



MIRAMONTE AFTER SCHOOL SPORTS PROGRAM FOR 5TH-8TH GRADERS

If your student is interested in *trying out for any sports team this school year*, please review the following materials *before the school year starts*.

Any student wishing to try out or participate on any of our sports teams must have medical clearance and parental permission on file. The attached pink sheet must be completed and turned in to Mrs. Sato before your student(s) may try out for any team. *Please take time this summer to make sure these documents are completed and ready for the school year.*

We hope to have teams in the following sports during the 2010-2011 school year. Offering these sports is dependent on willingness of volunteers to devote time to coaching:

- **Flag Football** (girls & boys)
August through October
- **Volleyball** (co-ed)
November through December
- **Basketball** (boys & girls)
December through March
- **Soccer** (co-ed)
March through April
- **Softball** (co-ed)
April through May

Student's Name (please print): _____

Grade level for 2010-2011 school year: _____

PARENTAL PERMISSION

The student listed above has permission to try-out for any of the following sports that Miramonte plans to offer during the 2010-2011 school year.

- Flag Football (girls & boys) - August through October
- Volleyball (co-ed) - November through December
- Basketball (boys & girls) - December through March
- Soccer (co-ed) - March through April
- Softball (co-ed) - April through May

I understand that trying out does not guarantee a spot on the team. I understand that participation on sports teams involves a personal commitment on the part of the student - commitment toward participation in practices and tournaments and commitment to keeping grades up. I understand involvement in sports involves financial and time commitments from parents.

Printed parent name: _____

Parent signature: _____

MEDICAL CLEARANCE

I hereby certify that I have reviewed the afore-named student's medical records and I have examined him/her during the previous twelve months. There appears to be no medical reason why he/she is not able to compete in supervised interscholastic sports activities.

Doctor's printed name (or stamp): _____

Office address (or stamp): _____

City, state, zip (or stamp): _____

Office phone: _____ Date of most recent physical exam*: _____

Doctor's signature: _____

*Physical exams prior to September 1, 2009 (last year) do not satisfy the requirement.

COMPLETED FORM

- This completed form may be:
- turned in to the Miramonte School Office.
Please ask the office personnel to put it in Mrs. Sato's box.
 - handed to Ronna Sato.
 - mailed to Ronna Sato at:
Miramonte School
1175 Altamead Drive
Los Altos, CA 94024
 - faxed to Ronna Sato at: (650) 967-0833