

Robbinsdale Middle School 2016-2017 Activities Participation Form

I, undersigned, grant _____ (student's name) permission to participation in the activity below. Grade _____

Athletics (Circle the activity for the current season ONLY):

Fall		Winter I		Winter II		Spring	
Boys Soccer 7, 8	\$46	Boys Wrestling 7, 8	\$46	Boys Basketball 7,8	\$46	Boys Track 7, 8	\$46
Girls Volleyball 7, 8	\$46	Girls Basketball 7, 8	\$46			Girls Track 7, 8	\$46

Activities

Beatz & Mindz	\$0	Chess	\$0	Destination Imagination	\$0	GOTR	_____
Math Club	\$0	MCC	\$0	Musical	\$40	Newspaper	\$10
Rebmahc	\$0	Play	\$20	STEP	\$20	Student Council	\$0
Select Choir	\$0	Yearbook	\$0	_____	_____		

The Maximum charge per family in the district will be \$700.00 per school year.

*****Parents: If you are unable to pay the full amount, please pay as much as you can (We are asking at least half).**

Robbinsdale Area Schools Permission Slip and Waiver Form

1. As a parent/guardian, I give my permission for my child to participate in Middle School Activities. These activities are not required by the Robbinsdale Area School District. In addition, I give permission for my child to participate in all off-site competitions, practices and activities associated with these Middle School Activities, including transportation to and from such events. I am aware of the inherent risks associated with these activities and that all risks cannot be prevented. If my child should require emergency medical treatment, I consent to such treatment. I acknowledge that the school district does not provide accident or health insurance for students and I agree to be responsible for any medical bills incurred as a result of emergency medical treatment. To the maximum extent permitted by law, I hereby hold harmless and release the school district, its officers, employees and volunteers, from any claims for damages or injury to my child or property, which may arise from my child's participation in the above program and all related activities. This release holds harmless clause does not apply to intentional or negligent acts of the school district, its officers, employees and volunteers that cause harm to my child. However, by signing below, I agree that the school district will not be responsible to pay any deductible on any insurance our family may have, if a claim is made that arise out of my child's participation in sports. If I am concerned about the program identified above or any of the activities or risks associated with the program, I understand that I can contact the Robbinsdale Area School District or my child's middle school.

2. **Students will be expected to follow all school rules, including those covered in the district's Discipline Handbook.**

3. The participant will be required to pay for any issued equipment/uniforms which are not returned.

4. **After the beginning of the season, a refund request will be honored only if the student, through no fault of his/her own cannot continue with the activity. No refund will be provided in case of quitting an activity or being dropped from an activity because of disciplinary action or academic eligibility. The allowable reasons for refund include: injury, illness, or transfer to another school out of district. There will be no refunds after the midseason of the activity has been reached.**

5. **FOR ATHLETES ONLY:** I hereby accept full responsibility for the physical condition of my student to participate in this activity. A DOCTOR'S EXAMINATION IS REQUIRED (within the last 3 years). No responsibility for the student's physical condition is assumed by the school or its coaches.

Please make checks payable to ROBBINSDALE MIDDLE SCHOOL.

DATE: _____ **Parent/Guardian Name (print)** _____

Parent/Guardian Signature _____

Daytime Phone Number _____

Home Phone Number _____

Copies: White-Bookkeeper

Yellow-Coach

Revised August, 2016