

FAIRVIEW RECREATION

GIRLS VOLLEYBALL GRADES 4, 5 and 6

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

VOLLEYBALL



All practices will be held at Fairview School (6500 West Kinnickinnic River Parkway) from 2:45p.m. to 4:15p.m. in the school gym. All games will be held on Saturdays at Sholes Middle School. A game schedule will be sent home as soon as possible. **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 4, 5 and 6

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 _____

FAIRVIEW RECREATION

GIRLS VOLLEYBALL

GRADES 4, 5 and 6

PRACTICE DATES

Monday, September 14
Monday, September 21
Monday, September 28

Monday, October 5
Monday, October 12
Monday, October 19
Monday, October 26

Monday, November 2
Monday, November 9
Monday, November 16
Monday, November 23
Monday, November 30

Monday, December 7
Monday, December 14
Monday, December 21

Monday, January 4
Monday, January 11
**Tuesday, January 19
**Tuesday, January 26

Monday, February 1
Monday, February 8
**Wednesday, February 17
Monday, February 22

Monday, March 1
Monday, March 8
**Tuesday, March 16
Monday, March 22

VOLLEYBALL



All practices will be held at Fairview School (6500 West Kinnickinnic River Parkway) from 2:45p.m. to 4:15p.m. in the school gym. All games will be held on Saturdays at Sholes Middle School. (The first game will be played on Saturday, September 26.) A game schedule will be sent home as soon as possible. If you have any questions, please see Mrs. LaCroix at Fairview.

REGISTRATION FEE: \$80.00 PER PLAYER

\$40.00 due September 30

\$41.00 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

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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 Monday, September 14.

FAIRVIEW RECREATION GIRLS VOLLEYBALL GRADE 4, 5 and 6

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 \$81.00 activity fee. (\$40.00 due September 30 and \$41.00 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 _____