All information will remain confidential.

Coach / Advisor will carry card with him/her at all times.

Sport

Student

Age

Grade

Enrolled School

Home Address

City

Zip

Date of Birth

1. Parent/Guardian's Name

Email

Guardian Phone Numbers

Select Type from dropdown

Select Type from dropdown

Select Type from dropdown

2. Parent/Guardian's Name

Email

Guardian Phone Numbers

Select Type from dropdown

Select Type from dropdown

Select Type from dropdown

PERSON TO CONTACT IN CASE PARENT/GUARDIAN CANNOT BE REACHED

Home Phone

Cellphone

Work phone

Family Physician

Clinic

Clinic Phone

Hospital

Dentist

Dentist phone

HEALTH INSURANCE

POLICY I.D. NUMBER

Please check if the participant has experienced injuries or illnesses with any of the following AND list any previous surgeries:

heart/ breathing/ diabetic / bone/ joint/ neuromuscular /other

Regular Medications

Allergies

In case of accident or illness, I authorize the head athletic trainer or a designee to provide appropriate emergency care. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance for transportation for the participant to the hospital listed above, or to the nearest facility based on the conditions pertaining to the incident. I understand that if an immediate ambulance transport is deemed necessary, I may not be notified until after the transport has been initiated.

Parent or Guardian Signature

Date

Information provided from previous page sports health questionnaire

Please note below any additional health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.

Co-Curricular Fees Assignment and Payment Options

Immediate payment options will be available with the completion of the online registration process or you may pay online (Campus Parent Portal - Fee Tab) or in the activities department by cash or credit prior to the first practice.

Any student that withdraws from a program after the first contest will not receive a refund.

*Fee waivers may be available if you qualify for Free or Reduced Lunch. Please bring a copy of your ISD 728 Food Service letter to the Activities Office. If you need a copy, please contact 763-241-3409.

Co-Curricular Family Max is \$775.00 per school year. Contact the Activities office if you have met your annual family max.

Elk River School District has contracted with an outside service to handle all aspects of collecting checks that have been returned. There will be a service charge on all returned checks, as allowed by MN State Statute 604.113.

All unpaid co-curricular fees for the prior school year ending June 30, will be turned over to a collection agency on December 31 by ISD728. This does not include optional fees or donations.

ISD 728 HIGH SCHOOL CO-CURRICULAR FEE SCHEDULE ANNUAL SCHOOL YEAR FAMILY MAXIMUM OF \$775

<i>FALL</i>		<i>WINTER</i>		<i>SPRING</i>		<i>FINE ARTS</i>
CC Run/ 7-12	\$230	Basketball/ 9	\$200	Baseball/ 9	\$180	Drama
Cheerleading	\$110	Basketball/ 10-12	\$250	Baseball/ 10-12	\$230	Fall or Spring Play \$110
Football/ 9	\$200	Dance	\$250	Golf/ 7-12	\$230	One Act Play \$110
Football/ 10-12	\$250	Gymnastics	\$250	B Lacrosse/ 9-12	\$250	Musical \$110
Soccer/ 9	\$180	Hockey/ 9-12	\$250	G Lacrosse/ 7-12	\$250	Jazz Band \$110
Soccer/ 10-12	\$230	Nordic Ski/ 7-12	\$230	Softball/ 9	\$180	Knowledge Bowl \$110
G Tennis/ 7-12	\$230	B Swim/Dive	\$250	Softball/ 10-12	\$230	Math League \$110
G Swim/Dive/ 7-12	\$250	Wrestling/ 9-12	\$250	Track	\$230	Mock Trial \$110
Volleyball/ 9	\$200			Trap League	\$110	Speech \$110
Volleyball/ 10-12	\$250					

ZIMMERMAN ONLY - 7th AND 8th SPORTS

Girls Soccer	\$150
Girls Volleyball	\$150
Boys & Girls Basketball	\$150
Boys & Girls Track and Field	\$150
Girls Softball	\$150

Office Use Only - RECEIVED

Check# _____	Amount _____
Cash _____	Amount _____
Online _____	Amount _____
Free or Reduced Lunch Amt Waived _____	
<div> <div>_____</div> <div>Fall</div> <div>_____</div> <div>Winter</div> <div>_____</div> <div>Spring</div> </div>	