

PSIA Registration Form-Strickland School, 2025-2026

<http://www.psiaacademics.org/>

PARTICIPANT'S NAME: _____		GENDER: _____	CELL: _____
AGE: _____	GRADE: _____	Birthdate: _____	SHIRT SIZE: _____
CHECK all the academic categories for which your child has an interest. You may change these events later. Make sure to read the PSIA Info Letter for Strickland participants.			
Subjective	Objective	Speech	
<input type="checkbox"/> Creative Writing 1-2 <input type="checkbox"/> Ready Writing 3-8 <input type="checkbox"/> On-Site Drawing 6-8	<input type="checkbox"/> Mathematics 2/3-8 <input type="checkbox"/> Music Memory 3-8 <input type="checkbox"/> Number Sense 4-5 <input type="checkbox"/> Spelling 2-8	<input type="checkbox"/> Poetry/Prose Interpretation 3-8 <input type="checkbox"/> Storytelling 1-3	
Does your child have apre-existing or current health condition or injury the PSIA volunteers and Strickland staff need to be aware of? If yes, describe. _____			
Parent info for the parent designated as the primary contact and volunteer.			
PRINT NAME OF PARENT/GUARDIAN: _____		RELATIONSHIP: _____	CELL: _____
EMAIL: _____		OTHER CONTACT # (WORK/HOME): _____	
VOLUNTEER PARTICIPATION AGREEMENT-PSIA parents must support their child by: <input checked="" type="checkbox"/> Attending the district tournament (See info letter) and participate in any required volunteer work including grading, monitoring, record keeping, etc. <input checked="" type="checkbox"/> Providing child with rides to practices and tournaments. <input checked="" type="checkbox"/> Providing child with drinks/snacks for activities. <input checked="" type="checkbox"/> Assistingchild in studying and preparing for tournaments using PSIA materials. <input checked="" type="checkbox"/> Coaching a group of Strickland students during practice sessions, preparing materials OR grading. I can (check one):			
<input type="checkbox"/> Coaching Wednesdays <input type="checkbox"/> Preparing Materials <input type="checkbox"/> Grading			
Time/Days available to help _____			
Please list any academic categories you feel you may be best at assisting or additional info. _____ _____			
PRINT NAME OF SECOND PARENT/CONTACT: _____		RELATIONSHIP: _____	CELL: _____
EMAIL: _____		OTHER CONTACT # (WORK/HOME): _____	
PAYMENT I am submitting the non-refundable participation fee of \$120 made payable to Strickland School) with this form to the PSIA Campus coordinator. This fee covers the PSIA District entry feeand team coaching materials. This fee does not include the PSIA State entry fee or personal materials. Date _____ CK# _____ Amount _____			
TRANSPORTATION I hereby give my consent for my child to be transported and supervised by STRICKLAND EXTRACURRICULAR volunteers (initial all that apply):			
_____ for emergency care	_____ for any activities	_____ to and from home	_____ to and from school
PARENT/GUARDIAN SIGNATURE: _____			DATE: _____