

Tyngsborough Middle School
 50 Norris Road
 Tyngsborough, MA 01879
 Athletic Office: (978) 649-4210
 FAX: (978) 649-6530

ATHLETIC REGISTRATION FORM
 (2008-09 School year)

Athlete's First Name: _____ Athlete's Last Name: _____

Address: _____ Phone: _____

Check one: _____ Male _____ Female Grade: _____

DO NOT REGISTER FOR MORE THAN ONE SEASON ON THIS FORM.
Separate registrations are held each season.

FALL	X	WINTER	X	SPRING	X
CHEERLEADING		CHEERLEADING		SOFTBALL	
CROSS-COUNTRY (GIRLS)		BASKETBALL (BOYS)		TRACK (BOYS)	
CROSS-COUNTRY (BOYS)		BASKETBALL (GIRLS)		TRACK (GIRLS)	
FIELD HOCKEY		* WRESTLING (HS Sport)			
FOOTBALL		*SWIMMING COED (HS Sport)			

PLEASE CHECK ONE:

_____ Per Season (\$225) This fee is to be paid for each sport you choose to participate in.

_____ Per Season (\$500) *This fee is to be paid if you would like to participate in wrestling or swimming for the HS program.

MAKE CHECKS PAYABLE TO: TYNGSBOROUGH PUBLIC SCHOOLS

REFUNDS:
 If you do not make the team, you will receive a full refund. If you suffer a season-ending injury or if you played for less than half the season (total regular season game schedule), you will receive half a refund. No refund will be issued if you played half or more of the season (total regular game schedule). Please notify the Athletic Office as soon as possible if you qualify for a refund.

Are you planning on applying for Financial Accommodations? (check one) _____ yes _____ no

For athletics schedules, site info, etc., check out our web site:
www.tyngsboroughps.org