

## Northern Freeze Athletics

Tri-County Schools  
PO Box 178, Karlstad, MN 56732  
Phone: 218-436-2261 Fax: 218-436-2263  
Activities Director: Gary Taylor  
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### Authorization to Participate in an Activity 2019-2020

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_

Tri-County High School/Northern Freeze student athletes will not be allowed to participate in the above sport/activity until the following items are completed and on file with the school.

Requirement	In Compliance:
Physical Exam (every 3 years)	Date: _____
2019-2020 MSHSL Eligibility Statement	_____
MSHSL Health Questionnaire (annually)	_____
ImPACT Concussion Screening (every 2 years)	_____
Insurance or Waiver	_____
Permission to Treat	_____
Fee Payment \$30/\$60/\$120	_____

Note: The student should fill out the top portion of this form and return it to the Activity Director along with the completed paperwork. When the Activity Director has verified that all items are in, the coach will be notified. It is the responsibility of the coach in charge of the athlete to insure all items have been turned in before the athlete is allowed to participate.

Yes, all above items have been turned into the Activity Director.

\_\_\_\_\_  
(AD's signature)

\_\_\_\_\_  
(Date)

Please Keep all form stapled together.

**Fees:** \$30 pre sport per student/ \$60 maximum per individual/ \$120 maximum per family

**Passes:** \$125 per family/ \$50 per adult/ \$25 per student