



## ISD 728 ONLINE ACTIVITIES REGISTRATION

Before starting registration, parents & students must first review the activities information handbook found at the school website, including the [Minnesota State High School League ELIGIBILITY BROCHURE](#).

ISD728 requires a Registration be completed for each Co-Curricular Activity/Sport prior to participation. Parent/guardian and student must agree to the terms presented in order to submit the registration. Registration includes the following:

1. ISD 728 High School Eligibility Form
2. MSHSL Athletic Eligibility Statement Form
3. MSHSL Annual Sports Health Questionnaire Form
4. Activity Emergency Card (per each sport/season)
5. Fee Information (payment required prior to participation)

In addition to the online registration, athletes must also provide a valid Sports Physical completed within the last three (3) years and current through the entire season. Submit your Sports Physical to the school Activities Office prior to first practice. Activities/Fine Arts do not require a physical (i.e. Jazz Band, Drama, Speech, Knowledge Bowl).

Online registration provides the required annual eligibility forms, emergency card, and fee assignment with option for immediate payment by credit card. Any student that withdraws from a program after the first contest will not receive a refund.

PLEASE NOTE: All Registrations must be processed by the Activities Office. Any online registration received less than 3 days prior to the start of the season may result in a delay in a students ability to participate (until processing is complete).

NOTE: 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](http://www.isd728.org/Insurance)

# ISD 728 Activity Eligibility Form

Student \_\_\_\_\_ Enrolled School \_\_\_\_\_  
Select from dropdown

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Activity \_\_\_\_\_

Address \_\_\_\_\_ School Year \_\_\_\_\_

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.

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



# 2022-2023 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.**

**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:**

**CANNOT  
ANSWER**  
**YES NO |**

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?...~~(0000)~~.....
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

(If the sum of responses to questions 1 & 2 or 3 & 4 are  $\geq 3$ , please see your provider)

# 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 \_\_\_\_\_

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 \_\_\_\_\_ Cell phone \_\_\_\_\_ 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 \_\_\_\_\_

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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.

*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. This does not include optional fees or donations.**

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

<i><b>FALL</b></i>		<i><b>WINTER</b></i>		<i><b>SPRING</b></i>		<i><b>FINE ARTS</b></i>	
CC Run / 7-12	\$230	Basketball / 9	\$200	Baseball / 9	\$180	Drama	
Cheerleadng	\$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 G	\$230	B Swim/Dive	\$250	Softball / 10-12	\$230	Math League	\$110
Swim/Dive / 7-12	\$250	Wrestling / 9-12	\$250	Spring Trap	\$110	Mock Trial	\$110
Volleyball / 9	\$200			Track	\$230	Speech	\$110
Volleyball / 10-12	\$250						

**ZIMMERMAN ONLY - 7th AND 8th GRADE SCHOOL SPORTS**

Girls Soccer	\$100
Girls Volleyball	\$100
Boys & Girls Basketball	\$100
Boys & Girls Track and Field	\$100
Girls Softball	\$100

Office Use Only - RECEIVED		
Check # _____		Amount _____
Cash _____		Amount _____
Online _____		Amount _____
Free or Reduced Lunch Amt Waived _____		
<b>\$775 Family Max</b>		
Fall	Winter	Spring
<i>7th and 8th grade school sport fees are not applied towards Family Max</i>		