

# Joe Michell School

## Sports Registration 2022/2023

### STUDENT INFORMATION:

DATE: \_\_\_\_\_

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ STUDENT'S CELL: \_\_\_\_\_

MOTHER'S CELL: \_\_\_\_\_ FATHER'S CELL: \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

### SPORTS: **\*\*Tryouts**

- Boys Volleyball [Jan-Feb] suggested donation of \$100
- Cross Country (Boys/Girls) [Aug-Oct] suggested donation of \$100
- \*\*Boys Basketball [Aug-Oct] suggested donation of \$100**
- \*\*Girls Basketball [Nov-Dec] suggested donation of \$100**
- Wrestling (Boys/Girls) [Feb-Apr] suggest donation of \$100 with Mendenhall
- \*\*Girls Volleyball [Mar-Apr] suggested donation of \$100**
- \*\*Golf (Boys/Girls) [Mar-May] suggested donation of \$200**
- Track (Boys/Girls) [Apr-May] suggested donation of \$100

### **Sports Donation**

As way of managing the cost of extracurricular activities without having to cut other important areas, Joe Michell School is encouraging the families of students who participate in athletics and extracurricular activities to provide support, if possible, by making a fair share donation that would go directly to the athletic programs. Donations are purely voluntary, and no student will be denied access to or participation in any sport or extracurricular activity, or penalized in any way, based on whether or not his/her family chooses to make a donation or the amount of any such donation.

Please make checks payable to Joe Michell School, in the memo please indicate the sport & students name. Your support is greatly appreciated.

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Student's name \_\_\_\_\_ Sport \_\_\_\_\_

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATHLETIC ELIGIBILITY/REQUIREMENTS/DICIPLINE: (IMPORTANT Please Read Carefully)**

1.

**LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT  
THIRD PARTY DRIVER RELEASE AND WAIVER**

I, \_\_\_\_\_, the undersigned, am the parent/guardian of \_\_\_\_\_. I understand and acknowledge that my child is attending a field trip and may be driven by a third party other than myself. I understand and acknowledge that as a condition of providing transportation for this event, the driver is required to certify that he/she has the minimum insurance requirements and that the vehicle contains the proper safety restraints. I also understand and acknowledge that the Livermore Valley Joint Unified School District makes no representation of the driving ability, skill or record of the third party driver and has not and will not make any independent investigation of or test or otherwise examine or verify the third party driver's driving record, or skills. I agree to save harmless, indemnify and release the Livermore Valley Joint Unified School District, its governing board and the individual members thereof, its officers, employees and representatives, from and against all actions, demands and claims for injury, death or claims for property damage, including claims or causes of action for negligence, howsoever caused, arising out of or in connection with the transportation of my child by a third party driver. By signing below, I acknowledge that I have read and understand the contents of this Release and Waiver.

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Parent/Guardian Signature

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Date