FLETCHER MIDDLE SCHOOL ATHLETICS 2022-2023 REGISTRATION

FALL SEASON Girl's Volleyball				Flag Foo	Cross Country						
First Day of R		August 18			August 18		August 18				
Skill Evaluations			TBD			N/A		N/A			
First Day of Practice		The	The week of August 2		29th	Week of August 29 th or September 6		Week of August 29 th or September 6			
Games/ Me	ets Begin	We	Week of September		r 12	Week of September 12		ТВА			
Playoff/	Finals	W	Week of October 3		31	Week of October 31		Week of October 31			
WINTER S	EASON	6 th	6 th Grade Basketball		ball	7 th Grade Basketball		8 th Grade Basketball			
First Day of R	egistration		December 1			September 22		September 22			
Skill Evaluations		Week	Week of Jan 23 or Jan 30th		30th	Week of Oct 31 st or Nov 7th		Week of Oct 31 st or Nov 7th			
First Day of Practice		V	Week of Jan 30th		۱	Week of November 7th		Week of November 7th			
Games/ Meets Begin		Wee	Week of Feb 6 or Feb 1		b 13	Week of November 14 or November 21		Week of November 14 or November 21			
Playoff/ Finals		Week	Week of Mar 20 or Mar 27		ar 27	Jan 16 or Jan 23		January 16 or Jan 23			
SPRING SEASON			Tennis	Tr		ack & Field Wrestlin		g Boy's Volleyball		ball	
First Day of Registration		Ja	January 26		January 26 January 2		26 January 26		5		
First Day of Practice			Week of March 20 or March 27				Week of Ma 13 or Marcl		Week of Ma 20 or March		
Games/ Meets Begin		Wee	Week of April 17		Week of April 17		TBA W		Week of Apri	Week of April 17	
Playoff/ Finals		Wee	Week of May 22		Week of May 15 or May 22		May 6 or May 13		Week of May 15 or May 22		
Coed Sports	Grade	Code	Fee			Girl's Sports	Grade	Code	e Fee		
	6-8 29:						Volleyball	6	29112	2 \$335	
Cross Country		29100	\$335				7	29113	3 \$335		
cross country		25100					8	29114	4 \$335		
						Basketball	6	29122	2 \$335		
Flag Football	6	29103	\$335				7	29128	8 \$335		
	7	29104	\$335				8	29130	0 \$335		
	8	29105	\$335								
Track & Field	6-8	29160	\$335			Boy's Sports	Grade	Code	e Fee		
Wrestling	6-8	29155	\$335			Volleyball	6	29140	0 \$335		
Tennis	6-8	29150	\$335				7	29141	1 \$335		
							8	29142	2 \$335		
						Basketball	6	29121	1 \$335		

8

29129

\$335

PARENT/ GUARDIAN INFORMATION

Parent/ Guardian's Name							
Address:		(City:		State:	Zip:	
Home Phone:	C	Cell Phone:		_*Email:			
Emergency Contact:				_Emergency C	ontact's Phone:		
PARTICIPANT INFORM	ATION						
Participant's Name:							
Date of Birth:	M/F:	Grade:	Class Code: _	Spor	rt:		

*Please provide your current email address. We will be able to contact you with important information regarding deadlines, Parent Night, and program updates. Please PRINT clearly.

THINGS TO KNOW

Practices take place at Fletcher Middle School, Monday through Friday, usually between 2:30-7:00pm, for one and a half hours. Games take place 2-3 times a week usually lasting 1 hr. and starting between 4-8pm. It is ok for a player to miss practice once per week for another scheduled activity. Fletcher is pleased to be participating in the ADAL, <u>www.teamsideline.com/adal</u>. Transportation to games is not provided! Game schedules and carpooling information will be provided by email. You will have the opportunity to meet your player's coach at Parent Night, held at the beginning of the season. Please make certain to provide your email address to receive important information such as schedules, Parent Night, carpooling and other announcements.

SKILL EVALUATIONS

Volleyball and basketball teams have 2 divisions, "A" and "B". Divisions are determined by the coaches at skill evaluations, which take place 2 - 3 days before practice begins. Absolutely no refunds will be granted for not making the "A" team. If your child is selected for the "A" team and would like to play on the "B" team, please contact the Athletic Director to discuss a transfer. Players are not allowed to participate in both divisions.

The "A" league is more competitive and "A" teams will play the most competitive teams in the league. Participants are encouraged to attend practice as often as possible and practices may take place more than 3 times a week. Playing time can be used as a penalty for an **unexcused** absence.

REGISTRATION MAXIMUMS

Every sport will have a registration maximum and registrations will be processed on a first come, first served basis. Parents will not be able to register for multiple seasons in advance. **Please note that walk-in registrations will** <u>only</u> **take place at the Mitchell Park Community Center** (3700 Middlefield Road, Palo Alto, CA 94303).

FEE REDUCTION PROGRAM

Financial assistance is available through the fee reduction program for those who qualify. You can pick up a copy of the fee reduction application at any of our community centers or by visiting <u>www.cityofpaloalto.org/enjoy</u>.

WAIVER

Sig

All City of Palo Alto classes and programs require the signature of the parent or guardian of any minor(s):

Permission to participate in the above programs, including associated travel sponsored by the City of Palo Alto Community Services Department, is given for my child as shown above. In return for the benefits said minor will receive from participation, I hereby indemnify and hold harmless and release the City of Palo Alto, its employees, its agents, and any volunteers working with the City for and from liability and responsibility for any loss or injury connected with said minor's participation in the activity except for loss or injury caused intentionally or by willful misconduct. This release is intended to protect the City, its employees, its agents, and any volunteers working with the City for and from liability and responsibility for the City, its employees, its agents, and any volunteers working with the City for and intended to protect the City, its employees, its agents, and any volunteers working with the City for another. I am aware that this activity is potentially dangerous and am voluntarily allowing said minor to participate in this activity with knowledge of the risks involved, both expected and unexpected, and hereby agree to accept any, and all risks of loss or injury. I authorize the Recreation Leader to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at Stanford University. It is understood that an effort will be made to notify me or the emergency contact listed above. If above such action is taken, and it is impossible to locate me or the emergency contact, the unisured responsibility and expense of this service will be accepted by me. I agree that pictures taken during program hours may be used by the City of Palo Alto for future promotional purposes. All COVID-19 protocols will be followed. I have carefully read this agreement and fully understand its concerns. I am aware that this is a release of liability, hol harmless agreement, and asurgreement and that it is a legally binding contract between the City of Pal

nature of Parent or Leg	Date:					
Payment Inform	ation Check	Cash	Charge	Total Amount: \$		
Name on Card:						
Last 4 Digits:			CVV:]	

*In order to pay by credit card, please visit one of our community centers or save your credit card number in your Enjoy! account.