

Activities Permit

Elementary School Sports Leagues

2019 Volleyball \$25 fee

Please circle: Coed 4-6th, girls 7/8th, Coed 7/8th

(checks should be made out to Fernwood Montessori)

Student name			
Address			
City, Zip			
School and sport	Fernwood Montessori		
Birth Date, Age & Grade		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Parent email(s)			

This Part to be filled out by Parent/Legal Guardian-Please print and bring to School.

Parent/Legal Guardian Name		Home phone #	
Address		Work phone #	
List any previous injuries			
List any physical disabilities			
List any allergies			
List any medication the athlete may be taking or will use			
Physician		Office Phone #	
NOTE: Injuries are a natural part of sports. MPS is not responsible for injuries incurred by players during official games or practice. Players should be covered by their own insurance.			
Name of Health insurance			
In case of emergency, please list two persons you recommend we call if you cannot be reached:			
Name		Phone #	
Name		Phone #	

*** If requesting same team as last year put color of that team at the top of this form. We will try to accommodate but not guaranteed.

