

Middle School Extracurriculars

Name of Participant: _____ Grade _____

Address, City: _____

E-mail Address: _____

Phone (home): _____ Phone (work): _____

Emergency Contact: _____ Phone: _____

Please **circle** the Activities you will be participating in for the 2010/11 school year.

Cross Country (6-8th) Girls Volleyball (7-8th) Boys/Girls BB (7-8th)

Wrestling (5-8th) Boys/Girls Track (7-8th) Forensics (6-8th)



Musical (7-8th)

Fee: \$15/one Activity

\$30/two or more activities

Total Amount Enclosed: _____

Make Checks Payable to: **Comm. Ed & Rec.**
125 Highland Ave.
Plymouth, WI 53073
(920) 892-5068
www.plymouthcommed.org

Students MUST
register prior to
the start of
practice! 

- Registration can also be dropped off at the Riverview Office

By enrolling in these activities, I assume all risk involved in attending and participating in the event that I am registering for; the Plymouth School District, its employees/agents, volunteers, and organizations associated with this activity will not be held responsible for any personal injury or loss that may occur in conjunction with this activity.

Parent/Guardians Printed Name

Parent/Guardians Signature

Date

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

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