STRICKLAND EXTRACURRICULAR SPORTS REGISTRATION FORM 2026-27

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** _____

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 $130	Flag Football $120	Cross Country $25	Basketball $130	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:** _____