

Name _____ Phone Number _____ Date of Birth _____ Grade _____
 Address _____ School Enrolled in Last Semester (2015-16) _____
 Father's Name _____ Mother's Name _____
 T-Shirt Size _____ (adult sizes S, M, L, XL, XXL) Student's email _____

CO-CURRICULAR CLUB OR ACTIVITY

**MINIMUM \$60.00 FEE Each (NO CAP)
 There may be additional fees assessed by
 the advisor.**



**These fees help offset stipend for all
 advisors and remaining amount is
 deposited into each activities account.**

- Band (\$60.00)
- Debate (\$60.00)
- Fall Dance (\$60.00)
- Fall Play (\$60.00 - includes performers, set construction, and sound/lights/technical crew)
- Jazz Band (\$60.00)
- Knowledge Bowl (\$60.00)
- Math League (\$60.00)
- Robotics (\$60.00)
- Science Olympiad (\$60.00)
- South Town Singers (\$60.00)
- Speech (\$60.00)
- Spring 3 Act Play (\$60.00 - includes performers, set construction, and sound/lights/technical crew)
- Winter Musical (\$60.00 - includes performers, set construction, and sound/lights/technical crew)

ACTIVITY FEE SCHEDULE

- Membership in the free / reduced lunch program may qualify a student for a reduced activity fee.
- Students who drop out of the activity will forfeit the fee.
- Fees must be paid with this registration form.

INSURANCE WAIVER /INFORMED CONSENT

By signing this, we acknowledge that we have read and understand the Eligibility Guidelines for Rochester Public Schools co-curricular activities. We further understand that a copy of the Official Handbook for the MSHSL is on file with your respective Rochester Public High School activities director and/or principal and that I may review it, in its entirety, if I so choose. We further understand that a member school of the MSHSL must adhere to all of the rules and regulations that pertain to the League activities and club activities a school may sponsor, but that local rules may be more stringent than MSHSL rules. The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility.

*A student with a chemical violation may be dismissed or removed from participation.

STUDENTS MAY NOT PARTICIPATE IN A SCHOOL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S SIGNATURE.

The undersigned, herewith:

- a. Grants the above named student permission to participate in co-curricular activities sponsored by Rochester Public Schools.
- b. Grants permission to take the student on supervised trips.
- c. Grants permission for above named student to receive, through a medical doctor of the school's choice, emergency medical care that may become reasonably necessary in the course of the activity or travel.
- d. I fully understand that Rochester Public Schools does not provide any accident or health insurance coverage for my student while participating in co-curricular activities. 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 activity or travel.
- e. The student /parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility.
- f. The student is fully enrolled and attending Mayo High School.

We have read the foregoing and will abide by the principles and regulations contained therein.

DATE: _____ **SIGNED:** _____
 Month, day, year Signature of Parent or Guardian

DATE: _____ **SIGNED:** _____
 Month, day, year Signature of Student

