



PARK HIGH SCHOOL

ATHLETIC ACTIVITIES REGISTRATION

Phone: 768-3759 Fax: 768-3760 Web: www.sowashco.k12.mn.us/phs/

SPORTS INFORMATION (PLEASE PRINT CLEARLY)

NAME _____ GRADE _____

ADDRESS _____ ZIP _____

DATE OF BIRTH ___/___/___ PHONE _____

SCHOOL: PHS CGMS OMS _____
HIGH SCHOOL ATTENDANCE BOUNDARY _____

SPORT you are registering for: _____

Academic Eligibility _____
Physical Date _____
Payment
<input type="checkbox"/> Online / Check# _____
<input type="checkbox"/> Cash
Letter _____
Office use only

NEW TRANSFER STUDENT TO PARK HIGH SCHOOL IN THE PAST 12 MONTHS? YES _____ NO _____
NAME AND PHONE NUMBER OF SCHOOL TRANSFERRING FROM: _____
Is this your first transfer since the 9 th grade? YES ___ NO ___ (list all former schools) _____
School where you first entered 9 th grade _____ Date first entered 9 th grade ___/___/___
DISTRICT #833 ENROLLMENT DATE _____ Did parents move also? _____

DISTRICT ACTIVITIES FAMILY CAP OF \$475 FOR THIS YEAR HAS BEEN MET: YES _____ NO _____
If yes, list each family member followed by sport: _____

The following information **MUST** be documented before an Athletic Permit can be issued:

- Sports Information and Insurance Verification Form (GREEN SHEET) filled out and **signed**
- Minnesota State High School League Parent's Permit & Health Questionnaire (WHITE SHEET) filled out and **signed both front and back** by parent/guardian and student.
- Coach's Emergency Card filled out and **signed**.
- Verification of a **Sports Physical** (physical must say that the student can participate in school sports) examination within the last three years.
- Certification of scholastic eligibility (School provides information)
- Sports Fee (**payable to District #833, include students first & last name, sport registering for, grade and school name on the memo line**) FEES are TBA – no refunds will be given after two weeks of practice, if cuts are made or an injury occurs, fees are refundable.

Fall: Adapted Soccer (\$155), Cheerleading (\$150), Cross Country (\$150), Football (\$155), Boys & Girls Soccer (\$155), Girls Swim & Diving (\$155), Girls Tennis (\$155), Volleyball (\$155).

Winter: Alpine Skiing (\$150), Boys & Girls Basketball (\$155), Cheerleading (\$150), Dance Team (\$150), Gymnastics (\$155), Boys & Girls Hockey (\$180), Nordic Skiing (\$150), Boys Swim & Diving (\$155), Wrestling (\$155).

Spring: Adapted Softball (\$155), Baseball (\$155), Boys & Girls Golf (\$150), Boys & Girls Lacrosse (\$155), Softball (\$155), Boys Tennis (\$155), Boys & Girls Track & Field (\$155).

Each eligible participant will be given a **“Yellow” ATHLETIC/ACTIVITIES PERMIT CARD**, which is then presented to the coach on the first day of practice. No student may practice without a Permit Card.

INSURANCE VERIFICATION

I hereby request that _____ be permitted to participate in all high school athletics. I give my permission for him/her to be sent to his/her family doctor, or another doctor of his/her choice, for an examination or treatment deemed necessary by his/her coach resulting from his/her activities in high school athletics. I have my own insurance and/or I will be responsible for all services rendered by a doctor or hospital.

SIGNATURE _____ Date _____
Parent and/or Legal Guardian