

**CALIFON PUBLIC SCHOOL
6 SCHOOL STREET
CALIFON, NJ 07830
TEL: (908)832-2828 FAX: (908)832-6719**



SPORTS ACTIVITY FEE FORM

If your son or daughter is going to participate in _____, please fill out the attached form and return it to the office with your check of **\$65** made payable to **“Califon School”** as soon as possible.

Thank you for your continued cooperation and support.

Parent/Guardian Name: _____

STUDENT Name(s): _____ **GRADE**

_____ **GRADE**

_____ **GRADE**

I am enclosing \$_____, which represents \$65.00 per child

Parent’s Signature

TEAM PLAYER CONTACT INFORMATION FORM

The following information is requested for purposes of team communication and planning, as well as emergency contact in case of schedule changes or delays. Email is extremely important for this process. Please list all phone numbers and emails that you wish to be contacted at regarding your child's SPORTS ACTIVITIES.

Please return completed form to your team coach or main office.

Student Name: _____ **Grade:** _____ **Sport:** _____

Parents' Names: _____ **Home Ph. #:** _____

Cell Phone Numbers: _____ **Of** _____

_____ **Of** _____

_____ **Of** _____

EMAIL Address:

_____ **Of** _____

_____ **Of** _____

_____ **Of** _____

_____ **Yes**, I grant permission to share this information with the Team Coaches, Athletic Director, and Team Parent Liaison. _____

Parent Signature

TEAM PARENT VOLUNTEER

_____ **YES**, I am interested in being a Team Parent for the Califon Team, and I am available to serve as a communication liaison.

Any questions please Contact Michelle at 832-2828 -x 211