



INDEPENDENT PROVIDER TEAM/CLUB STUDENT REGISTRATION FORM

This form must be completed and returned to the Independent Provider Club/Team director before the student is permitted to participate in any activity.

Independent Provider: Wayzata Fishing Team		
Name of Team/Club/Program: Wayzata Fishing Team		
Student First Name:	Student Last Name:	
School:	22-23 School Year Grade:	
Student Date of Birth:	Student ID #: Not Required	
Parent / Guardian Name:		
Address:		City: Zip:
Phone (C):	Phone (W):	Email:
Student lives with (circle one): Mother Father Both Guardian		
Person to notify in case of an emergency:		
Emergency Contact Phone:		

I understand this activity is provided by an Independent Provider and is not an activity of Wayzata Public Schools (ISD 284). My student will adhere to district rules and policies concerning student activities including, but not limited to: attendance, conduct, scholastic standing, and other eligibility and sportsmanship requirements.

Signature of Parent/Guardian:	Date:
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I will follow all district rules and policies of Wayzata Public Schools (ISD 284) and Wayzata High School when participating in the Independent Provider Club/Team.

Signature of Student:	Date:
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I fully understand Wayzata Public Schools DOES NOT provide insurance coverage for my student while participating in an Independent Provider Club/Team, and it is my responsibility to provide insurance coverage for my student participation.

Signature of Parent:	Date:
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