



## 2024-25 Athletics Registration

Please complete all forms provided and return the packet to the front office at The Montessori Academy Edison Lakes. Student-athletes will not be permitted to participate in any practices, games, or meets until all forms are on file and the registration fee has been paid. Checks should be made payable to TMA.

Aug- October

### **Co-Ed Soccer - \$75**

\_\_\_\_ Upper Elementary (grades 4-6)

\_\_\_\_ Junior High (grades 7-8)

Nov-Dec Boys/Co-Ed - Jan-Feb Girls

### **Basketball - \$100**

\_\_\_\_ UE Boys \_\_\_\_ UE Girls

\_\_\_\_ Co-Ed Junior High

Aug-Mid October

### **Co-Ed Cross Country - \$50**

\_\_\_\_ Upper Elementary (grades 4-6)

\_\_\_\_ Junior High (grades 7-8)

April-Mid May

### **Co-Ed Track - \$50**

\_\_\_\_ Upper Elementary (grades 4-6)

\_\_\_\_ Junior High (Grades 7-8)

Aug-October

### **Co-Ed Volleyball - \$75**

\_\_\_\_ Upper Elementary (grades 4-6)

\_\_\_\_ Junior High (grades 7-8)

**My child has my permission to participate in the sports noted above for the 2024-25 athletic season. Please list all e-mail addresses you would like added to athletic team e-mail groups.**

Student's name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent(s) E-mail: \_\_\_\_\_

Parent(s) Cell: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



## 2024-25 Athletics Parental Consent & Release Form

### **PART 1 MEDICAL CONDITION TO BE WATCHED**

\_\_\_\_ No, my child does not have a medical condition that requires attention.

\_\_\_\_ Yes, my child has a medical condition that requires attention. (i.e. allergies to medicine, food, sun, etc.)

If yes, please explain:

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### **PART 2 RISK AND DANGER RELEASE**

I/We acknowledge that the participant knows and appreciates the risks and dangers involved in athletic participation and is assuming all risks of injury and damage incident to his/her participation in the athletic activity; further in consideration of the permission granted to the participant to participate in athletic activity, I/we do hereby release, discharge and relinquish the school, The Montessori Academy Edison Lakes (TMA), their representatives, agents, officers, employees and officials from all claims, demands, actions and causes of actions of any sort for injuries sustained by the participant for me/us and from any damages to the participant's or my/our property.

### **PART 3 MEDICAL NOTICE AND PHYSICAL ABILITY**

Parents of children participating in TMA's Athletic Program are strongly encouraged, prior to their child's participation, to arrange for the child to have an annual physical examination by a physician.

### **PART 4 TRAVEL NOTICE**

In consideration that my child is being transported to and is participating in athletic events, and on behalf of my child, my spouse, myself and my child's estate, I hereby recognize that such activity may expose my child to risks and hazards not ordinarily encountered at school. I release TMA from all claims, judgements and liability that my child, his/her estate or my spouse

now has or may ever have due to my child's participation in this event. I acknowledge that TMA will not be responsible for any liabilities incurred during the transportation of my child to and from athletic events.

**PART 5 MEDICAL TREATMENT RELEASE**

I/We hereby authorize the representative of The Montessori Academy Edison Lakes to act for me/us to their best judgment in any emergency requiring medical attention and I/we hereby waive and release The Montessori Academy Edison Lakes, its administration, and instructors of all liability for for any illness or injury while participating in Athletic Program.

I/We have READ and UNDERSTAND ALL SECTIONS of this Consent & Release form. Accepting all releases and information stated herein, I/we hereby give consent for my/our child to participate in The Montessori Academy's Athletic Program, and be transported to and from events.

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Child's Name Grade

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Parent's Name

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Parent's Signature Date

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Emergency Contact Name and Number

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Doctor's Name and Number



## 2024-25 Athletics Uniform Agreement

**By reading this and signing below, I agree that I will be responsible for the uniform assigned to me and that I will return it to my coach or athletic director at the end of the season. I/We understand that if I lose or fail to return my uniform that there will be a \$40 uniform replacement fee.**

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Student's Signature

Today's Date

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Student's Name (Please Print)

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Parent's Signature



## **2024-25 Athletics Carpooling Information**

**It is the responsibility of each parent to transport their child to all sporting events including off-site games and practices. Carpooling is to be personally arranged between and by parents who are responsible to notify the school, in writing, giving permission for their child to ride with another parent (See next form).**

**In the event your child is not picked up at dismissal by you or an appropriately appointed designee, the child will be escorted to the office lobby or to aftercare.**

- **After care requires pre-registration and pre-payment. Contact the office for a “Now and Then” Aftercare registration form.**
- **Students not picked up by 3:40pm and not registered in aftercare will be escorted to the office. Parents will be called and will be assessed a late pick up fee.**

**The Athletic office will provide a roster of students registered in sport upon request.**



## 2024-25 Athletics Carpooling Permission Form

My child, \_\_\_\_\_, has permission to ride with the following drivers (list all names below) to games and/or practices for the 2024-25 Athletics seasons.

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Parent's Signature

Today's Date

Permission to ride with:

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## TMA Athletics Code of Conduct

I \_\_\_\_\_, agree to uphold the following behavior in all athletic, academic, and co-curricular activities:

- 1. Be respectful**  
(listening to coaches, teachers, and officials - not speaking when they are speaking, positive attitude)
- 2. Be Safe**  
(using equipment for what it was meant for, being aware of surroundings, keeping hands to self)
- 3. Try/do my best**  
(focusing on tasks and giving best effort, regardless of feelings about the exercise, drill, activity, or assignment)
- 4. Accept feedback**  
(not arguing or ignoring feedback from coaches, officials, teachers)

I (student) understand that participation in TMA athletics is a privilege and is dependent on my choices, attitude, and behavior.

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Student signature

Date