



Memphis Community Schools

Athletic Program 2010-11

34110 Bordman Road

Memphis, MI 48041

Central Office 810-392-2151 ext. 222 / Fax 810-392-3614

REGISTRATION FORM

Name: _____

Telephone #: _____

Address: _____

City, State, Zip: _____

Birthdate: _____

Sport: _____

As soon as you have been accepted on a team, you are responsible for the full payment for the season. If you decide to quit, or are removed from a team, including ineligibility issues, you are still responsible for payment. Students will not be eligible to participate in another sport season until payment has been made in full.

We have also read, fully understand, and agree to abide by the Athletic Code of Conduct and Academic Standards. The Student Handbook has been revised and the new copy can be found on the Memphis Website. (www.memphisk12.org.)

_____ has my permission to participate in the Interscholastic Athletic Program. I have read the guidelines regarding the administration of the program and payment plans or use of Booster Credits.

*****It is very important that this form is completed, SIGNED, and returned to the Central Office when making your pay to participate payment.*****



****Sign & Date Important****



Parent/Guardian Signature

Date



****Sign & Date Important****



Student Athlete Signature

Date