

**SCHOOL DISTRICT #318 IPP**  
**(INDEPENDENT PROVIDER APPLICATION PACKET)**

**INCLUDES:**

**GUIDELINES FOR AN INDEPENDENT PROVIDER**

**INDEPENDENT PROVIDER APPLICATION**

**STUDENT REGISTRATION AND PARENT PERMISSION**

**FORM CRITERIA OF CONTENT FORM**

**LETTER AWARDS FORM**

**INDEPENDENT PROVIDER RELEASE FORM**

**PARTICIPATION RELEASE 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 program in those areas, which the District is unable to provide for due to staffing, facility, budget, or other limitations. The program must be a current Minnesota State High School League activity, and cannot duplicate an existing program offered at Grand Rapids High School or Bigfork High School or be recognized by a Minnesota High School Association.

An **Independent Provider** is defined as an individual, group or organization that provides an opportunity for Grand Rapids/Bigfork High School students to participate in an extra -curricular program. The providers are not required to be licensed educators. Approval/authorization to operate District 318 Independent Provider programs is approved on an annual basis by a Grand Rapids High School extra-curricular committee, and by a Bigfork School extra-curricular committee. 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 District of the specific role he or she will hold. The District will not control nor be responsible for supervising the Independent Provider.

District 318 has established the procedures for implementation of this program. The extra-curricular committee will meet regularly in September and in February of each year to consider proposals submitted by Independent Providers. The committee at Grand Rapids High School will consist of the Activities Director, the Assistant Principal, and representatives from established extra-curricular programs; and the committee at Bigfork will consist of Principal and two coaches. Additional members may be invited to serve as experts or consultants at those meetings where it is deemed necessary.

### **Application Process for Independent Provider:**

1. Organizations/individuals interested in applying for Independent Provider status should contact the Activities Office at Grand Rapids High school or Bigfork Schools to receive an application packet.
2. The Independent Provider must submit the following items: the **Independent Provider Application**, a **complete schedule of activities**, and a **completed criteria for content form** and return to the Activities Office by September 1st or February 1st of each year. The Independent Provider must also submit proof of workers compensation coverage and general liability insurance required by the District.

3. The program content must meet the criteria for letter awards as outlined in this District 318 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 guidelines.
4. The District will provide a copy of its Student Registration form to the Independent Provider. The purpose of this form is to assure students and parents/guardians understand the responsibilities that must be assumed when participating in an extra-curricular program conducted by an Independent Provider.
5. Approval as an Independent Provider for an extra-curricular program will be granted on an annual basis. Specific dates will be available from the Activities Office and applicants are requested to attend the review meeting of their application. Applicants applying on or before September 1<sup>st</sup> will be notified by October 1st and applicants applying on or before February 1st will be notified by March 1<sup>st</sup>. The Independent Provider status is in effect for one calendar year or one season as the committee determines appropriate.
6. Upon approval of the organization/individual as an Independent Provider, the provider will be given a **Letter Awards Report Form**. Within five days of the completion of the program, the Independent Provider will submit this form, as well as documentation showing the completed minimum time requirement, to the respective Activities Office.
7. At least once annually and prior to seeking renewal of approval status, the Independent Provider must submit a program schedule of activities to the Activities Office.
8. 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 District 318 students. The Independent Provider shall bear the cost of the background checks for its persone

## Independent Provider Application

Today's Date \_\_\_\_\_

Independent Provider \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Program \_\_\_\_\_

### 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 Grand Rapids High School or Bigfork extra-curricular program.
3. All students participating in this program will be currently and fully enrolled students of Grand Rapids High School or Bigfork Schools. **Only students in grades 9-12 will be eligible** to letter in an Independent Provider program.
4. Independent provider participants must adhere to all school district rules and policies concerning student activities including, but not limited to, attendance, conduct, scholastic standing, chemical, and other eligibility requirements.
5. Each student will register with the Activities Office and pay a \$20.00 registration fee.
6. All costs associated with the program will be borne by the independent provider or by the participants on a tuition basis.
7. The Independent Provider will provide the Activities Office proof of adequate liability insurance to provide for the safety of the student participants naming Independent School District 318 as co-insured. The Independent Provider will provide to the Activities Office proof of adequate liability insurance with at least one million dollars coverage to provide the safety of the student participants naming Independent School District 318 as an additional insured party. The District will examine such insurance policies to determine adequacy of coverage. Additional proof may be necessary upon request.
8. The Independent Provider will provide the athletic office proof of adequate worker's compensation coverage.
9. The Activities Office will provide copies of Policy 413 Harassment and Violence and a copy of the MSHSL chemical and eligibility polices to the Independent Provider for distribution to all personnel who will be working with the students.

10. The Independent Provider will provide the Activities Office written authorization for criminal background checks on all employees who will be working with the students.
11. 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 and at the applicable rental rate as requested if representatives of the District determine that District facilities are appropriate for such use. Use of District 318 facilities by Independent Provider programs will be made through the Community Education Office.
12. If a team competition is involved, all of the student participants must be Grand Rapids High School students, or Bigfork School students, grades 9-12. Such a team will be allowed to use their respective school's name, nickname, and school colors in their competition.
13. If students compete only on an individual basis, students from other schools may be in the program, but only Grand Rapids High School students or Bigfork schools will be eligible for Letter Awards.
14. If student participants want to be eligible to receive a letter they must meet the following criteria:
  - There must be a time commitment roughly equivalent to other District 318 varsity activities of at least 150 hours during the "season" of participation.
  - There must be competitiveness to the activity in the form of contests/competitions.
  - The participation must be at an advanced level as opposed to entry level.

**District #318 – Independent Provider**  
**ATHLETIC REGISTRATION Grades 9-12**  
(Please Print)

\_\_\_\_\_

Last Name	First Name	M. Initial
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Sport or Activity: \_\_\_\_\_

What school do you attend? \_\_\_\_\_ Grand Rapids High School \_\_\_\_\_ Bigfork School \_\_\_\_\_ Home School

\_\_\_\_ Female

\_\_\_\_ Male

Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ email address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email address \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email address \_\_\_\_\_ Cell # \_\_\_\_\_

**Have you transferred to the District 318 within the last calendar year?    Yes    No**

**If yes:**

Previous school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First day of class attended at Grand Rapids High School or Bigfork Schools \_\_\_\_\_

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**MEDICAL/EMERGENCY INFORMATION**

Clinic & Doctor \_\_\_\_\_ Tel # \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

Group/ID# \_\_\_\_\_

Date of Last Health Physical \_\_\_\_\_

Health Concerns (allergies, injuries, etc.)

Emergency Contact (after parents):

Name of person	Relationship to Student	Daytime Phone #
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Dear Parent/Guardian:

The School District **does not** provide any type of health or accident insurance for injuries incurred by your child at school.

We encourage families to have accident coverage on their children prior to participation in any sports or school-sponsored activity.

Understand that it is the responsibility of your son or daughter to report any injury to the coach/trainer/school nurse.

**OPTION 1: Student Assurance Services, Inc.**

Insurance may be purchased from Student Assurance Services, Inc. Forms are available at the high school Activities Office. For further information, call the office of Student Assurance Services at (800) 328-2739 or (651) 439-7098.

\_\_\_\_\_ We are interested in signing up for the Student Accident Insurance. Please provide us with the necessary forms.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: Insurance forms provided _____
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**OPTION 2: Insurance Waiver**

**THIS WAIVER MUST BE SIGNED IF YOU DO NOT WISH TO PURCHASE INSURANCE WITH STUDENT ASSURANCE SERVICES, INC. AND ALSO IF YOU PURCHASE ONLY DENTAL COVERAGE.**

\_\_\_\_\_ We do not wish to enroll in the insurance coverage described above, and we understand no insurance benefits will be available from the District #318

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Consent for release of name and/or photos in press releases:</b></p> <p>I, _____, consent to the use of my son's/daughter's name and/or photo for inclusion in programs, news releases, on web sites and in other communications as deemed appropriate by District 318's Athletic Department as part of their participation in Minnesota State High School League activities and events.</p>
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**Students will not be allowed participation of any kind until all registration forms have been completed and turned into the athletic office and fees have been paid.**

## **Criteria of Content Form**

1. Attach documentation that demonstrates how the time requirement (at least 150 hours) will be met. Also, please describe how this will be documented for submission along with the Letter Awards Form.
2. Demonstrate how the requirement for public contests, performances, and/or competitions will be met. Attach competition/game schedule.
3. Demonstrate how the criteria for level of performance will be met.



## DISTRICT 318 ATHLETIC LETTER AWARDS

**Sport:** \_\_\_\_\_

**Year:** \_\_\_\_\_

I certify that the following students have earned the awards indicated for participation at Grand Rapids High School/Bigfork Schools in accordance with the letter award criteria. Student must be in Grades 9-12 to receive a letter award.

(Coach's Signature) \_\_\_\_\_

Student Athlete	Grade	Award*	Student Athlete	Grade	Award*
1.			26.		
2.			27.		
3.			28.		
4.			29.		
5.			30.		
6.			31.		
7.			32.		
8.			33.		
9.			34.		
10.			35.		
11.			36.		
12.			37.		
13.			38.		
14.			39.		
15.			40.		
16.			41.		
17.			42.		
18.			43.		
19.			44.		
20.			45.		
21.			46.		
22.			47.		
23.			48.		
24.			49.		
25.			50.		

**\*Award Codes:** P = participation certificate    L = letter award    N = numerals

**PLEASE GIVE LIST OF LETTER AWARDS TO ACTIVITIES OFFICE NO LESS THAN FIVE DAYS AFTER THE SEASON IS COMPLETED. PLEASE ALSO SUBMIT DOCUMENTATION SHOWING THE COMPLETED TIME REQUIREMENT.**

**DISTRICT 318 SCHOOL INDEPENDENT PROVIDER  
RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT**

In consideration for the privilege of participating in the Grand Rapids High School/Bigfork Schools, \_\_\_\_\_ as an Independent Provider, the undersigned does hereby execute this Release, Waiver, and Indemnification Agreement in favor of Independent School District 318, and hereby agrees and represents as follows:

**1. INHERENT RISKS INVOLVED**

I understand and acknowledge the inherent risks involved in \_\_\_\_\_ which include bodily injury from \_\_\_\_\_. I further agree to assume all risks inherent in \_\_\_\_\_.

**2. RELEASE OF LIABILITY**

I release Independent School District 318, its members, employees, agents, and representatives from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activities of the \_\_\_\_\_, it being specifically understood that said activity may include \_\_\_\_\_ by me.

**I AGREE THAT INDEPENDENT SCHOOL DISTRICT 318 WILL HAVE NO RESPONSIBILITY TO SUPERVISE THE ACTIVITIES OF THE \_\_\_\_\_ CLUB AND THAT SUCH SUPERVISION IS MY SOLE RESPONSIBILITY.**

**3. INDEMNIFICATION**

I further agree to defend and indemnify Independent School District 318, its members, employees, agents, and representatives and hold such parties harmless for any liability, loss, damage, cost, claim, judgment, or settlement which may be brought or entered against such parties as a result of my participation or negligent acts in said activity.

**4. MEDICAL INSURANCE REQUIRED**

I agree that I am required to carry my own medical insurance and that, should I require emergency or other medical treatment as a result of participating in this activity, my own medical insurance company shall pay for all such incurred expenses.

**I HAVE READ AND UNDERSTAND THIS RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT.**

\_\_\_\_\_  
Signature of Independent Provider

\_\_\_\_\_  
Date

**DISTRICT 318 INDEPENDENT PROVIDER**

\_\_\_\_\_  
**(Name of Club/Program)**

**RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT**

In consideration for the privilege of participating in the Grand Rapids High School/Bigfork Schools \_\_\_\_\_ Club/Program, the undersigned participant, and his or her parent or legal guardian if the participant is under the age of eighteen (18) years, does/do hereby execute this Release, Waiver, and Indemnification Agreement for himself or herself/themselves and his or her/their heirs, successors, representatives, and assigns and, and each of the foregoing hereby agrees and represents as follows:

**1. INHERENT RISKS INVOLVED**

I/We understand and acknowledge the inherent risks involved in \_\_\_\_\_, which include bodily injury from \_\_\_\_\_, among other risks. I/We further agree to assume all risks inherent in \_\_\_\_\_ activities.

**2. RELEASE OF LIABILITY**

I/We release Independent School District 318, its members, employees, agents, and representatives from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activities of the Grand Rapids High School/Bigfork School \_\_\_\_\_ Club/Program it being specifically understood that said activity includes \_\_\_\_\_ by me/the participant. **I/WE AGREE THAT INDEPENDENT SCHOOL DISTRICT 318 WILL HAVE NO RESPONSIBILITY TO SUPERVISE THE ACTIVITIES OF THE GRAND RAPIDS SCHOOL/BIGFORK SCHOOLS \_\_\_\_\_ CLUB/PROGRAM OR THE INDEPENDENT PROVIDER AND THAT SUCH SUPERVISION IS THE SOLE RESPONSIBILITY OF THE PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S).**

**3. INDEMNIFICATION**

I/We further agree to defend and indemnify Independent School District 318, its members, employees, agents, and representatives and hold such parties harmless for any liability, loss, damage, cost, claim, judgment, or settlement which may be brought or entered against such parties as a result of my/the participants participation in said activity.

**4. SCOPE**

This waiver shall apply to all \_\_\_\_\_ activities in which the participant is involved in his or her capacity as a representative of Grand Rapids High School/Bigfork School.

**5. MEDICAL INSURANCE REQUIRED**

I/We agree that the participant is required to carry his or her own medical insurance and that, should emergency or other medical treatment be required as a result of participating in this activity, the participant's own medical insurance company shall pay for all such incurred expenses.

**I/WE HAVE READ AND UNDERSTAND THIS RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(if participant is under 18 years of age)

\_\_\_\_\_  
Date

## INDEPENDENT PROVIDER CHECKLIST

(For Use by Student Activities Director's Office Only)

- The proposed offering is consistent with the district's mission and with the community's values and standards.
  - The Independent Provider has provided programming documentation to show that the criteria of content 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 \$20 for all employees working with students.
  - The Independent Provider has provided proof of insurance.
  - The Independent Provider has provided proof of adequate worker's compensation coverage.
  - The Independent Provider has provided a complete schedule of activities for the program.
  - The Independent Provider has distributed copies of District 318 Policy 413 Prohibiting Harassment and Violence and a copy of the MSHSL chemical and eligibility policies.
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This application is:

- **Recommended** for School Board Approval (All criteria have been met.)
- **Not Recommended** for School Board Approval

School Board Action:

- Approved
- Denied

Date: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Student Activities Director

\_\_\_\_\_  
Assistant Principal