EDINA HIGH SCHOOL

EXTRA-CURRICULAR INDEPENDENT PROVIDER
NEW APPLICATION

Edina High School Independent Provider Checklist:
Pre-Season

- ☐ I have read all the guidelines and completed all pre-season application materials
  Note: If the Independent Provider Application has been completed for your sport in the previous year, you may use the "IP Renewal Application"
- ☐ I have signed and understand all Edina Public Schools Board Policies pertaining to Independent Provider Activity Programs
- ☐ I have attached my certificate of insurance naming Edina Public Schools as an additional insured.
- ☐ I have attached proof of worker's compensation for all individuals working with students participating in this activity.
  - ☐ Please check this box if all workers and coaches are volunteers. By acknowledging all coaches and workers are volunteers, proof of worker's compensation is not necessary.
- ☐ I have included the "Personal Information Form" for all individuals who will be working with the participants.
- ☐ I have completed and attached information about competitions, demonstrations or performances.
- ☐ I have included copies of all criminal background checks and cleared all persons who will be working with student participants.
- ☐ I have reviewed all school districts policies pertaining to sexual, racial, religious harassment and violence policies and distributed them to all personnel who will be working with the students.
- ☐ I have completed a typed explanation of "Lettering Criteria Content" form.
- ☐ I have established a plan to provide participation opportunities for students from all economic backgrounds.
- ☐ I have met and discussed application with the Activities Director/Assistant Principal.

Once Approved

- ☐ I have turned in all student participant registration forms in to the Activities Office.

Post-Season

- ☐ I have completed the "Post-Season Report" form.
- ☐ I have emailed Joe Burger (joseph.burger@edinaschools.org) the award & letter recipient spreadsheet.
- ☐ I have collected and turned in all checks for letter recipients ($25/each) to the Activities Office.

For Office Use Only

Date Submitted:
Date of Meeting:
Approval: ☐ Yes ☐ No

Application
Title of Proposed Activity:
Contact Person:
Address:
Primary Phone:
Email:

I, , fully understand and agree to uphold the policy regarding Independent Provider Activity Programs set forth by Edina Public Schools.

Signature: _____

Coaches Information

Please provide personal Information for coaches, advisors and all people who will interact with student participants. In addition provide their position/role in the proposed activity. Copy and attach additional names and information as needed.

Name:		Position:	
Address:		Phone:	
Email:		Occupation:	
Employer:			
Work Address:			

Name:		Position:	
Address:		Phone:	
Email:		Occupation:	
Employer:			
Work Address:			

Name:		Position:	
Address:		Phone:	
Email:		Occupation:	
Employer:			
Work Address:			

Name:		Position:	
Address:		Phone:	
Email:		Occupation:	
Employer:			
Work Address:			

Roster
Activity/Sport:

Name	Grade	Email	Phone	School

Schedule
You may attach a competition schedule if more appropriate.

Date	Time	Location	Event (practice, game, etc)

STUDENT REGISTRATION FORM – INDEPENDENT PROVIDER ACTIVITY PROGRAMS

This form must be completed and returned to the Independent Provider Coach before the student will be permitted to participate in independent provider activity programs.

Program/Activity/Sport:

Independent Provider:

Student Name: Student ID#: Grade:

School:

Date of Birth:

Father's Name: Work Phone:

Mother's Name: Work Phone:

Home Address (Street, City, Zip):

Home Phone: Student lives with *(circle one)*: Mother Father Both

Person, beside parent, to notify in case of emergency: Phone:

I understand that this activity is provided by an independent provider and is not an activity of Edina Public Schools. My student will follow the policies and procedures of Edina Public Schools when participating in the program. All monies paid to the district are for administrative processing of end-of-the year awards for the program.

Parent/Guardian Signature: _____ Date:

I will follow the policies and procedures of Edina Public Schools when participating in the program.

Student Signature_____ Date:

INDEPENDENT PROVIDER INSURANCE WAIVER

I fully understand that Edina Public Schools **DOES NOT** provide insurance coverage for my student while participating in independent provider activity programs and that it is my responsibility to provide insurance coverage for my student.
Insurance Company:

Parent/Guardian Signature: _____ Date:

RELEASE OF STUDENT'S NAME AND PICTURES

Public directory information includes a student's name and pictures for a student participating in independent provider activity programs or events.

Parent/Guardian Signature: _____ Date: _____

Post-Season Report

Name of Advisor:

Independent Provider:

Year: Number of Individual Participants: Number of Teams:

Advisors Report Please supply narrative summary of season: strengths and weaknesses (individuals if applicable), team chemistry, leadership, and support. Then conclude with comments regarding next season's outlook.

Awards Report Form

Activity or Sport:

Name of Coach/Advisor:

Date Submitted:

The following student participants have fulfilled letter requirements.

Name	Grade	$25.00 Check	Letter or Certificate

NOTE: This form is due in the Activities Office two (2) weeks before event at which awards will be presented