

**FOR OFFICE USE ONLY**  
 Amount \_\_\_\_\_ Date \_\_\_\_\_  
 Check \_\_\_\_\_ Cash \_\_\_\_\_

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**THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE ACTIVITIES OFFICE ALONG WITH ALL FEES BEFORE THE STUDENT WILL BE PERMITTED TO PARTICIPATE**

Student's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Parent/Guardian (primary) name \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Parent name \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Name of the school where you started ninth grade \_\_\_\_\_  
 List all other schools (9-12) you have attended \_\_\_\_\_

**Fee: \$110** Does student receives free/reduced lunch? Yes \_\_\_\_ No \_\_\_\_ Reduced fee: (\$50)\* \_\_\_\_ Free fee: (\$25)\* \_\_\_\_  
**(Family Maximum \$700) \*Families must bring in the letter of 2019-20 Nutrition determination or sign below giving authorization**  
 **YES! I DO want school officials to share my Free/Reduced status with the Activities Department.**  
 Parent/Legal Guardian Signature \_\_\_\_\_

- |                     |                     |                         |                        |
|---------------------|---------------------|-------------------------|------------------------|
| Chamber Singers [ ] | Chamber Strings [ ] | Debate [ ]              | Diva Voce [ ]          |
| Fall Play [ ]       | Jazz Band [ ]       | Madrigal - Freshman [ ] | Madrigal - Varsity [ ] |
| Marching Band [ ]   | Math Team [ ]       | Musical [ ]             | Quiz Bowl [ ]          |
| Speech [ ]          | Step Team [ ]       | Tech Crew [ ]           | Viva Voce [ ]          |

**STATEMENTS TO BE SIGNED BY PARTICIPANT AND PARENT OR GUARDIAN**

I have read and I understand the Eligibility Guidelines for participants. I have furnished a copy to my parents or guardian and have secured my parent's or guardian's signature acknowledging receipt of that copy.

**STUDENT CODE OF RESPONSIBILITIES**

The member schools of the Minnesota State High School League believe that participation in interscholastic activities is a privilege which is accompanied by responsibility. As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities.

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and the laws of my community, state and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.
- **A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by the principal. While a student is not in good standing, a student may not serve any penalty or MSHSL bylaw violations until they return as a full time student at Armstrong.**

Date \_\_\_\_\_ (Month, day, and year)      Signed \_\_\_\_\_ (Signature of participant)

**I HEREBY GIVE MY CONSENT FOR THE STUDENT NAMED ABOVE.**

1. To represent Robbinsdale Area Schools in approved student activities except those indicated by an examining medical doctor.
2. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of activities or travel.
3. I fully understand the Robbinsdale Area Schools does not provide any accident or health insurance coverage for my boy/girl while participating in student activities. I fully understand that it is my responsibility to provide insurance coverage for my boy/girl. I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the student named above in the proper course of such student activities or travel.

Date \_\_\_\_\_ (Month, day and year)      Signed \_\_\_\_\_ (Signature of parent or guardian)