

MARLBORO TOWNSHIP BOARD OF EDUCATION

ATHLETIC REGISTRATION & FEES FORM

Students will “try-out” for teams without payment of a fee.

This form does not apply to intramural or club activities.

\_\_\_\_\_  
STUDENT NAME (PLEASE PRINT)

\_\_\_\_\_  
STUDENT NUMBER (SHOWN  
ON THE STUDENT SCHEDULE)

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT PHONE NUMBER

\_\_\_\_\_  
ADDRESS

Marlboro Middle School  
SCHOOL

\_\_\_\_\_  
GRADE

-----  
-----  
Please select the activity you are registering for. The cost of participation in each athletic team sport is \$106.00 (except where noted below).

**A. Fall Sports**

\_\_\_\_ Cross Country Boys & Girls – Gr. 6-8 \_\_\_\_ Soccer Boys – Gr. 6-7 \_\_\_\_ Soccer Boys – Gr. 8 \_\_\_\_ Soccer Girls – Gr. 6-8 \_\_\_\_ Girls Field Hockey – Gr. 6-8

**B. Winter Sports**

\_\_\_\_ Basketball Boys – Gr. 6-7 \_\_\_\_ Basketball Girls – Gr. 6-7 \_\_\_\_ Basketball Boys – Gr. 8 \_\_\_\_ Basketball Girls – Gr. 8 \_\_\_\_ Cheerleading – Gr. 6-8 (\$32.00) \_\_\_\_ Wrestling – Gr. 6-8

**C. Spring Sports**

\_\_\_\_ Baseball Boys – Gr. 6-8 \_\_\_\_ Softball Girls – Gr. 6-8 \_\_\_\_ Tennis Boys & Girls – Gr. 6-8 \_\_\_\_ Track & Field Boys & Girls – Gr. 6-8

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**INSTRUCTIONS:**

A registration form and paid receipt must be submitted to the coach prior to student participation. Students will not receive uniforms until payment has been made.

Payment and this Registration Form can ONLY be accepted after the team has been selected.

**Payment does not guarantee participation or override the sport's requirements.**

**ATHLETIC OBLIGATIONS**

I UNDERSTAND THAT IN ORDER TO PARTICIPATE, I/WE MUST:

Agree to obey all athletic eligibility rules and policies, including those pertaining to practice periods and squads as established by the coaches, and to conduct myself at all times in a manner in which reflects favorably on myself, my school, and my teammates.

**RISK/POTENTIAL INJURY**

Parents/Guardians - My son/daughter fully understands his/her responsibilities, and has my permission to participate. I/We realize that such activity involves the potential for injury which is inherent in all sports, and acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I give school personnel permission to provide emergency care, as necessary, in the event of injury and follow-up care as needed.

I, the Parent/Guardian, acknowledge that I have received the application form for Student Accident Insurance. I understand that purchasing Student Accident Insurance is strictly voluntary.

I, the Parent/Guardian, authorize the following people to transport my child home following practices and home and/or away games or meets. (Full name & phone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF STUDENT                      NAME OF STUDENT (PLEASE PRINT)    DATE

X \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN                      DATE

Students must receive medical clearance. All sports physical forms must be completed and submitted to the school nurse prior to registering on the "Pay Schools Central" system. It is the student's/parent's responsibility to ensure that all deadlines have been met.

Payment can only be made through the "Pay Schools Central" system. Individual schools CANNOT accept payment in the form of checks or cash.

If your child receives free or reduced lunch, return the registration form only.

There are no sibling discounts or discounts for multi-activity participation.

Refunds will only be granted if the sport is discontinued due to insufficient levels of participation.