

STRICKLAND EXTRACURRICULAR SPORTS REGISTRATION FORM

PARTICIPANT'S NAME: _____	GENDER: _____	Date of Birth: _____
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AGE: _____	GRADE: _____	HEIGHT: _____	SHIRT SIZE: Y/A _____
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Has your child participated in organized team sports before? If yes, list the sport(s) and the duration. _____

Does your child have a pre-existing or current health condition or injury the coaches and staff need to be aware of? If yes, describe.

PRINT NAME OF PARENT/PRIMARY CONTACT: _____	RELATIONSHIP: _____	Main CELL #: _____
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NOTE: Updates may be sent via email and/or a group text app (GroupMe, Remind, etc.).

EMAIL: _____	OTHER CONTACT NUMBER (WORK/HOME): _____
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PRINT NAME OF PARENT/SECONDARY CONTACT: _____	RELATIONSHIP: _____	CELL: _____
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EMAIL: _____	OTHER CONTACT NUMBER (WORK/HOME): _____
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- VOLUNTEER PARTICIPATION (Please check all that apply):**
- All parents must provide drinks/snacks for 1-2 activities according to the schedule.
 - Provide rides to other participants to Strickland Extracurricular Sports activities or home.
 - Send weekly reminders to parents regarding game day/time.
 - Coach or assist coaches during practices and games.
 - Assist coaches by taking stats during a game.
 - Take photos/videos of games/practices to share with the team and Strickland.
 - Other _____

PAYMENT I agree to pay the non-refundable participation fee (to Strickland School) that I have circled below and will submit this to the designated Strickland staff when due.

Volleyball \$100	Flag Football \$90	Cross Country \$10	Basketball \$100	Soccer \$90	Track \$20
<small>(Check # _____, Amount _____, Date _____)</small>	<small>(Check # _____, Amount _____, Date _____)</small>	<small>(Check # _____, Amount _____, Date _____)</small>	<small>(Check # _____, Amount _____, Date _____)</small>	<small>(Check # _____, Amount _____, Date _____)</small>	<small>(Check # _____, Amount _____, Date _____)</small>

TRANSPORTATION
I hereby give my consent for my child to be transported and supervised by STRICKLAND EXTRACURRICULAR SPORTS volunteers (initial all that apply):

_____ for emergency care	_____ for any activities	_____ to and from home	_____ to and from school
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PARENT/GUARDIAN SIGNATURE: _____	DATE: _____
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