

Girls Middle School Softball 2024

Grades 6, 7 & 8

(and 11-year-old 5th graders)

SSC will hold a Girls Softball program for Elementary and Middle School girls in grades 6th, 7th & 8th and 11-year-old 5th graders. This is a traveling team and parents will be responsible for providing transportation. Practices will start March 25th in the Central EL gym from 3:00-5:00p and games will begin mid/late April. The cost will be \$50.00 to participate and \$3 for catastrophic insurance if not paid earlier this school year.

Please fill out this form COMPLETELY and return it with the money to the Athletic office at the high school no later than Monday, March 20th. Make checks payable to "SSC Athletics". A sports physical is required to participate. For more information contact the Athletic office @ 846-3644.

Student and Parent Consent Form

(Please Print and Complete Entire Form)

T-Shirt Size ~ **Youth** L__ or **Adult** S__ M__ L__

Name _____ Birth Date _____
Last First Month/Day/Year

Address _____

School _____ Central EL or Jr/Sr High School Age _____ Grade _____

Father/Guardian's Name _____ Cell/Work Phone _____

Mother/Guardian's Name _____ Cell/Work Phone _____

Home Phone _____ Message Phone _____

E-mail Address _____

Family Doctor _____ Phone _____

Parent or Guardian Consent and Insurance Statement

I hereby give my consent for the above student to engage in the **Middle School Girls Softball (6-7-8)**. I understand the possibility that serious injury may result from participating in activities. I further recognize that as a result of participation, medical treatment on an emergency basis may be necessary and recognize that school personnel may be unable to contact me for my consent for emergency care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance and to assume the expenses of such care.

Student must have health insurance to participate.

FAMILY HEALTH INSURANCE COMPANY IS: _____
(If Medicaid, please include Medicaid ID number)

Signature of Parent or Guardian

Date