

Independent Contractor Activities

In an effort to provide recognition for our Rush City Students who participate in co-curricular activities which are not Minnesota State High School League sanctioned, the Rush City School Board approved a means for those participants to work towards and possibly obtain a Varsity Letter Certificate for their efforts. These activities will have no association with Rush City High School except that the students are enrolled there. No equipment, on-site facilities, or adult leadership will be provided by RCHS. These all must be provided by the student and their parents.

Here is a link to the form that must be filled out and sent via email or hard-copy to Lee Rood, Activities Director at RCHS.

(Insert link to form here)

Once this document has been received, further detailed information will be given pertaining to the specific documentation that will be needed.

Rush City High School Independent Contractor Activities Lettering Opportunity Form

Please complete this form and send it to Lee Rood, Activities Director at RCHS. An approved form must be completed in advance of participation for Lettering consideration.

To qualify for a Rush City Letter Certificate, the participant must be in Grades 9-12 and complete the following:

- _____ 1. Have this form approved prior to beginning the participation for lettering consideration.
 - _____ 2. Provide documentation of your 100+ hours of practice during the chosen timeframe.
 - _____ 3. Provide documentation of your participation in five(5) or more events for this activity and placing in at least three(3) of these events. All during the chosen timeframe.
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Student Name: _____

Activity (please describe fully): _____

Time of year activity will be participated in for the lettering opportunity consideration:

_____ : June 1 thru August 31

_____ : September 1 thru November 30

_____ : December 1 – February 28

_____ March 1 – May 31

Please provide contact information of the adult who will be in charge of the activity. The adult who will be documenting your completion of your practice hours and also providing the expertise to all you to participate safely in this activity.

Name: _____

Contact phone number: _____

Office use only: _____

Date Received: _____

Authorized Signature: _____