



WHS & WMS ACTIVITIES REGISTRATION PACKET

The following documents and fees **MUST** be turned into the
WHS – Activities Office

ALL forms MUST be completed and submitted together:

- ✓ Medical Care Form
- ✓ Code of Conduct
- ✓ Waiver and Release of Liability
- ✓ Academic Eligibility Form
- ✓ Physical (*Athletics Only*)
 - Dated no earlier than April 15th
- ✓ Participation Fee
 - \$65.00 per High School Sport/Activity
 - \$30.00 per Middle School Sport/Activity

****Early Bird Registration Special****

Register BEFORE the deadlines (listed below) and ONLY pay \$55 (HS) / \$25 (MS)!

<u>Season</u>	<u>High School</u>	<u>Middle School</u>
<i>Fall Deadline</i>	<i>August 2nd</i>	<i>August 2nd</i>
<i>Winter Deadline</i>	<i>November 8th</i>	<i>October 16th</i>
<i>Spring Deadline</i>	<i>February 21st</i>	<i>February 28th</i>



**WILLISTON PUBLIC SCHOOL DISTRICT #1
ACTIVITIES DEPARTMENT
MEDICAL CARE RELEASE**



INJURIES: Williston Public School District #1 will strive to ensure that competent coaches/advisors, safe facilities, and safe equipment are utilized. Nevertheless, injuries may still occur. If an injury occurs, notify the coach/advisor. **MEDICAL COSTS FOR INJURIES ARE NOT THE RESPONSIBILITY OF WILLISTON PUBLIC SCHOOL DISTRICT #1.** Williston Public School District #1 does not carry insurance to cover costs involved in an injury. Injury costs are the responsibility of participants and/or their parents/guardians.

We (students and parents/guardians) acknowledge that we (student and parents/guardians) have been properly advised, cautioned, and warned by the administration and advisors/coaches of Williston Public School District #1 that by participating in school activities exposes oneself to risk of serious injury including but not limited to sprains, fractures, ligament and/or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of any limb, brain damage, paralysis, or even death. Having been so cautioned and warned of the risk of injury, it is still my (student) desire to participate in school activities and we (parents/guardians) give our consent for our child to participate in any and all Williston Public School Activities.

Date: _____

Student Name (Print): _____

Student Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Emergency Medical Care Release

We (parents/guardians) do hereby grant permission to the attending physician and/or emergency medical personnel to carry out any and all necessary medical and/or first aid procedures on (full name of student) _____ in the case of an emergency. We (parents/guardians) understand that every effort will be made to contact us before any procedures are carried out, if possible. However, we understand that there may be a situation in which the emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. We hereby give our consent to the above mentioned medical personnel to carry out such procedures if immediately necessary.

We (parents/guardians) further acknowledge that the Williston Public School District does not carry or provide medical insurance to participants in school activities who may be injured or become ill while participating in a Williston Public School District sponsored activity. All such costs are the responsibility of the parents/guardians.

Date: _____

Student Name (Print): _____

Student Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

(Please complete the back side regarding contact information)

Note: This form must be filled out each year. Its purpose is to provide coaches/advisors and medical personnel with the necessary information needed in the event of an emergency. Coaches/advisors are required to carry this information with them at all times including but not limited to practices and games/events. It is the responsibility of the parents/guardians to notify the Head Coach and/or Activities Director at Williston Public School if there are any changes and complete a new form.

Contact Information

Participant's Name: _____ Grade: _____
Address: _____ Birth Date: _____
_____ Age: _____
Home Phone: _____ Male/Female: _____
Cell Phone: _____

Mother/Guardian: _____ Father/Guardian: _____
Work Place: _____ Work Place: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____
Other Number(s): _____ Other Number(s): _____

Name of person to contact if parents/guardians cannot be reached:

Name: _____
Phone: _____
Relationship to participant: _____

Medical Information

Family Physician: _____ Phone: _____
Family Dentist: _____ Phone: _____
Health Insurance Company: _____
Policy Number: _____

Does the participant have any of the following: (Please circle Yes or No)

Physical Restrictions?	Yes	No
Significant Medical Health Issues?	Yes	No
Taking any Medications?	Yes	No
Have any Allergies to Drugs/Food/Etc.?	Yes	No
Surgical History?	Yes	No
Previous Concussion(s)?	Yes	No

Number and Dates of Previous Concussion(s):

If you answered yes to any of the above, please explain in detail below:

Student's First & Last Name: _____

CODE OF CONDUCT & SPORTSMANSHIP

Through the duration of time that I am a student at Williston High/Middle School and a member of Williston High/Middle School's student body and Co-Curricular Program, I am representing Williston High/Middle School and the Williston community. Attending/participating in co-curricular activities is a privilege which is earned. I will be expected to conduct myself in a manner consistent with the high expectations set forth by Williston Public Schools, my advisor/coach, and the North Dakota High School Activities Association.

As a student attending/participating in co-curricular activities, I will conduct myself in an appropriate and sportsmanlike manner at all times. I will respect my fellow students, teachers, participants, advisors, coaches, fans, and supporters of all schools involved; and I will demonstrate this respect through my actions and words. I will set the personal expectation of true sportsmanship by conducting myself in a manner which is positive toward everyone, especially my fellow students, teammates, opponents, and game officials.

As a student attending/participating in co-curricular activities, I realize the importance of respecting school property and the property of others. Just as I expect others to respect my property, I will show respect for their property. The facilities and equipment provided by the school district make it possible for me and others to participate. I will conduct myself in a manner honoring the property of others and in a manner which demonstrates pride in my school and its property.

Classroom misconduct will not be tolerated. I will respect the teacher, all fellow students, and I will do the highest quality work I am capable of.

Students/co-curricular participants are expected to live up to the Code of Conduct policy set up by the school board and sportsmanship community. Any violation of this code shall result in an indefinite suspension, the length of which shall be determined by the principal, with the advice and recommendation of the administrative team.

Because each individual and each violation is different, each infraction will be dealt with on its own merit.

I, _____, have read the above Code of Conduct, understand my obligation, and agree to abide by the rules set forth by Williston High/Middle School, the faculty and administration, coaches/advisors, and the North Dakota High School Activities Association.

Student Signature: _____

As a fan and spectator, I understand that I am expected to show good sportsmanship and be a good role model for young players at athletic events. Failure to do so may result in being asked to leave by security personnel, administrators, or supervisors.

I (We) have read this Code of Conduct and understand the responsibilities my son/daughter has assumed as a member of the extracurricular program at Williston High/Middle School.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Current School Status:
(Circle One)

Full Time at WHS/WMS
Homeschool

Part-Time at WHS/WMS
Co-Op School at: _____

Current Grade Level:
(Circle One)

7th 8th 9th 10th 11th 12th



WAIVER AND RELEASE OF LIABILITY

Student's First and Last Name: _____

ACKNOWLEDGMENT OF RISK AND WARNING

We, the parents/guardians of _____, do hereby acknowledge that we have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Williston Public School District that my/our child named above may suffer serious injury, including but not limited to, sprains, fractures, brain damage, paralysis, or even death by participating in the activity of _____. Notwithstanding such warnings, and full knowledge and understanding of the risk of serious injury to my/our child named above which may result, we give our consent to participate in the activity stated above.

Date / / Parent Signature: _____ Print Name: _____

Date / / Parent Signature: _____ Print Name: _____

Having been so cautioned and warned, it is still my desire to participate in the above activity, and should I choose to participate in the above activity, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above activity.

Date / / Student Signature: _____ Print Name: _____

CONCUSSION WAIVER

By signing this form, I am stating that I have read and/or viewed informational materials regarding concussions deemed appropriate by Williston Public School District #1. I agree to abide by the Concussion Management procedures set forth and by WPSD#1 policy. I recognize and acknowledge that there are certain risks of physical injury, including concussions, to a participant in school-sponsored extra-curricular programs, and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which my child/ward may sustain as a result of participation in any activities connected or associated with any such programs. I waive and relinquish all claims that I, my insurer, or my child/ward may have against the School District and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the program.

Date / / Parent Signature: _____ Print Name: _____

Date / / Student Signature: _____ Print Name: _____

WAIVER AND RELEASE OF LIABILITY

Please read this form carefully and be aware that in registering yourself or minor child/ward for participation in the program(s), you will be waiving all claims for injuries you or your child/ward might sustain, arising out of the program. I recognize and acknowledge that there are certain risks of physical injury to a participant in the program and I agree to assume the full risk of any such injuries, damages, or loss, regardless of the severity which I or my child/ward may sustain as a result of participation in any activities connected or associated with any such program. I waive and relinquish all claims that I, my insurer, or my child/ward may have against the School District and its officers, agents servants, and employees from any and all claims from injuries, damages, or loss which may accrue to me or my child/ward on account of my participation, or the participation of my child/ward in the program.

Date / / Parent Signature: _____ Print Name: _____

Date / / Student Signature: _____ Print Name: _____



Williston High/Middle School Academic Eligibility Procedure

Weekly Grade Checks

1.) Weekly grade checks are processed by the Activities Department throughout each semester. Grade checks will be administered at 9:00am every Wednesday. Grade checks are calculated on a semester basis. (Note: There will be a two-week grace period at the start of each semester.)

2.) A high school student is academically ineligible when he/she has *more than* one failing grade ('F'). A middle school student is academically ineligible if he/she has even one failing grade ('F'). At grade check time, if a student is found to be academically ineligible, he/she is ineligible to:

- Compete
- Travel to Away Events -and-
- Dress (in Full Uniform) at Home Events
 - Wearing your jersey (top) on the sideline is acceptable.

(Note: Students are still allowed to attend/participate in practices throughout his/her academic suspension.)

3.) Final semester grades will be used to determine eligibility between semesters.

- You must have passed at least two and one half credits the previous semester to be eligible at the beginning of the next semester. If you do not pass at least two and one credits you will be ineligible the first two weeks of the next semester.
 - <https://ndhsaa.com/files/SafeguardEligibility.pdf>

Grade Checks during a School Holiday or Closure

If school is out of session on a Wednesday, grade checks will be performed by the Activities Department the next Wednesday that school reconvenes.

Please sign and return this page to the Activities Department showing that you have received, read, understand, and agree to comply with the Williston High/Middle School Academic Eligibility Procedure.

Student's Name

Student's Signature

Date

Parent/Guardian's Name

Parent/Guardian's Signature

Date

