STRICKLAND EXTRACURRICULAR SPORTS REGISTRATION FORM 2025-26

PARTICIPANT'S NAME: _____	GENDER: _____	Date of Birth: _____

AGE:_____	GRADE: _____	HEIGHT: _____	SHIRT SIZE: Y/A_____

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 #: _____

NOTE: Updates may be sent via email and/or a group text app (GroupMe, Remind, etc.).

EMAIL: _____	OTHER CONTACT NUMBER (WORK/HOME): _____

PRINT NAME OF PARENT/SECONDARY CONTACT: _____	RELATIONSHIP: _____	CELL: _____

EMAIL: _____	OTHER CONTACT NUMBER (WORK/HOME): _____

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 _____**

PAYMENTI 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 $120	Flag Football $110	Cross Country $25	Basketball $120	Soccer $110	Track $25
(Check #_____, Amount _____, Date _____)	*(Check #_____, Amount _____, Date _____)*	*(Check #_____, Amount _____, Date _____)*	*(Check #_____, Amount _____, Date _____)*	*(Check #_____, Amount _____, Date _____)*	*(Check #_____, Amount _____, Date _____)*

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

PARENT/GUARDIAN SIGNATURE: _____	DATE: _____