

## **Lace up your running shoes!**

### **Track season starts March 19th!**

Welcome to the 2018 North Star Track & Field season. It looks to be another great year of running, throwing, and jumping!

Practices begin in the **North Star Academy Gymnasium on Monday, March 19th:**

- We will hold practice every Monday, Tuesday, and Thursday from 4:15-5:30 pm.
- *Students will need to be picked up **no later than 5:45 pm.***

This year we will be outside as much as weather allows, without a building for shelter if it rains, so be sure that you are **always prepared** with the **appropriate clothing:**

- running shoes or boots
- shorts, exercise pants, sweatpants or snow pants
- running jacket, sweatshirt and/or winter accessories
- Water bottle with student's name on it

There is also a chance for going out in the snow; so, **snow pants, boots and winter accessories** might also be required. If athletes are not properly dressed they will **not** be allowed to come to practice.

This year's coaches are:

Scott Ewen: [scott.ewen@duluthedison.com](mailto:scott.ewen@duluthedison.com) c: 507-250-2519 w: 728-9556 x3340

Lynn Synder: [lynn.synder@duluthedison.com](mailto:lynn.synder@duluthedison.com)

Rick Walsh: [richard.walsh@duluthedison.com](mailto:richard.walsh@duluthedison.com)

**\*\*All forms and money should be turned into Ms. Tammy in the JA office**

If you have any questions or concerns please contact one of the coaches or Steve Lindberg at 218-728-9556 ext. 5001 or e-mail: [steve.lindberg@duluthedison.com](mailto:steve.lindberg@duluthedison.com)

Please see the attached schedule for the  
dates and locations of the Track Meets

**North Star Academy**  
**EXTRA-CURRICULAR ACTIVITY PARENT PERMISSION SLIP**  
**2017-18**

Activity/Club/Sport: Track

Coach/Sponsor Name: Scott Ewen

Start Date: March 19, 2017

**Parent: Please complete & return this form to the school office.**

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_  
(Parent Name) (Student Name)

to participate in \_\_\_\_\_ at Duluth Edison Charter  
(Sport/Club/Activity)

School Northstar during the \_\_\_\_\_ school year.  
(Year)

My signature evidences that I accept general liability for the participation of my child in the activity, club, or sport identified above and that I agree to indemnify and hold harmless Duluth Edison Charter School, its teachers, its sponsors, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this activity, club, or sport.

If my child is participating in a sports or athletic activity my signature evidences that I understand that each participating student must have a sports physical from a licensed physician on file with the nurse before the first practice of the first sport played each school year. This physical is valid for all sports played during the school year.

My signature also evidences that I agree, in the event of a medical emergency, to allow my child to be treated by medical personnel.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Parent/Guardian Contact Info: Parents and guardians, please provide an email address and phone number which the coaches may use to contact you.

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian phone: \_\_\_\_\_ Cell or Home (circle one)

*Students must have a 2.0 or higher GPA to participate. Students must have a completed and signed permission slip and sports physical (if applicable) before they will be permitted to participate in the above activity, club, or sport. Students without permission slips (and sports physicals, if applicable) will not be allowed to participate.*

**Duluth Edison Charter School  
North Star Academy  
Authorization and Eligibility Guidelines  
Activity Department 218-728-9556 ext. 5012**

*Instructions for completion by student and parent/guardian.*

*Please read all guidelines and forms included in this package.*

*Sign EACH place your signature is requested.*

*A physical exam is required every three years and MUST BE SIGNED BY A PHYSICIAN.*

*Include the necessary fee for the activity your student will participate in.*

**ATTENDANCE STANDARDS**

*Athletes are expected to abide by all school attendance and behavior guidelines. Student athletes that are removed from class for disciplinary reasons, or miss school time due to an unexcused absence will not be allowed to participate in the next scheduled competition.*

**ELIGIBILITY STANDARDS**

*Student must have a physical examination within the past 3 years on file, and immunizations must be up-to-date.*

*Parent/Guardian must fill out MINNESOTA STATE LEAGUE PERMIT & HEALTH QUESTIONNAIRE.*

*Student must be IN GOOD STANDING with the school. This means a student may be suspended from competition for violating the school's code of conduct.*

*Students must maintain a 2.0 GPA*

**ENROLLMENT STANDARDS**

*Students must be officially enrolled in, and attend school before they are eligible to represent the school in sponsored activities. Students are eligible for participation if enrolled in school from the beginning of the semester. Students enrolling after the semester begins, will gain eligibility at the start of the third week or the 15<sup>th</sup> calendar day after enrollment.*

**STATEMENT TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN**

*I have read and I understand the Standards for the Duluth Edison Charter School North Star Academy Athletic department.*

\_\_\_\_\_

*Student signature*

*Date*

\_\_\_\_\_

*Parent/Guardian signature*

*Date*

**MINNESOTA STATE LEAGUE PERMIT AND HEALTH QUESTIONNAIRE**

*Minnesota State League regulations state that any student who intends to participate in interscholastic athletics must have a physical exam within the previous three years on file. More frequent exams may be required. The following questions must be answered by the **parent/guardian**.*

*The student named, has this physical exam on file..... YES NO*

*Has this student been hospitalized since the physical exam?..... YES NO*

*Has this student had a major injury since the physical exam?..... YES NO*

*Does this student have only one organ of usually paired organs?..... YES NO*

*Does this student require medication daily or in response to an episode? (example: insulin daily, or inhaler for asthma attacks)..... YES NO*

*Has this student been knocked unconscious at any time within the past 12 months?..... YES NO*

*Do you know of, or believe there is any reason why this student should not participate in interscholastic athletics?..... YES NO*

*If so, why? \_\_\_\_\_*

I certify that the answers to the questions above are correct and true. I grant permission for this student to participate in North Star Junior Academy interscholastic athletics. I grant permission to take the student on supervised trips connected with the League activities. I understand the student may refrain from practice or play during medical treatment until he/she is given written permission from the attending physician to resume participation.

\_\_\_\_\_
Parent/Guardian signature

\_\_\_\_\_
Date

**ATHLETIC INSURANCE WAIVER**

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I give my consent for this student to
Represent the school in approved athletic activities except those indicated by a physician.
Receive emergency medical care, which may become necessary in the course of athletic activities or travel.
I fully understand that Duluth Edison Charter School North Star does not provide accident or health insurance coverage for my child. I understand that it is fully my responsibility to provide insurance coverage for my child. I agree not to hold the school or anyone acting on its behalf, responsible for any injury occurring to this student in the proper course of such athletic activities or travel.

PARENTS/GUARDIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED ABOVE SHOULD NOT SIGN THIS FORM AND CANNOT PARTICIPATE.

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

\_\_\_\_\_
Parent/Guardian Signature Date

**EQUIPMENT FEE & SCHEDULE**

Fees must be paid in the office before the first game. Makes checks payable to: **DPSA** and indicate on the memo line the **name of the sport.**
There will not be any scholarships for the activity fee. Students who receive free lunch are not required to pay this fee. Students who receive reduced lunch will have a \$25.00 fee.
Students who drop out of the activity after the first week will forfeit the fee.
**Circle the sport you are participating in below.**

Basketball \$125 Soccer \$125 Volleyball \$125 Cross Country Skiing \$125

Cross Country \$50 **Track \$50** Knowledge Bowl \$50 Robotics \$50

I have included \$ \_\_\_\_\_ to help cover the cost of the program

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_
Parent/Guardian \_\_\_\_\_

# **Legal Guardian Consent to Share Educational Benefits Status for the Purpose of Receiving a Reduced Participation Fee for School Sponsored Programs/Athletic Teams**

*By signing this waiver, you agree to allow the school food authority to share your student's free or reduced price meals eligibility with other required school personnel for the purpose of receiving a reduced participation fee for this activity. Your child's meal eligibility will not be affected should you choose not to allow this information to be shared.*

*Legal Guardian (Print): \_\_\_\_\_ (should be the same person who completed the application for educational benefits)*

\_\_\_\_\_  
*Signature* *Date*

*Participating Student's Name(s):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Activity/Team:* \_\_\_\_\_

*The Minnesota Department of Education, along with Duluth Edison Charter Schools acknowledge and agree that children's free and reduced price meal and free milk eligibility information obtained under provisions of the Richard B. Russell National School Lunch Act (NSLA) or Child Nutrition Act of 1966 (CAN) and the regulations implementing these Acts is confidential information.*