



Home of the Falcons

Wabasha - Kellogg

Excellence in Education

Independent School District #811
2113 East Hiawatha Drive
Wabasha, MN 55981
www.wabasha-kellogg.k12.mn.us

**Welcome to another exciting season of activities at Wabasha-Kellogg High School
2023-2024 School Year**

This letter is to clarify what must be done **BEFORE** a student is eligible to begin practices. Please read this information and return the signed forms together with your participation fees to the HS Office. According to the Minnesota State High School League rules, **NO ONE IS ALLOWED TO PRACTICE OR PLAY UNTIL THE FOLLOWING OBLIGATIONS ARE TAKEN CARE OF:**

Sign and return:

- MSHSL health questionnaire (2-sided BLUE) –Needs to be returned-
- Insurance form (GREEN) –Needs to be returned-
- Waiver of Liability (GOLD) -Needs to be returned-
- Travel Release/Emergency notification information (2-sided) –Needs to be returned-

The MSHSL Eligibility bulletin (6 pgs.), containing eligibility statement, rules and concussion management, **DO NOT** need to be returned, but should be read through.

A physical exam is needed by a doctor every three (3) years. The physical on file at school must be good for the entire school year. It is the responsibility of the student/parent to make sure your physical is current. **Please provide a copy to the school.**

Participation fees will be refunded **ONLY** if the athlete is injured before the first 1/4 of the games are played. A doctor's note is required to receive the refund.

Students will have 14-days from the first day of practice to join and/or transfer their activity fees to another activity. The transfer of fees must be done within the current school year.

Participation fees for sport(s) must be paid BEFORE you start practice. Checks are made payable to Wabasha-Kellogg School. If fees cannot be paid by the first day of practice you must contact the Athletic Director, to make arrangements for the payment of fees. ****Assistance is also available through the Booster Club & Community Resources if you qualify.** Contact Lisa for information.

- **7th & 8th grade sports are \$50**
- **9th thru 12th grade sports are \$75**
- **7th & 8th grade Fine Arts fees are \$30**
- **9th thru 12th grade Fine Arts fees are \$35**

**MANAGERS DO NOT PAY A FEE
But must turn in a Travel Release /
Emergency Information sheet**

When **ALL** forms are properly filled out, signed and returned to the HS Office along with the participation fee, the student will be given a yellow slip telling the coach/advisor that he/she is eligible to practice/play. **COACHES AND THE ACTIVITIES DIRECTOR WILL NOT ALLOW STUDENTS TO BEGIN PRACTICE WITHOUT BEING GIVEN THIS YELLOW SLIP.**

New this year: Only one Travel Release-Emergency Notification information sheet needs to be filled out for each participant so please list all activities and all authorized drivers. If you need to add or delete drivers please contact Lisa in the HS Office.

- If there are any questions regarding registration or eligibility, call Lisa in the HS Office at 565-3559, ext. #252.

INSURANCE INFORMATION

Wabasha-Kellogg Schools is aware that many families have adequate health and accident insurance. Those students participating in interscholastic sports are particularly susceptible to accidents and although the school is not legally responsible for such injuries except in cases of negligence, we do feel an obligation to see that all athletes have proper insurance protection.

A low cost group insurance plan is being offered for those who feel they do not have adequate coverage, or wish to have additional protection. A copy of the plan is included in this packet. There is an additional policy for all students in grade 9-12 who will be participating in football. A copy of this additional policy may be obtained in the athletic office at the high school. Please read all insurance information carefully, as well as checking over your existing insurance before signing and returning the insurance permit slip.

INSURANCE PERMIT

My son/daughter _____ is fully covered in case of injury and may participate in athletics during the school year.

PLEASE CHECK ONE:

_____ By an existing health and accident policy.

_____ By the policy offered through Student Assurance Services, Inc. If you check this box, you will need to pick up and complete an application from the High School Office.

Make the check or money order payable in the proper amount, and return it with this form, to the athletic office. **Do not make the check payable to the school district.**

SIGNATURE OF PARENT/GUARDIAN

DATE _____

GPA RELEASE FORM

I hereby give Wabasha-Kellogg High School permission to release my son's/daughter's GPA for Academic All State purposes

SIGNATURE OF PARENT/GUARDIAN

DATE _____

****This is only necessary for students who will be participating on the varsity squad of their sport****

**WAIVER OF LIABILITY AND PERMISSION TO PARTICIPATE IN
EXTRACURRICULAR ACTIVITIES AND OUT OF SEASON/SUMMER ACTIVITIES**

I am the parent of _____ (hereinafter “my child”), a student who is enrolled at Independent School District No. 811 (“District”). I understand that the District offers students an opportunity to participate in extra-curricular activities, summer athletic competitions and out of season athletic events both on and off District property, and that such participation is completely voluntary.

I recognize and understand that any athletic activity involves physical activity and inherent risks, including but not limited to the risk of physical injury or death. I also understand that these risks will exist despite careful planning and adequate supervision. Knowing the inherent risks and dangers involved, I hereby voluntarily assume such risks and grant permission for my child to participate in extra-curricular activities, summer athletic competitions and out of season athletic events for a period of 12 months: **Sept 1, 2023 thru August 31, 2024**

I represent that my child is sufficiently healthy and otherwise fully capable of participating in extra-curricular activities, summer athletic competitions and out of season athletic events. I further represent that I have had any health concerns reviewed by a physician and that my child has been cleared by a physician to participate in the activity.

In consideration for the District offering the athletic activity identified above, and knowing the inherent risks and dangers that are involved, I hereby voluntarily waive, release, and forever discharge the District and its current and former board members, officers, directors, employees, agents, insurers, and representatives from any and all liability, actions, claims, and demands for personal injury, death, or property loss arising out of or relating to my child’s participation in the extracurricular athletic activity that I have identified above. I further waive any right to bring any claims, demands, legal actions, or causes of action against the District, its board members, officers, directors, employees, agents, insurers, or representatives, unless they engage in gross negligence or willful and wanton misconduct that directly causes harm to my child.

In addition, I hereby agree to hold the District and its board members, officers, directors, employees, agents, and representatives harmless from any and all claims, demands, or liabilities for injury, death, or loss of property arising out of or relating to my child’s participation in the athletic activity that I have identified above. This agreement will be governed by Minnesota law.

I HAVE READ THIS DOCUMENT CAREFULLY. BY SIGNING BELOW, I ACCEPT THE TERMS AND CONDITIONS STATED ABOVE, AND I INTEND TO BE LEGALLY BOUND BY THOSE TERMS AND CONDITIONS.

Dated	Print Name	Signature of Parent/Guardian
Dated	Print Name	Signature of Parent/Guardian
Dated	Print Name	Signature of Student