STUDENT NAME  I, the undersigned, grant	·	GRADE	MALE FEMALE ssion to participate in the following:			
i, the undersigned, grant		(student) permi	ssion to participate in the following.			
ATHLETICS: (\$46 per	athletic activity/\$23 reduced	d lunch/\$0 free lunch)				
QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4			
(Fall Season)	(Winter I Season)	(Winter II Season)	(Spring Season)			
Soccer: Co-ed 7-8	Basketball: Girls 7	Basketball: Boys 7	Tennis: Boys 6-8			
Tennis: Girls 6-8	Basketball: Girls 8	Basketball: Boys 8	Track: Girls 6-8			
☐ Volleyball: Girls 7-8	☐ Wrestling: Co-ed 6-8		☐ Track: Boys 6-8			
	TICS: (\$20 per activity/\$10 r	educed lunch/\$0 free lunch				
(No competition agains						
QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4			
(Fall Season)	(Winter I Season)	(Winter II Season)	(Spring Season)			
Swim Club: Girls 6-8	No Intramural Athletics	Basketball: Co-ed 6	No Intramural Athletics			
Soccer: Co-ed 6						
ACTIVITIES /SLLIDS. /A		a Barraina IV				
ACTIVITIES/CLUBS: (No activity fee, except for the Musical)						
Yearbook Club (Year-R	<i>'</i> =	ion (Q1-Q3) Chess Clul	o (24 Weeks)			
Math League (Q1-Q2)	Quiz Bowl (Q1-Q2) en cast - Fee is \$20/\$10 reduced lu	unch /¢0 frag lunch)				
IVIUSICAI (Pay Only Whe	<u>:n cast</u> - ree is \$20/\$10 reduced it	inch/50 free funch)				
		To	tal Amount Due \$			
Maka Chasks Davahla ta'	Plymouth Middle School	10	tal Alliount Due y			
wake Checks Payable to.	Prymouth whale school					
A.I.I. I. D						
	ug Hubred (763) 504-7178 d					
Activities/Clubs Direc	ctor: Melissa Schultz (763) 5	04-7176 melissa_schultz@r	dale.org			
		_				
**Activi	ity buses are available at 4:1	.5 pm to transport students	home from PMS**			
DODDINGD 415 4D54 66						
KORRINSDALE AKEA SC	HOOLS PERMISSION SLIP AND WAIVE	R FORM				
I. As a parent/guardi	an, I give permission for my child to pa	rticipate in Middle School Athletics/F	ine Arts. These activities are not required by			
<ul><li>I. As a parent/guardicthe Robbinsdale A</li></ul>	an, I give permission for my child to pa rea School District. In addition, I give	rticipate in Middle School Athletics/F permission for my child to participa	te in all off-site competitions, practices and			
<ul> <li>I. As a parent/guardicthe Robbinsdale Activities associate</li> </ul>	an, I give permission for my child to pa rea School District. In addition, I give d with Middle School Athletics/Fine A	rticipate in Middle School Athletics/F permission for my child to participa rts, including transportation to and fr	te in all off-site competitions, practices and om such events. I am aware of the inherent			
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I. As a parent/guardic the Robbinsdale Al activities associated risks associated winconsent to such treation be responsible if hereby hold harmles clause do to my child. Howe family may have, in above or any of the my child's middle is students will be exit. The participant will IV. After the beginning with the activity. No refunds will be VI. *For Athletics Only EXAMINATION IS It coaches.	an, I give permission for my child to parea School District. In addition, I give d with Middle School Athletics/Fine A th these activities and that all risks catheat. I acknowledge that the schoor any medical bills incurred as a resuess and release the school district, its which may arise from my child's parties not apply to intentional or negligen ver, by signing below, I agree that the f a claim is made that arises out of me activities or risks associated with the chool.  I be required to pay for any issued equest of the season, a refund request will lo refund will be provided in case of questions for refund include: injury, illness of ity has been reached.  Igiven to a participant who is removed the required (within last 3 years). No recent the required to make the responsibility for the season.	articipate in Middle School Athletics/F is permission for my child to participal ints, including transportation to and from the prevented. If my child should be prevented. If my child should be prevented. If my child should be prevented accident of the school district does not provide accident of the school district, its officers, employees and volunteers, for the school district, its officers school district will not be responsible by child's participation in sports. If I are program, I understand that I can consider the school district's Distribution of the student, through the school only if the student, through the school out of district another school out of district the physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the student's physical condition of my student esponsibility for the studen	te in all off-site competitions, practices and om such events. I am aware of the inherent ald require emergency medical treatment, I or health insurance for students, and I agree To the maximum extent permitted by law, I from any claims for damages or injury to my all related activities. This release and holds a employees and volunteers that cause harm to pay any deductible on any insurance our am concerned about the program identified attact the Robbinsdale Area School District or excipline Handbook.  There will be no refunds after the midar own actions. It to participate in this activity. A DOCTOR'S all condition is assumed by the school or its			

Plymouth Middle School Activities Participation Form: STUDENT NAME	<b>2018-2019</b> GRADE	MALE	FEMALE
I, the undersigned, grant	(student) permission	on to participate	
ACTIVITIES (No Fee)			
NJHS (Year-Round)			
Student Advisory Committee (Year-Round)			
W.E.B. – Where Everyone Belongs (Year-Round)			
Activities Director: Melissa Schultz (763) 504-7176 melissa_sch  **Activity buses are available at 4:15 pm to tra	Ī		PMS**
ROBBINSDALE AREA SCHOOLS PERMISSION SLIP AND WAIVER FORM  I. As a parent/guardian, I give permission for my child to participate in Middle the Robbinsdale Area School District. In addition, I give permission for my activities associated with Middle School Athletics/Fine Arts, including transprisks associated with these activities and that all risks cannot be prevented consent to such treatment. I acknowledge that the school district does not to be responsible for any medical bills incurred as a result of emergency me hereby hold harmless and release the school district, its officers, employees child or property, which may arise from my child's participation in the about harmless clause does not apply to intentional or negligent acts of the school of to my child. However, by signing below, I agree that the school district will refamily may have, if a claim is made that arises out of my child's participation above or any of the activities or risks associated with the program, I underst my child's middle school.  II. Students will be expected to follow all school rules, including those covered III. The participant will be required to pay for any issued equipment which is no IV. After the beginning of the season, a refund request will be honored only if with the activity. No refund will be provided in case of quitting an activity or The allowable reasons for refund include: injury, illness or transfer to anothe season of the activity has been reached.  V. No refunds will be given to a participant who is removed from the activity as Yor.  *For Athletics Only: I hereby accept full responsibility for the physical condi EXAMINATION IS REQUIRED (within last 3 years). No responsibility for the coaches.	child to participate in cortation to and from it. If my child should provide accident or he dical treatment. To sand volunteers, from ove program and all redistrict, its officers, end to be responsible to on in sports. If I am tand that I can contact in the district's Discipate treturned. The student, through the being dropped from the student, through the student of districts are sult of his/her of the student's physical of estudent's physical of the student's physical of the stud	in all off-site com such events. I an require emergennealth insurance for the maximum extended activities. I an event and the such and the such and the such an activity because the such an activity because the such and the such as the such and the such	petitions, practices and naware of the inherent cy medical treatment, I or students, and I agree tent permitted by law, I amages or injury to my This release and holds inteers that cause harm le on any insurance our the program identified a Area School District or er own cannot continue to of disciplinary action. To refunds after the midstantial actions a sectivity. A DOCTOR'S
Parent/Guardian Signature		Date:	
Parent/Guardian Name (Print)			

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

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