

Administrative Procedure

September, 2004

Adopted
Revised

404 Student Activities (Independent Provider of Extra-Curricular Programs)

I. Purpose

Independent School District No. 879 recognizes that students in our high school participate and excel in activities that are not offered as part of our extra-curricular activities program. There are times when these activities lead to students being involved in activities in which they may wish to participate as an individual or team representative of Delano High School. In order to be considered a representative of our high school and awarded a letter for this participation and competition in non-school district sponsored activities, students must follow the guidelines outlined in this information packet. Please review them carefully and apply for approval in advance of any participation. If you have questions on any of the information in this packet, please contact the Athletic Director or High School Principal.

This packet includes:

1. Guidelines for an Independent Provider
2. Independent Provider Extra-Curricular Program Application and Approval Form
3. Criteria of Content Form
4. Background Investigation Authorization Form
5. Student Registration and Parent's Permit & Health Questionnaire
6. AHS Rules and Policies
7. MSHSL General Rules
8. Independent Provider Awards Report Form

GUIDELINES FOR PARTICIPATION IN AN EXTRA-CURRICULAR PROGRAM USING AN INDEPENDENT PROVIDER

This procedure was created to meet the demonstrated student interest in being a part of a school program in areas which we are unable to provide for due to staffing, facility, budget, or some other limitation. These Independent Provider Programs may be offered for Delano High School students.

An Independent Provider is defined as an individual, group or organization that provides an opportunity for Delano High School students to participate in an extra curricular program. The providers are not required to be licensed educators. The Independent Provider will assume sole responsibility for and control over the program and its activities. An Independent Provider may act as an advisor, coach, director, or otherwise, but must inform the school district of the specific role he or she will hold. The school district will not control nor be responsible for supervising the Independent Provider.

Independent Provider status to provide an authorized ISD No. 879 extra curricular program is approved on an annual basis by the School District Athletic and Activities Advisory Committee. Proposals submitted by Independent Providers are considered in May, August and January of each year. The Independent Provider status is in effect for one calendar year or one season as determined by the Athletics and Activities Advisory Committee.

APPLICATION PROCESS FOR INDEPENDENT PROVIDER:

1. Organizations/individuals interested in applying for Independent Provider status should contact the Athletic Director at Delano High School to receive an information packet.
2. The Independent Provider must complete and submit the following items to the Activities Office:
 - a. Independent Provider Extra Curricular Program Application and Approval Form
 - b. Criteria of Content Form
 - c. Background Investigation Authorization Form and \$15.00 fee for each coach/advisor
 - d. Proof of workers compensation coverage and liability insurance required by school district
 - e. A complete schedule of activities
3. The program content must meet the criteria for awards as outlined in handout. The provider will include a description of how each of the criteria will be met. Subsequent approval of the Independent Provider proposal is dependent upon rigorous adherence to school district guidelines.
4. The Independent Provider applicant shall provide the school district with written authorizations for criminal background checks that will be done on all employees or volunteers who will be working with Delano High School students. The Independent Provider shall bear the cost of the background checks for its personnel.

ADMINSTERING AN INDEPENDENT PROVIDER EXTRA CURRICULAR PROGRAM

1. The Athletic Director will provide a copy of its Student Registration form to the Independent Provider. The purpose of this form is to assure that students and parents/guardians understand the responsibilities that must be assumed when participating in an extra curricular program conducted by an Independent Provider. Independent Providers must submit complete Student Registration Forms, Parent's Permit and Health Questionnaires and registration fees to the Athletic Director prior to the student participating in events and/or practices.
2. The Independent Provider must provide a 5" x 7" team photo by February 1 to the yearbook advisor for publication in the Delano High School yearbook.
3. Within five days of the completion of the program's season, The Independent Provider will submit their Awards Report Form to the Athletic Director so that school awards may be prepared.

Delano High School Independent Provider
Information Packet

INDEPENDENT PROVIDER EXTRA CURRICULAR PROGRAM

APPLICATION AND APPROVAL FORM

Date: _____

Independent Provider Program: _____

Contact Person: _____

Address: _____ City _____ State _____ Zip _____

E-mail Address: _____ Day Phone: _____ Evening Phone: _____

Program Content Criteria

1. Program offerings must be within the mission of the school district and consistent with community standards and values.
2. The program may not duplicate an existing high school extra curricular program.
3. Participation in Delano High School special events, competitions and pep fests will be approved by the Activities Director or designee only when school sponsored activities are not scheduled to perform and the Independent Provider has met all school district and student activities guidelines for approval.
4. The Independent Provider will provide to the school district written authorization for criminal background checks and a \$12.00 background check fee on all employees who will be working with the students.
5. The Independent Provider will provide to the school district proof of adequate liability insurance with at least one million dollars coverage to provide for the safety of the student participants naming Independent School District No. 879 as an additional insured party. Adequacy of coverage will be determined by the school district after a thorough examination of the insurance policy. Additional proof may be necessary upon request.
6. The Independent Provider will provide to the school district proof of adequate worker's compensation coverage.
7. The School District will provide copies of its Sexual, Racial, Religious Harassment and Violence policies to the Independent Provider for distribution to all personnel who will be working with the students. These policies must be followed for the agreement to continue.
8. All students participating in this program will be currently enrolled students of Delano High Schools. Students enrolled in grades below grade 9 are not eligible for this program. Any exceptions to this policy will be examined by the Athletic Director or High School Principal on a case-by-case basis.
9. If a team competition is involved, all of the student participants must be Delano High School Students.
10. If students compete only on an individual basis, students from other schools may be in the program, but only District 879 students will be eligible for Delano High School awards.
11. All students will be responsible for all school district and MSHSL rules and policies concerning student activities including, but not limited to, attendance, conduct, scholastic standing, and other eligibility requirements.

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12. Student participants will be eligible to receive school awards. To be eligible to receive a varsity chenille the participant must meet the following criteria:

- There must be at time commitment roughly equivalent to other Delano High School activities of at least 150 hours during the "season" of participation.
 - There must be "publicness" to the activity in the form of contests, performances, etc.
 - The participation must be at an "advanced" as opposed to "entry" level.
13. All costs associated with the programs will be borne by the Independent Provider or by the participants on a tuition basis.
14. In general the activities of the program will be conducted at the site of the Independent Provider, but District facilities may be used on an availability basis at the applicable rental rate if appropriate, as determined by representatives of the school district.

Delano High School Office of Student Activities Use Only

_____ The proposed offering is consistent with the district's mission and with the communities' values and standards.

_____ The Independent Provider has provided programming documentation to show that the criteria will have been met by the end of the season (completed criteria of content form).

_____ The Independent Provider has provided written authorization for criminal background checks and \$15.00 fees of all employees working with students.

_____ The Independent Provider has provided proof of insurance.

_____ The Independent Provider has provided proof of adequate workers compensation coverage.

_____ The Independent Provider has provided a complete schedule of activities for the program.

_____ The Independent Provider has distributed copies of School District 879's Sexual, Racial, Religious Harassment and Violence policies to its employees.

This application is:

_____ Approved (All criteria have been met.)

_____ No Approved

Additional Comments:

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**DELANO HIGH SCHOOL ACTIVITIES PROGRAM
INDEPENDENT PROVIDERS**

CRITERIA CONTENT FORM

Name of Activity: _____

Contact Person: _____

Phone: _____

1. Attach documentation that demonstrates how the time requirement (at least 150 hours) will be met.

2. Demonstrate how the requirement for public contests, performances, and/or competitions will be met.

3. Demonstrate how the criteria for level of performance will be met.

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Criminal History Background Check Authorization

Please provide the following information and PRINT CLEARLY or type.

NAME (Last, First, Complete Middle Name)	Social Security Number	Sex
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		M or F	
Current Address - number of years/months at this address _____		City	State Zip Code
Maiden or Previous names Ever Used		Telephone Number	
Drivers License Number	Birth Date	Birth Place (City, State, Country)	
Date of Employment		Job Title	
Racial/Ethnic Status			
African American Asian/Pacific Islander Caucasian Hispanic Native American			

List the last three (3) addresses (most current first) where you have previously resided

Address Number of years/months at this address_____	City	State	Zip Code
Address Number of years/months at this address_____			
Address Number of years/months at this address_____			

Have you completed a similar form in the past three (3) months? YES NO

Acknowledgment and Authorization

I hereby acknowledge that I have read and understood the ISD No. 879 Criminal History Background Check Notice. I hereby authorize the Minnesota Bureau of Criminal Apprehension to release to the Human Resources Department of Delano Public Schools all data pertaining to criminal convictions and arrests in accordance with M.S. 123B03, 299C.62, and 13.05. I understand that this authorization to release information will expire one (1) year from the date of my signature given below. In some instances, Delano Public Schools may request authorization to complete a national check by the Federal Bureau of Investigation and my authorization for such a check is also given.

I certify that all of the information I have provided for this criminal background check is true and complete to the best of my knowledge.

Signature_____Date_____

Delano High School Independent Provider
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**DELANO HIGH SCHOOL
ACTIVITIES REGISTRATION FORM**

This form must be completed and returned to the Activities office before the student will be permitted to practice or play.

Student Name: _____ Current Grade: _____ Male _____ Female _____
 Address: _____ City _____ Zip _____
 Birth date: _____ Home Phone: _____ Activity/Sport _____
 Mother's Name: _____ Home Phone: _____ Work Phone: _____
 Father's Name: _____ Home Phone: _____ Work Phone: _____
 Medical History: Diabetes _____ Epilepsy _____ Asthma _____
 Allergies (list) _____
 List any other health concerns: _____

Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment, x-ray examinations, and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious means possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the student may be given. In the event that an emergency arises during a practice session, an effort will be made to contact parents or guardians as soon as possible. Permission is also granted to the athletic trainer or coach to provide needed emergency treatment to this student prior to his admission to a medical facility.

Parent/Guardian
 Signature _____ Date _____
 Non-parent to notify in case of
 emergency _____ Phone: _____
 Family Physician _____ Phone: _____

Activities Insurance Waiver

I fully understand that ISD 879 DOES NOT provide insurance for my student while participating in interscholastic activities and that it is my responsibility to provide insurance coverage for my student.

Insurance Company _____
 Parent/Guardian Signature _____ Date _____

Web Site

I authorize District 879 to use my student's picture and/or name on the District 879 Web Site.

Parent/Guardian Signature _____ Date _____

Refund Policy

Beginning of season to 1 week - Full Refund

1 Week of season through season's end - No Refund

Participant must initiate refund process by contacting the Activities Office for processing.

ALL REFUNDS ARE BY DISTRICT 879 CHECKS ONLY

NO REFUNDS WILL BE GIVEN AFTER THE CONCLUSION OF THE REGULAR SEASON

OFFICE USE ONLY		
Date _____	Sport/Activity _____	Fee Paid _____
Physical Date _____	MSHSL Signed _____	Refund Date _____
DEPARTMENT CLEARANCE		
The student has turned in all eligibility and insurance information, paid fee and is cleared to participate in practices, contests and performances _____.		

ATHLETIC TRAINER AUTHORIZATION

(Note: This form MUST be returned with the registration materials)

Student Name: _____

Grade: _____ Sport/Activity: _____

I authorize Independent School District 879, through its athletic trainer or through other appropriate representatives of the District attending to my child, to release information to and obtain information from the student's primary physician, other treating physical or medical personnel or emergency medical providers in the event that an injury or medical emergency arises for my child during his or her participation in a extracurricular sporting activity sponsored by the District, including practices and competitions. The information released to or obtained from any outside medical providers will be used for the express purpose of addressing student injuries sustained or medical conditions which arise during participation in an extracurricular sports activity. I understand that in responding to any injury or medication condition of my child, the District reserves the right to contact emergency medical assistance, and if deemed necessary by emergency medical providers, my child will be transported via ambulance to the nearest appropriate medical care facility. I understand that if transportation to an appropriate medical care facility is necessary, reasonable attempt to contact myself or other parent or guardian will be made.

I understand that this authorization takes effect the day that I sign it and that it will expire at the end of all extracurricular sports seasons or activities relating to the 2003-2004 school year unless I revoke my authorization at an earlier date. I also understand that I may revoke my authorization at any time. I understand that my failure to provide authorization may limit the ability of the Athletic Trainer or other responding District representatives to obtain vital or important medical information that may be helpful to or necessary to provide my child assistance in the event of injury or the occurrence of a medical condition.

Parent or Guardian Signature
(or, if over 18, signature of student)

Date

Student Signature

Date