



Memphis Community Schools

Athletic Program 2016-17

34110 Bordman Road / Memphis, MI 48041

Memphis, MI 48041

If any questions, please call Central Office 810-392-2151

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 along with the PAY TO PARTICIPATE PAYMENT to the JR/SR High School Office

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

Parent/Guardian Signature

Date

Student Athlete Signature

Date