

Taylor's Falls – Spring 2021

General Information

This is a day trip to Taylor's Falls, on Saturday, May 1 (weather permitting). Taylor's Falls is a great place to climb! This year, we'll be going to a crag called Profile.

Transportation is up to students and/or parents. We will meet in the parking area of Interstate State Park at 9am. Parents are welcome to come! Due to COVID, students should not carpool.

Student To-Do List:

1. Submit your forms. You can bring/send them to the Apollo activities office or to Mr. Stockinger. Deadline is Thursday, April 29, at 3pm. No late forms will be accepted.
2. Pack for the trip the day before, on Friday, April 30.
3. Wake up early enough to leave Saint Cloud at about 7am. Stockinger's cell number is 320.310.5945. Call if you're going to be late or if you can't find me once you get there.

Gear

Clothing

- Dress appropriately for the weather. We will be outdoors the entire day.
- A hat, shades, and sunscreen are a very good idea.

Climbing gear

- If you have it, bring it!
- If you don't have it, don't worry—you'll be covered by the club's gear.

Food

- Water
- Bag lunch, snacks.
- Money for supper at a local restaurant. We typically go to the root beer & burger drive-in, which costs about \$15, depending on what you choose to eat.

Student & Emergency Contact Information

Please list medical info here: (bees, food, medication, etc.)

Student cell: _____

Emergency contact name: _____

Relationship: _____

Home phone: _____

Cell phone: _____

Emergency contact name #2: _____

Relationship: _____

Home phone: _____

Cell phone: _____

Apollo School Field Trip Permission Form

As parent/legal guardian of _____, I grant
(Print Student's Name)

permission for him/her to participate in the field trip described below.

(School completes form down to signature line.)

Destination: Interstate State Park, Taylors Falls, MN

Nature or purpose of the trip: Rock climbing

Date/time leaving: Saturday, May 1

Date/time returning: Same day, about 7pm

Sponsors/Chaperones: Mr. Stockinger

Cost of Trip per Child: Free

Signature of Parent/Guardian

Date

I am aware that when I am on a school-sponsored trip, I am under the jurisdiction and supervision of the school-employed sponsors/chaperones and that my behavior must conform to the *Code of Student Conduct*, the school's Student Handbook, and reasonable instructions from chaperones. I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations.

Signature of Student

Date

Acknowledgement of Liability Limitations and Assumption of Risk

In consideration of District 742 permitting students to participate in the above mentioned activity, the above-signed parent/guardian hereby assumes all risks associated with participation and agrees to hold District 742, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with the student participation in any activities related to the activities mentioned above. The terms hereof shall serve as a release and assumption of risk for my heirs, executor, administrator, assignees, and for all members of my family.

As a parent/guardian, I fully understand that ISD 742 does not provide insurance for my student while participating in interscholastic activities. I fully understand that it is my responsibility to provide insurance coverage for my student.

ST CLOUD AREA SCHOOL DISTRICT 742
APOLLO HIGH SCHOOL ACTIVITY REGISTRATION FORM

DATE: _____

GRADE: (Circle) 7 8 9 10 11 12

STUDENT NAME: _____ DATE OF BIRTH: _____

ACTIVITY: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

CAN YOU RECEIVE TEXT MESSAGES: (Circle) YES NO

What school did you attend last year: _____

Did you attend this school from the beginning of your 9th grade year: (Circle) YES NO

Have you transferred schools since entering 9th Grade: (Circle) YES NO **If yes, complete transfer form.**

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN CONTACT NUMBER(S): _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

IF PARENT'S CANNOT BE CONTACTED CALL:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ALLERGIES _____

MEDICATION NOW TAKING _____

OTHER CONDITIONS/TREATMENT PLAN _____

Medical Ins. Company _____ Policy Number _____

- 911 will be called in case of an emergency. I hereby consent to any medical services and hospital care that may be required while said child is under the supervision of an employee of School District #742 while on a school-sponsored activity and hereby appoint said employee to act on my behalf in securing necessary medical services and hospital care from any duly licensed physician.
- **In the event a student is involuntarily terminated from a program, *except for violation of team or school rule*, a refund of participation fees will be issued within the first 2 contests. (Injury is involuntary)**
- **In the event a student voluntarily terminates from a Program, NO REFUND will be issued AFTER ONE CONTEST.**

PARENT/GUARDIAN SIGNATURE _____

ACTIVITY OFFICE USE ONLY:

DATE OF SPORT PHYSICAL _____ ELIGIBILITY FORMS _____ HEALTH QUESTIONNAIRE _____

INSURANCE WAIVER _____ SOCIAL NETWORKING _____ CONCUSSION FORM _____ ALL INFO ON FILE _____

COMMENTS _____

**St. Cloud District 742
Student Activities Department**

2020-2021 INSURANCE WAIVER FORM

Insurance Waiver

I am aware playing or practicing to play/participate in any activity can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above activity include, but are not limited to, death, serious neck and spinal injury which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. If I am a participant in baseball, basketball, football, gymnastics, hockey, lacrosse, softball, volleyball or wrestling, I specifically acknowledge that it is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports.

In consideration of District 742 permitting me to try out for the above mentioned team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or participating in that activity, I hereby assume all risks associated with participation and agree to hold District 742, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the activities mentioned above.

The terms hereof shall serve as a release and assumption of risk for my heirs, executor, administrator, assignees, and for all members of my family.

As a parent/guardian, I fully understand that ISD 742 does not provide insurance for my student while participating in interscholastic activities. I fully understand that it is my responsibility to provide insurance coverage for my student. (If you would like to obtain sport insurance, please contact the Activities Office for a Student Assurance Services, Inc. brochure and application.)

I have read and understand the Insurance Waiver information.

Student Name

Student Signature

Date

Parent/Guardian Signature

Note: This waiver must be on file in the Activities Office before a student may participate in AWAY contests.

Social Networking Guidelines for CLC Athletes and Activity Participants

Student Athletes and Social Networking Sites

As a participant in athletic programs and co-curricular activities (called participants in this document) in the Central Lakes Conference, participants need to be aware of the CLC's social networking guidelines. The CLC member schools and the Athletic Departments recognize and support the participant's rights to freedom of speech, expression and use of social network sites. However, each participant must remember that playing and competing for your school is a privilege. As an athletic and co-curricular participant you have responsibilities that extend beyond your behavior as outlined in By Law 206 by the Minnesota State High School League. You represent your school and your community and you are expected to portray yourself, your team, and the School District in a positive manner at all times.

Participants should be aware that third parties including the media, school faculty, future employers and college officials could easily access your profiles and view all personal information. This includes all pictures, videos, comments and posters. Inappropriate material found by third parties affects the perception of the individual participants and their school. This can also be detrimental to a participant's future options and you may be subject to sanctions by your school for these behaviors. Examples of inappropriate and offensive behaviors concerning participant in online communities may include the following:

- Content online that is unsportsmanlike, derogatory, demeaning or threatening toward any other individual or entity (examples: derogatory comments regarding another school; taunting comments aimed at a student athlete, coach or team at another school and derogatory comments against race and/or gender).
- Posts that depict or encourage unacceptable, violent or illegal activities (examples: hazing, sexual harassment/assault, gambling, discrimination, fighting, vandalism, academic dishonesty, underage drinking, and illegal drug use).
- Photos, videos, comments or posters showing the personal use of alcohol, drugs and tobacco.
- Photos, videos, and comments that are of a sexual or lewd nature.
- Pictures, videos, comments or posters that condone drug related activity. This includes but is not limited to images that portray the personal use of marijuana and drug paraphernalia.

If you are ever in doubt of the appropriateness of your online public material, consider whether it upholds and positively reflects your own values and ethics as well as those of your family, your team, your school and the community that you represent.

By signing below you affirm that you understand the Central Lakes Conference Social Media Guidelines for Student Athletes and Co-Curricular Participants and the requirements that you must adhere to. Also you affirm that failure to adhere to this policy and guidelines may result in consequences that include suspension from your athletic team or activity (relative to MSHSL By Law 206), and you may be subject to additional penalties imposed by your school.

Student Printed Name: _____

Student Signature: _____

Date: _____

COVID-19 Activities Participation Agreement

Student Health Affirmation

I, _____, a student who participates in _____
(Student Name) (Sport/Activity)

and I, _____, as the parent/legal guardian of above student,
(Parent/Legal Guardian Name)

affirmatively state that the following are true:

1. I have not within the past two weeks been diagnosed with COVID-19 and am not currently experiencing any of the following symptoms:

Most Common Symptoms

- Fever (100.4F or higher), or feeling feverish
- Shortness of breath or problem breathing
- Loss of smell or taste
- Cough

Less Common Symptoms

- Muscle pain
- Severe Headache
- Sore throat
- Nausea or vomiting
- Nasal congestion or runny nose
- Chills
- Excessive fatigue
- Diarrhea

If you are experiencing symptoms, you must notify your school nurse and the Activity Director immediately, stay home, contact your medical provider for guidance, and follow-up with your School Activity Director on what is recommended by your provider. The list of symptoms and guidelines for self-isolation are subject to change as new information is provided by the MN Department of Health or Centers for Disease Control.

2. I have not been in close contact (within 6 feet for 15 minutes or more) with a positive case of COVID-19 in the past 14 days, and am not a person under investigation for COVID-19 exposure, under quarantine or in isolation at the direction of a medical provider or public health authority.
3. No member(s) of my household has been diagnosed with COVID-19 within the past 14 days or is currently awaiting test results based on symptoms or exposure.

If you have been a close contact of a positive COVID-19 case or a member of your household has been formally notified of a potential exposure, you must notify your school nurse and the Activity Director immediately, self-quarantine and monitor for symptoms for 14 days from the date of exposure. If you test positive for COVID-19, you must notify your School Activity Director immediately and you must stay home for at least 10 days from the onset of symptoms or the date you tested positive, with no symptoms or fever for 24 hours without medication.

Parent/Legal Guardian Acknowledgment and Agreement

I _____, the parent/guardian of _____,
(Parent/Legal Guardian Name) (Student Name)

will follow the requirements for in-person attendance at any extracurricular athletic and activity event and agree as follows:

1. I will not send my child to extracurricular activities if they are exhibiting any signs/symptoms of COVID 19 or have been exposed to someone with COVID 19 (or presumed to have COVID 19) in the past 14 days.
2. I will review symptoms with my child and monitor my child's symptoms every day that my child attends in-person activities/events and ensure student completes daily check-in form as required by School District.
3. If my child becomes ill during any in-person activity/event, I will ensure they are picked up promptly. I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed by the school district, medical provider and/or public health officials.
4. If my child is diagnosed with COVID-19, I understand that a release to return to in-person activity from an authorized health care provider will be required.
5. If my student or I fail to comply with St. Cloud Area School District 742 participation protocols for this event/activity, including but not limited to the terms and conditions of this Participation Agreement, I understand that my student may be excluded from further participation in extracurricular events/activities for the remainder of the school year.

Waiver and Release of Liability and Assumption of Risk Acknowledgement

In consideration for St. Cloud School District 742 allowing student to participate in this event/activity, the undersigned student and parent or guardian, individually and collectively agree to be bound by each of the following:

1. **Voluntary Participation.** I understand and confirm that my participation in this event/activity is voluntary.
2. **Identification of Risks.** Before, during, after, and traveling to and from this event/activity, I understand I might be exposed to COVID-19, which can cause severe respiratory distress, hospitalization, permanent disability, and death. I understand my participation may involve risk of injury, loss, and death. I understand that this Waiver and Release of Liability and Assumption of Risk Acknowledgement is intended to address all of the risks of any kind associated with my participation in any respect, including, particularly, such risks created by actions, inactions, or negligence on the part of the school district or its employees, agents, volunteers, successors, or assigns.
3. **Health & Safety Precautions.** During this event/activity, I will abide by all rules and guidelines imposed by the school district, including but not limited to, temperature checks, completion of daily check-in form as required by school

district, face masks, mandatory seating arrangements, social distancing, mandatory disinfecting or handwashing and providing immediate notification of symptoms, exposure or positive COVID-19 status. I understand that refusal to abide by these rules may result in being sent home immediately and prohibited from further participation in school extracurricular events/activities for the remainder of the school year. However, whether the school district imposes these measures or not has no bearing on my assumption of risk, release and waiver as described below.

4. **Assumption of Risk.** I knowingly and freely assume all risks, both known and unknown of this event/activity, even if arising from the negligence of the school district, or from others, and assume full and absolute responsibility for my participation in the event/activity. I assume all costs associated with such risks, including, but not limited to, testing for COVID-19, quarantine, hospitalization, disability, and death.

5. **Release and Waiver.** In consideration for Student's participation in extracurricular activities, I hereby release the school district and its board members, employees, agents, contractors, volunteers, successors and assigns (collectively, the "School Parties") of and from any and all claims for injury, loss, damages, actions and causes of action, claims and demands whatsoever, whether known or unknown and whether or not founded in fact or in law, and of and from any and all manner of suits, liabilities, losses, covenants, controversies, agreements, promises, damages, judgments, claims and demands whatsoever in law or in equity including, but not limited to, those arising out of or in any way related to my participation in the event/activity, and all acts or omissions related thereto, whether or not caused in whole or part by the negligence or other misconduct of any of the School Parties, through the end of the Term of this Agreement, as defined below, which the undersigned has had or now has or which he/she or his/her heirs, administrators, successors and assigns hereafter can shall or may have or acquired.

The term of this Agreement shall be from January 4, 2021 to June 30, 2021.

Student Signature

Date

Parent/Legal Guardian Signature

Date

**Waiver and Release of Liability and Assumption of Risk Acknowledgement
Regarding Transportation in the Greater St. Cloud Area**

I, _____, a student who participates in _____
(Student Name) (Sport/Activity)

and I, _____, as the parent/legal guardian of above student,
(Parent/Legal Guardian Name)

consent to following alternative transportation options for Student going to or from extracurricular activities in the Greater St. Cloud Area, including, but not limited to, practices, games, and competitions, offered by Independent School District No. 742, St. Cloud (the "District"). I understand the District is providing transportation to the same location and instead prefer to have Student transported by alternative means.

Please select all options that that apply:

I consent to Student transporting himself/herself. Student is ___ years old and has a valid driver's license.

I consent to Student transporting himself/herself with other minor passengers in the vehicle. Student is ___ years old and has a valid driver's license.

I consent to my Student being transported by another student _____ driving a personal vehicle.
(Name of Student Driver)

*NOTE: For the first six months of licensure for a minor driver: Only **one passenger** under the age of 20 is permitted, unless accompanied by a parent or guardian. For the second six months of licensure: No more than three passengers under the age of 20 are permitted, unless accompanied by a parent or guardian.*

I consent to Student being transported by me, _____.
(Name of Parent/Legal Guardian)

I consent to Student being transported by _____
(Name of Adult / Relationship to Student)

I consent to the district providing Student a bus token for public transportation in the event the student is not picked up after a practice or event and has no other transportation arranged.

In consideration for Student's participation in extracurricular activities and in light of the alternative transportation options selected above,

1. **Assumption of Risk.** I knowingly and freely assume all risks, both known and unknown of the selected transportation options above, even if arising from the negligence of the school district, or from others, and assume full and absolute responsibility for any and all of the selected transportation options. I assume all costs associated with such risks, including, but not limited to medical expenses arising out of exposure to COVID-19, testing for COVID-19, quarantine, hospitalization, personal injury, disability, and death.
2. **Release and Waiver.** I hereby release the school district and its board members, employees, agents, contractors, volunteers, successors and assigns (collectively, the "School Parties") of and from any and all claims for injury, loss, damages, actions and causes of action, claims and demands whatsoever, whether known or unknown and whether or not founded in fact or in law, and of and from any and all manner of suits, liabilities, losses, covenants, controversies, agreements, promises, damages, judgments, claims and demands whatsoever in law or in equity including, but not limited to, those arising out of or in any way related to my approved alternative transportation options above, and all acts or omissions related thereto, whether or not caused in whole or part by the negligence or other misconduct of any of the School Parties, through the end of the Term of this Agreement, as defined below, of this Agreement, which the undersigned has had or now has or which he/she or his/her heirs, administrators, successors and assigns hereafter can shall or may have or acquired.

The term of this Agreement shall be from January 4, 2021 to June 30, 2021.

Date: _____

Name of Student

Student Signature if 18 or older

Signature of Parent / Guardian



Peter Hamerlinck

Athletic Director

Apollo High School
1000 44th Ave. N
St. Cloud, MN 56301

P 320-370-865
F 320-370-8946

Peter.hamerlinck@isd742.org

Fall Activities Schedule/COVID-19 Protocols

Dear Apollo Families:

The Minnesota State High School League released the fall plan for activities last week. As we make plans for the upcoming fall activities season, our top priority is keeping our students and staff healthy and safe. Our safety plans follow the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH) guidelines as well as federal OSHA standards related to COVID-19. We will be working with our coaches and students to insure they follow these guidelines:

- Screening and tracking protocols
- Hygiene and respiratory etiquette
- Social distancing practices
- Cleaning and disinfecting
- Prompt identification and isolation of sick persons
- Coaches supervision to ensure the effective implementation of our plans

We are working on detailed plans for each activity and much of it will be very similar to our summer program protocols. We have kept our coaches up to date on the information we have received from the MSHSL and the MDE/MDH/CDC. We plan to be very detailed and careful when it comes to our COVID-19 procedures. Our first goal was to ensure we made a competition schedule that provides for team competition, but also restricts the exposure to our kids. A CLC Conference-only schedule that includes Bemidji and Moorhead in our competition pod was approved and there will be an 11-game, round-robin schedule that allows a chance to play each school one time. If for some reason we need to play a school twice, we will do those games in the same week to limit the exposure to another group that week.

Questions and Answers:

Will there be screening before practices? Yes – we will be screening all coaches and participants before practices. A wrist band will be given to all students who are screened.

Students will be required to self-screen for symptoms prior to arriving at school through Skyward whether they are scheduled to be in school that day or not. Temperatures will be taken prior to every practice.

How will practices look? Tennis, B/G Soccer, and Cross Country – All outside activities Tennis, B/G Soccer, and Cross Country (all outside activities) will use the same model utilized during summer programming. Masks will be worn by all coaches. Students will be required to wear a mask and social distance during discussion and breaks; masks do not need to be worn during times of high



exertion. Students will be placed in pods up to 25 students including the coach. Students are asked to bring their own water bottle.

How will practice look for Swimming and Diving? We are currently limited to 25 people in the pool area based on CDC guidelines and the size of our pool deck. This would limit the number of people on the pool deck to 25, and chairs placed 6 feet apart.

There is no current evidence of COVID-19 being spread to humans using a pool, in part due to the Chlorine and Bromine in the water.

There will be a limit of 4 kids in each lane to ensure social distancing while working out. Each lane will have the same students in their pods to limit exposure.

Will we be able to use locker rooms? Until school starts, the Swim and Dive team will be the only team allowed in the school locker room. Protocols for usage: Required 6 feet of social distancing; masks are worn while in the locker room; cleaning, disinfecting, and decontamination after every day of usage.

Will there be spectators allowed at events? For outside events, we will be following the governor-mandated guidelines of no more than 250 spectators in one area. This would include the players, coaches, and officials. Our goal as a CLC conference is to maintain consistency so when you attend an event at another school you will know what to expect. We will be pre-selling tickets to all home events and giving 2 tickets to each player so they can ensure their parents or family can attend. Each ticket will be numbered to safeguard going over the mandated 250-spectator guideline.

There will be no spectators allowed in-doors for events this fall. All Swim and Dive events will be restricted to the 2 teams and officials. We are working to set up live streaming for those events that families cannot attend.

By keeping our activities within the CLC conference and limiting the number of spectators or no spectators, we hope to limit exposure to any one group.

How will transportation look? For all scheduled fall sporting events we will have transportation, but it is limited to 50% capacity of the bus. This is typically around 25 to 30 students depending on bus size. Everyone will be required to wear a mask, and we will screen those students who were not at school that day before entering the bus.

During practices, and if a student is not at school because it is not their scheduled day, we are asking that you find a way to transport your student to the school. There will be no other transportation provided by the District for those students. We will have a Junior High activity bus that leaves from North, South, or Kennedy after school to ensure that the kids who are at school,



and are in one of the 7 – 12 programs, will get to the high school. If your student isn't at school that day, it will be up to the parents to transport the student to practice.

Transportation Waiver: If you filled out the transportation waiver, you will be allowed to transport your student to and from practices or events. You can also indicate if you approve a rideshare, but you must be specific on who your student will ride with and they cannot ride with anyone else.

What happens if someone on the team gets COVID? In the case that someone is diagnosed with COVID-19 – we will check our records of all people that could have possibly been exposed and follow MDH guidelines.

This is the difficulty with trying to plan and schedule events. Things can change very quickly with one positive diagnosis. Regardless, the team or individuals exposed would be required to quarantine for 14 days and bring back a negative test to return to play.

Currently, we are doing the following:

1. Registration this week 8/10 – 8/14
2. Schedules approved and practice schedules made by coaches
3. Finishing up details on COVID protocols
4. Implement screener for all participants and coaches starting the 17th – each coach and student will be given a wrist band indicating they have been tested
5. Like our summer programming – we will have pods of no more than 25 – coaches will be wearing masks, and all will wear masks if they are not doing physical exercise
6. Working with Junior High administrators on 6-8th grade programming

In a short period of time we have accomplished much! We are very aware that things could change quickly, and we will need to adapt. The goal is to make sure that we do everything we can to keep our students, families, and community safe – WHILE having opportunities for our kids to enjoy activities.

Thank you for your understanding, patience and support during this difficult time. WE ARE ALL IN THIS TOGETHER!!!

Sincerely,

Peter Hamerlinck

Apollo High School Activities Director