Sterling Floorball Club

Floorball is an indoor version of hockey with no checking. This after school activity will be available to Sterling children in grades 1-8. There will be a 1st - 3rd Lower Elementary group (introductory), a 4th – 6th Upper Elementary group (non-competitive), and a middle school team (competitive).

We will meet in the sports court from 3:45 – 4:45 one day per week for 15 weeks:

<table>
<thead>
<tr>
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<th>Date</th>
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<tbody>
<tr>
<td>Middle School Team: Tuesdays</td>
<td>December 3rd - March 31st</td>
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<tr>
<td>Lower Elementary Group: Wednesdays</td>
<td>December 4th - March 25th</td>
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<tr>
<td>Upper Elementary Group: Thursdays</td>
<td>December 5th - April 2nd</td>
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There is a fee of $165 which includes the cost of a uniform. There is a link for Floorball on myschoolbucks.com. If you’d prefer to pay by check, please include your payment with the application.

Please email russbrandon@sterlingmontessori.org with any questions you may have.

Applications, found on the back of this page, should be turned in to Russ Brandon via the Main Office.
Sterling Floorball Club Application

Child’s Name: __________________________    Age____  Classroom________

Parent/Guardian Information

Name______________________________    Phone: _____________
   (Parent 1)
   Email: _______________________

Name______________________________    Phone: _____________
   (Parent 2)
   Email: _______________________

Emergency Contacts

Name_________________________    Phone (____)___________________

Name_________________________    Phone (____)___________________

Student’s Medical History

Does the student have any current medical problems?   Yes  No

Is the student currently taking any medications?   Yes  No

Does the student have any allergies?   Yes  No

If yes, please explain: ___________________________________________________
   ______________________________________________________________________

If your child is taking any medications, including medications used for allergic
reactions, please attach their Medical Action Plan to this application.

__________________________    ___________________
       Parent/Guardian’s Signature                   Date

Please return this form to Russ Brandon via the Main Office.