Bemidji High Schools Activities Department Form

PLEASE PRINT OR TYPE

Name: _____ Date of Birth (use numbers): Month Day Year
Last First

Circle Year in School: 7 8 9 10 11 12

Are you a transfer student from another school district? Yes No

If yes, list town, state and date moved from: _____

Parents moved at same time? Yes No

Activity (s): _____ Family Doctor: _____

Parents' Name: _____ Home Phone Number: _____

Parent's Address: _____ City: _____

INSURANCE WAIVER

It is hoped there will be few injuries in practice or at events during your season. There are times, however, when emergencies arise and fast treatment by a doctor must be given either at home or away. We want you to know that our school does not carry any benefit or hospitalization program of their own. We would like to have your permission to send your daughter or son to a doctor of their choice if it is deemed necessary by school personnel.

Please Circle One: We (do) - (do not) have a family medical / hospital insurance plan under which above student is covered during her / his participation in the Bemidji High Schools activities program. If you desire insurance protection or additional insurance protection, please contact the Activity Office at 218 - 444 - 1600 (extension 3315 or 3316).

X _____

Signature of Parents or Guardian

MEDICAL EMERGENCIES

I hereby give my approval for the supervising coach/director or Activities Director to take my child in for emergency treatment or a physician's care in an injury situation. This approval will hold in any situation in which I am not present at an event or cannot be contacted by phone. This approval also includes signing for emergency care if I cannot be reached and the care is necessary.

X _____

Signature of Parents or Guardian

EQUIPMENT RELEASE

We understand that any equipment assigned to the charge of the above named student will be returned upon the completion of the activity season or we will assume the financial responsibility for the replacement of equipment lost.

X _____

Signature of Parents or Guardian

ACTIVITY FEE STRUCTURE

A. The co-curricular fee system for all boys and girls in grades 7 - 12 will be as follows:

Grades 9 - 12 (Sports)	$ 70.00 (first sport)	$60.00 (for each sport thereafter)
Fine Arts	$ 70.00	
Maximum fee per family	$ 380.00	

Free / Reduce Lunch Fee Wavier - Available in the Bemidji High School Activity Office

B. Fees must be paid before reporting to practice

C. No refunds unless for medical reasons or family moves, then prorated

D. No refunds for violation of School Policy or Minnesota State High School League Rules