

2020-21 Fine Arts Registration Form

This form must be COMPLETED, SIGNED, AND RETURNED to the Cooper Activities Office, along with ALL FEES, before the student will be permitted to practice or participate in the activity. The Activities office accepts CASH, CHECK or CREDIT CARD.

FOR OFFICE USE ONLY

Amount _____ Date _____

Check _____ Cash _____

MAKE CHECKS PAYABLE TO COOPER HIGH SCHOOL.

Student's Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Phone () _____ Date of Birth _____ M _____ F _____

Parent / Guardian 1 (Print) _____ Cell/Home Phone _____

Parent / Guardian 2 (Print) _____ Cell/Home Phone _____

Activity Fee: \$110 per activity Reduced lunch Fee: (\$50) _____ Free lunch Fee: (\$25) _____

Family Maximum: \$700 (Athletics & Activities)

*To receive REDUCED or FREE activity fee rate, Families **MUST** bring in the letter they received from the district confirming their free/reduced status or sign the waiver below to receive the F/R rate.*

This waiver is valid for the current school year and only this student. I am the parent/legal guardian of the student listed above.

Yes! I DO want school officials to share my Free/Reduced status with Fine Arts/Activities.

Circle Activity:

Parent/Guardian Signature

MUSIC:	Bella Voce	Chamber Singers	Chamber Strings	Jazz Band I	Jazz Band II	Drop the Octave
	Treble Ensemble	Marching Band	Color Guard			
FINE ARTS:	Debate	Speech	Fall Play	Musical	One Act Play	Spring Play
OTHER:	Math Club	Quiz Bowl	Robotics	STEP Team	Hip Hop Team	

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 respect the property of others.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will be academically eligible to participate in all extracurricular activities and I will have a passing grade in 80% of my classes.
- 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 Cooper.**

Date _____
(Month, day, and year)

Signed _____
(Signature of student)

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 is it 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/guardian)