Activities Permit

Elementary School Sports Leagues

2024-2025 Co-Ed Soccer

\$25 FEE 1-3rd/4-5th

Student Name			
Address			
City, Zip			
School / Sport	Fernwood Montessori / Soccer		
Student ID #			
Birth Date, Age, Grade		□Female	□ Male
Parent email(s)			
Parent Phone Number(s)			
Student Physician Contact			
Student Allergies			
Previous Team (if applicable)			
Team/Coach Request*			
Weekday Conflicts for Practice*			

^{*}While we try our hardest to accommodate requests, however, these requests are NOT guaranteed.