



# FILL OUT PERMISSION SLIP ON BACK

Participation Fees\* for the club is \$20 per student. Please return the bottom portion of this form with a tax-deductible check for \$20 made out to the RHMS. If you are unable to afford this amount please check the scholarship box below and the Sports Boosters will provide the fees for your child to participate in the Club Program.

Thank you for your cooperation and support with this request. We look forward to a successful and fun club season.

\_\_\_\_\_ Check or cash attached to this form for the Participation Fee in the amount of \$20.00 made payable to RHMS

\_\_\_\_\_ Scholarship Funds requested for my child's participation fee. The Sports Boosters will pay the full amount or any portion you are unable to pay.

Amount of requested scholarship \$ \_\_\_\_\_.\_\_\_\_\_

Dear Parents,

Please fill out the form giving permission for your child to participate in RHMS After School Club Program. By signing this form, you are indicating that your child has some form of HEALTH AND ACCIDENT INSURANCE. All students are now mandated to have insurance if they are going to be a part of the RHMS after school club program. If your student athlete needs insurance coverage please contact Carmon Allen at 364-4235 x 5170 immediately.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ / \_\_\_\_\_ Last / First

GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo/day/year

CLUB PARTICIPATING IN: \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ E-MAIL : \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

Facility \_\_\_\_\_ Town: \_\_\_\_\_

PHONE: \_\_\_\_\_ Blood Type (if known): \_\_\_\_\_

AUTHORIZED EMERGENCY PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY IMPORTANT HEALTH OR BEHAVIOR INFORMATION WE SHOULD KNOW AS HIS/HER CLUB DIRECTOR:

PARENTS SIGNATURE: \_\_\_\_\_

Any questions about the club program should be directed to Carmon Allen, the Athletic Director, at 364-4235 x 5170 from 1:58-2:54, or leave a message.

Thank you,  
Rolling Hills Middle School Carmon Allen, Athletic Director