

# Plymouth Middle School Athletics/Activities Participation Form – 2012-2013

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 HOME-BASE TEACHER \_\_\_\_\_ HOME-BASE ROOM NUMBER \_\_\_\_\_  
 I, the undersigned, grant \_\_\_\_\_ (student) permission to participate in the following:

## ATHLETICS (Sign up for the current quarter ONLY):

### QUARTER 1

(Fall Season)

- Soccer–Co-ed 7/8  
 Tennis–Girls 7/8  
 Volleyball–Girls 7/8

### QUARTER 2

(Winter I Season)

- Basketball–Girls 8  
 Basketball–Boys 8  
 Wrestling–Boys 7/8

### QUARTER 3

(Winter II Season)

- Basketball–Girls 7  
 Basketball–Boys 7

### QUARTER 4

(Spring Season)

- Tennis–Boys 7/8  
 Track–Girls 7/8  
 Track–Boys 7/8

# Athletics \_\_\_\_\_

@ \$46 = \$ \_\_\_\_\_

## INTRAMURAL PROGRAM (No competition against other schools. Participant practices with the 7<sup>th</sup> & 8<sup>th</sup> graders.)

### QUARTER 1

(Fall Season)

- Swim Club – Girls 6/7/8  
 Soccer Co-ed Gr. 6 only  
 Tennis–Girls Gr. 6 only

### QUARTER 2

(Winter I Season)

- Wrestling– Boys Gr. 6 only

### QUARTER 3

(Winter II Season)

- Basketball–Co-ed Gr. 6 only

### QUARTER 4

(Spring Season)

- Tennis –Boys Gr. 6 only  
 Track –Co-ed Gr. 6 only

# Athletics \_\_\_\_\_

@ \$20 = \$ \_\_\_\_\_

## ACTIVITIES (Year round):

- NJHS                       Yearbook Club                       Other \_\_\_\_\_  
 Student Council                       Newspaper                       Musical

# Activities \_\_\_\_\_

@ \$20 = \$ \_\_\_\_\_

**Activity buses are available @ 4:30 pm to transport students home from PMS.**

Total Amount Due \$ \_\_\_\_\_

Payable to: **Plymouth Middle School**

\*Boys & girls will be offered the opportunity to compete on a swim team through Armstrong High School. Please contact Armstrong's Athletic Office directly at (763) 504-8833.

### ROBBINSDALE AREA SCHOOLS PERMISSION SLIP AND WAIVER FORM

- I. As a parent/guardian, I give permission for my child to participate in Middle School Athletics/Fine Arts. These activities are not required by the Robbinsdale Area School District. In addition, I give permission for my child to participate in all off-site competitions, practices and activities associated with Middle School Athletics/Fine Arts, including transportation to and from such events. I am aware of the inherent risks associated with these activities and that all risks cannot be prevented. If my child should require emergency medical treatment, I consent to such treatment. I acknowledge that the school district does not provide accident or health insurance for students, and I agree to be responsible for any medical bills incurred as a result of emergency medical treatment. To the maximum extent permitted by law, I hereby hold harmless and release the school district, its officers, employees and volunteers, from any claims for damages or injury to my child or property, which may arise from my child's participation in the above program and all related activities. This release and holds harmless clause does not apply to intentional or negligent acts of the school district, its officers, employees and volunteers that cause harm to my child. However, by signing below, I agree that the school district will not be responsible to pay any deductible on any insurance our family may have, if a claim is made that arises out of my child's participation in sports. If I am concerned about the program identified above or any of the activities or risks associated with the program, I understand that I can contact the Robbinsdale Area School District or my child's middle school.
- II. Students will be expected to follow all school rules, including those covered in the district's Discipline Handbook.
- III. The participant will be required to pay for any issued equipment which is not returned.
- IV. After the beginning of the season, a refund request will be honored only if the student, through no fault of his/her own cannot continue with the activity. No refund will be provided in case of quitting an activity or being dropped from an activity because of disciplinary action. The allowable reasons for refund include: injury, illness or transfer to another school out of district. There will be no refunds after the mid-season of the activity has been reached.
- V. No refunds will be given to a participant who is removed from the activity as a result of his/her own actions.
- VI. **\*For Athletics Only:** I hereby accept full responsibility for the physical condition of my student to participate in this activity. **A DOCTOR'S EXAMINATION IS REQUIRED (within last 3 years).** No responsibility for the student's physical condition is assumed by the school or its coaches.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Upon approval, distribute copies to:  Business Office                       School                       Activity Advisor

**Activities Director: Rod Virnig (763) 504-7167, rod\_virnig@rdale.org**