S.O.A.R.
(SIXTH ONLY AFTER-SCHOOL RECREATION)
REGISTRATION FORM

SOAR is a fee-based after-school program for 6th grade students which offers a variety of supervised recreational activities and games. Participants are required to sign in at the beginning of each class. A parent/guardian must complete and submit this registration form and fee ($50) for each child attending. For more information please contact Mr. Vickrey at 667-5406 or corey.vickrey@tcusd2.org.

Contact Information:

Student's Last Name:_____First Name: _____

Home Address: _____ Apt. #: _____

City/Zip Code:_____ Home Phone #:_____

Name of Parent/Guardian:_____

Work Phone #: _____ Home Phone #: _____ Cell #:_____

Person to Notify in Case of Emergency:

Name: _____ Relationship: _____Phone# _____

Health and Participation Questions:

1. Are there any special conditions such as allergies (bee stings, food allergies, pollen, etc.), vegetarian, asthma, heart trouble, seizures, diabetes, or other medical conditions staff should be aware of?

_____

2. List any medication taken daily and time(s) medication is to be taken. Include reason for the medication and any possible side effects staff should be aware of. SOAR staff is not permitted to administer medication.

_____

3. Please list any disabilities or behavioral concerns staff should be aware of: _____

_____

Parent/Guardian Signature: _____ Date: _____

*Form must be completed and submitted prior to student participation. Please send the form with the **$50** fee to school with your child. Have them bring it to the office or give it to Mr. Vickrey. Checks should be made out to Triad Middle School.*