

FAIRVIEW RECREATION

GIRLS VOLLEYBALL GRADES 7 and 8

PRACTICE DATES

Tuesday, September 22
Tuesday, September 29

Tuesday, October 6
*Wednesday, October 14
Tuesday, October 20
Tuesday, October 27

*Wednesday, November 3
Tuesday, November 10
Tuesday, November 17
~~Tuesday, November 24~~

Tuesday, December 1
Tuesday, December 8
Tuesday, December 15

Tuesday, January 5
Tuesday, January 12
Tuesday, January 19
Tuesday, January 26

Tuesday, February 2
Tuesday, February 9
*Wednesday, February 17
Tuesday, February 23

Tuesday, March 2
*Wednesday, March 9
Tuesday, March 16
Tuesday, March 23



All practices will be held at Fairview School (6500 West Kinnickinnic River Parkway) from 5:00p.m. to 7:30p.m. in the school gym. League play will be held on Fridays at Zablocki School. League games will not begin until November 2009. Please refer to the Participation Requirements printed on the back side of this sheet. If you have any questions, please see Mrs. LaCroix at Fairview.

REGISTRATION FEE: \$80.00 PER PLAYER
(\$40.00 due October 1 and \$40.00 due December 4)
(Check or money order payable to Fairview School.)

ATTENTION PARENTS!

Please keep this calendar of practice dates for your reference!

You may call Fairview Recreation at 507 - 0093 from 2:30p.m. - 6:00p.m.

Fairview Recreation

Participation Requirements

All participants **MUST** exhibit good sportsmanship and follow school rules. Your child may be expelled from the Fairview recreation program if he/she is unable to show good sportsmanship or follow school rules.

All participants **MUST** have a "C" average at registration time. Participants **MUST** maintain the "C" average at the mid – term Progress Report or they will **NOT** be allowed to "suit – up" or compete with their team. (At that point, your child will be allowed to practice **ONLY** until the next Progress Report shows a "C" average.)

All participants **MUST** treat their coaches, teammates and officials with respect. They will represent themselves, their families and their school with honor and integrity. Your child may be expelled from the Fairview recreation program if he/she is unable to treat their coaches, teammates and officials with respect.

If your child has been suspended from school, he/she **MUST** be reinstated no later than Friday to be eligible for participation in league games.

Your child may be suspended from participation at Administrator's discretion.

Please call if you have questions.

Mrs. LaCroix
Recreation Coordinator
546 – 7700

Return completed registration form to school no later than Tuesday, September 22.

FAIRVIEW RECREATION

GIRLS VOLLEYBALL GRADES 7 and 8

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ ZIP CODE: _____

GRADE: _____ ROOM: _____

Permission is granted for my daughter to participate in the above activity as conducted by Fairview School in partnership with the MPS Recreation Division. I agree that if a health condition exists which would limit her participation in this activity, I will notify Fairview School.

Attached is the \$80.00 activity fee.

(\$40.00 due October 1 and \$40.00 due December 4)

EMERGENCY/PARENTAL CONSENT FORM

Please list any medical condition that could affect your child's participation in this activity:

Please list any medications your child is currently taking:

Please list two persons we can contact in case of an emergency:

_____ Phone #: _____

_____ Phone #: _____

- * I give my consent for the Fairview coaches to use their own judgment in securing medical aid or ambulance service in case emergency contact persons cannot be reached.
- * I understand that my child **MUST** adhere to the Fairview Recreation Participation Requirements shown on the back side of the calendar of practice dates.

PARENT SIGNATURE _____

DATE _____