

Plymouth Middle School Athletics/Activities/Clubs Participation Form: 2018-2019

STUDENT NAME _____ GRADE _____ MALE _____ FEMALE _____

I, the undersigned, grant _____ (student) permission to participate in the following:

ATHLETICS: (\$46 per athletic activity/\$23 reduced lunch/\$0 free lunch)

QUARTER 1

(Fall Season)

- Soccer: Co-ed 7-8
 Tennis: Girls 6-8
 Volleyball: Girls 7-8

QUARTER 2

(Winter I Season)

- Basketball: Girls 7
 Basketball: Girls 8
 Wrestling: Co-ed 6-8

QUARTER 3

(Winter II Season)

- Basketball: Boys 7
 Basketball: Boys 8

QUARTER 4

(Spring Season)

- Tennis: Boys 6-8
 Track: Girls 6-8
 Track: Boys 6-8

INTRAMURAL ATHLETICS: (\$20 per activity/\$10 reduced lunch/\$0 free lunch)

(No competition against other schools)

QUARTER 1

(Fall Season)

- Swim Club: Girls 6-8
 Soccer: Co-ed 6

QUARTER 2

(Winter I Season)

No Intramural Athletics

QUARTER 3

(Winter II Season)

- Basketball: Co-ed 6

QUARTER 4

(Spring Season)

No Intramural Athletics

ACTIVITIES/CLUBS: (No activity fee, except for the Musical)

- Yearbook Club (Year-Round) Destination Imagination (Q1-Q3) Chess Club (24 Weeks)
 Math League (Q1-Q2) Quiz Bowl (Q1-Q2)
 Musical (**Pay only when cast** - Fee is \$20/\$10 reduced lunch/\$0 free lunch)

Total Amount Due \$ _____

Make Checks Payable to: Plymouth Middle School

Athletic Director: Doug Hubred (763) 504-7178 doug_hubred@rdale.org

Activities/Clubs Director: Melissa Schultz (763) 504-7176 melissa_schultz@rdale.org

****Activity buses are available at 4:15 pm to transport students home from PMS****

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: Bookkeeper

Equipment Manager

Athletic/Activity Advisor

Plymouth Middle School Activities Participation Form: 2018-2019

STUDENT NAME _____ GRADE _____ MALE _____ FEMALE _____

I, the undersigned, grant _____ (student) permission to participate in the following:

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_schultz@rdale.org

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