PSIA Registration Form-Strickland School, 2026-2027
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
☐ Creative Writing 1-2	☐ Mathematics 2/3-8	☐ Poetry/Prose Interpretation 3-8
☐ Ready Writing 3-8	☐ Music Memory 3-8	☐ Storytelling 1-3
☐ On-Site Drawing 6-8	☐ Number Sense 4-5	
	☐ Spelling 2-8	

Does your child have a pre-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:

- ✓ Attending the district tournament (See info letter) and participate in any required volunteer work including grading, monitoring, record keeping, etc.
- ✓ Providing child with rides to practices and tournaments.
- ✓ Providing child with drinks/snacks for activities.
- ✓ Assistingchild in studying and preparing for tournaments using PSIA materials.
- ✓ Coaching a group of Strickland students during practice sessions, preparing materials OR grading. I can (check one):

☐ Coaching Wednesdays	☐ Preparing Materials	☐ 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 $130 made payable to Strickland School) with this form to the PSIA Campus coordinator. This fee covers the PSIA District entry fee and 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: _____