

## STMS Intramural Sports Registration Form

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Please check all activities that your child is interested in:

- Baseball
- Basketball
- Winter running club
- Volleyball
- Flag Football
- Softball
- Spirit
- Wrestling

In registering my child(ren) for the STMS Intramural program, I agree to abide by the policies of the Dunklin R-5 School District. I will respect and support the efforts of the coordinators and coaches. I also acknowledge that my child(ren) has no medical condition that would affect his/her ability to participate in this program.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_