

2008-09 Middle School Athletic Registration Form

Student Name _____ Grade (2008-09) _____

Date of Birth _____ Age _____ Phone No. _____

Listed below are the fall athletic teams planned for middle school students for the 2008-09 school year. The participation fee is \$75.00 per sport with a cap of \$300.00 for all MVS families per year. Please place a check mark on the line next to the sport in which your student-athlete will participate AND complete uniform information for all sports.

Please note: Depending on the number of sign ups, the 6th grade boys' and girls' soccer teams will play in the CYO league, which is a 4th, 5th and 6th grade league.

Fall Sports

_____	*Golf - 6 th -8 th Grade Girls (order shirt only)	\$ 75.00
_____	*Golf - 6 th -8 th Grade Boys (order shirt only)	\$ 75.00
_____	*Soccer - 6 th Grade Girls	\$ 75.00
_____	Soccer - 7 th /8 th Grade Girls	\$ 75.00
_____	*Soccer - 6 th Grade Boys	\$ 75.00
_____	Soccer - 7 th /8 th Grade Boys	\$ 75.00
_____	Tennis - 6 th -8 th Grade Girls (order shirt only)	\$ 75.00
_____	Volleyball – 6 th -8 th Grade Girls	\$ 75.00

*Complete CYO Parent Consent Form

Golf Team – Must have a minimum of one year experience to join the team.

Athletic physicals are not required for middle school students.

UNIFORM

Shirt Size (Please Check One...) **Shorts Size (Please Check One...)**

[] YL	14-16	[] YL	26-28
[] AS	30-32	[] AS	28-30
[] AM	34-36	[] AM	32-34
[] AL	36-38	[] AL	36-38
[] AXL	42-44	[] AXL	40-42

Note: You may consider ordering a size larger to accommodate a long sleeve shirt to be worn underneath game shirt during cool weather.

Please return this completed form & CYO forms (if applicable) to the upper school office.

Parent's Signature _____ Date _____

**THE MIAMI VALLEY SCHOOL
ATHLETIC DEPARTMENT
5151 Denise Drive Dayton, Ohio 45429**

ATHLETIC EMERGENCY INFORMATION

Student's Name _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist, and (2) the transfer of my child to _____ hospital or nearest treatment facility.

Parent's Signature

Date

Home Phone _____

Cell Phone _____

THE MIAMI VALLEY SCHOOL
ATHLETIC DEPARTMENT
5151 Denise Drive Dayton, Ohio 45429

Dear Parents,

It is The Miami Valley School's policy that all athletes travel with their team and use school transportation to all away sporting events. At the conclusion of each sporting event MVS' athletes have 3 transportation options: return to MVS on the bus or van; leave with a parent(s); or leave with another adult (including a sibling over the age of 18 years and not in high school).

However, no athlete may leave with his/her parent(s), or another adult without this form being completed and on file with the coach, notifying his/her coach prior to departing from the game or match site, and personally signing the transportation release form which will also be kept by the coach for each game. Furthermore, no athlete, under any circumstances, will be allowed to leave the site with another MVS student, or a student from another school.

Thank you,

Ken Laake
Athletic Director

AUTHORIZATION FOR PERSONAL TRANSPORTATION
AFTER SPORTING EVENTS

I _____ may be taking my son/daughter _____ home from his/her sporting event. I also authorize the following people to take my son/daughter home in my absence:

OTHER PARENTS/ADULTS

Authorization to transport an athlete home via one of the people listed above, releases The Miami Valley School of all liability arising from this non-MVS transportation.

Parent Signature

Date