

**Duluth Edison Charter School
North Star Academy
Authorization and Eligibility Guidelines 2019-2020
Marc Wickstrom, Athletics & Activities Director 218-728-9556 ext. 5313**

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.
A physical on file is not required for Knowledge Bowl or Lego Robotics participation.
- 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 15th 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**.

- 1. The student named, has this physical exam on file..... YES NO
 - 2. Has this student been hospitalized since the physical exam?..... YES NO
 - 3. Has this student had a major injury since the physical exam?..... YES NO
 - 4. Does this student have only one organ of usually paired organs?..... YES NO
 - 5. Does this student require medication daily or in response to an episode? (example: insulin daily, or inhaler for asthma attacks)..... YES NO
 - 6. Has this student been knocked unconscious at any time within the past 12 months?..... YES NO
 - 7. 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 received before the first game or event. Payments may be made online through the Infinite Campus Parent Portal or dropped off in the office. Checks should be made payable to **DPSA** with the **name of the sport or activity** indicated on the memo line..
- 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 scheduled event will forfeit the fee.

Circle the sport or activity you are participating in below.

Basketball \$140 Soccer \$140 Volleyball \$140 Nordic-Cross Country Skiing \$140

Cross Country Running \$60 Track \$60 Cheerleading \$60 Knowledge Bowl \$60

FLL Lego Robotics \$60 FTC Robotics \$60 Spring Elementary Robotics \$60

Student Name _____ Date of Birth _____

Address _____ Phone _____

Parent/Guardian _____

E-Mail _____

Enclosed please find \$ _____ to cover the registration fee.