



TERMAN

MIDDLE SCHOOL ATHLETICS

2009-2010



Welcome to the 2009-2010 Terman Athletics Program, run in partnership by the Palo Alto Unified School District with the help of the City of Palo Alto's Community Services Department! Our mission is to provide a safe and positive after school environment where athletes can take pride in representing their school in league play. GO TIGERS!

FALL SEASON:	Girl's Volleyball	Flag Football & Cross Country	Golf
FIRST DAY TO REGISTER	Monday, August 31 st	Monday, August 31 st	Monday, August 31 st
Skill Evaluations	September 8 – 10	N/A	N/A
First Day of Practice	September 14	September 14	September 14
Games / Meets Begin	Week of September 28	TBA	TBA
Playoffs / Finals	November 2 – November 5	TBA	TBA
Cost	\$195	\$195	\$300



WINTER SEASON:	7 th & 8 th Grade Basketball	6 th Grade Basketball
FIRST DAY TO REGISTER	Monday, October 5 th	Monday, December 7 th
Skill Evaluations	November 9 – 12	January 25 – 28
First Day of Practice	November 16	February 1
Games / Meets Begin	Week of November 30	Week of February 8
Playoffs / Finals	January 19 – January 26	March 22 – 25
Cost	\$195	\$195

SPRING SEASON:	Track & Field	Wrestling	Tennis
FIRST DAY TO REGISTER	Monday, February 1 st	Monday, February 1 st	Monday, February 1 st
First Day of Practice	April 19	April 19	April 19
Meets Begin	TBA	TBA	TBA
Playoffs / Finals	May 25 & 27	TBA	TBA
Cost	\$195	\$195	\$195

THINGS YOU SHOULD KNOW:

Practices take place at Terman (except golf) on Mondays, Tuesdays and Thursdays from 3:15-4:30pm (additional practices are at the discretion of the coach). Games take place 2-3 times a week between 4:00 and 7:00pm. Terman is pleased to once again be participating in the Art David Athletic League, which includes schools outside of Palo Alto. **Transportation to games is not provided!** Game schedules and carpooling information will be provided at Parent Night. For more information about Parent Night and other important announcements, **please provide us with your e-mail address (see pg 2).**

REGISTRATION MAXIMUMS:

New this year, every sport will have a registration maximum and registrations will be processed on a first come, first served basis. Parents will no longer be able to register for multiple seasons in advance. Please see above for more information on when you can register.

SKILL EVALUATIONS

Volleyball and basketball teams have 2 divisions, "A" and "B". Divisions are determined by the coaches at skill evaluations, which take place the week before practice begins. Absolutely no refunds will be granted for not making the "A" team. If your child is selected for the "A" team and would like to play on the "B" team, please contact the Athletic Director to discuss a transfer. Players are not allowed to participate in both divisions.

FEE REDUCTION PROGRAM:

Financial assistance is available through the fee reduction program for those who qualify. Applications must be submitted 1 week prior to registration. For more information, please visit: www.cityofpaloalto.org/community-services/fee-reduction-program

"A" PLAYER EXPECTATIONS:

The "A" league is more competitive and "A" teams will play the most competitive teams in the league. Participants are encouraged to attend practice as often as possible and practices may take place more than 3 times a week. Playing time can be used as a penalty for an unexcused absence.

TERMAN REGISTRATION FORM

PARTICIPANT REGISTRATION:

Class Code	Participant's Last Name	Participant's First Name	Gender	Date of Birth	Grade	Sport	Fee
			M / F	/ /			
			M / F	/ /			
			M / F	/ /			
TOTAL							

PARENT/GUARDIAN:

Last Name:	First Name:	
EMAIL: _____ Please provide us your current email address. This is the only way that we will be able to contact you with important information regarding deadlines, PARENT NIGHT and program information. Please print clearly.		
Street Address:	City/State/Zip Code:	
Day Phone:	Home Phone:	Work Phone:
Emergency Contact (other than parent):		Emergency Contact Phone Number:

WAIVER:

*****PLEASE SIGN BELOW*****

All City of Palo Alto classes and programs require the signature of the parent or guardian of any minor(s): Permission to participate in the above programs, including associated travel sponsored by the City of Palo Alto Community Services Department, is given for my child As shown above. In return for the benefits said minor will receive from participation, I hereby indemnify and hold harmless and release the City of Palo Alto, its employees, its agents, and any volunteers working with the City for and from liability and responsibility for any loss or injury connected with said minor's participation in the activity except for loss or injury caused intentionally or by willful misconduct. This release is intended to protect the City, its employees, its agents, and any volunteers working with the City from claims of negligence (the failure to use reasonable care). However, it is not intended to exempt them from responsibility for their willful or intentional injury to the person or property of another. I am aware that this activity is potentially dangerous and am voluntarily allowing said minor to participate in this activity with knowledge of the risks involved, both expected and unexpected, and hereby agree to accept any and all risks of loss or injury. I authorize the Recreation Leader to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at Stanford University. It is understood that an effort will be made to notify me or the emergency contact listed above. If above such action is taken, and it is impossible to locate me or the emergency contact, the uninsured responsibility and expense of this service will be accepted by me. I agree that pictures taken during program hours may be used by the City of Palo Alto for future promotional purposes. I have carefully read this agreement and fully understand its concerns. I am aware that this is a release of liability, hold harmless agreement, and assumption of risk agreement and that it is a legally binding contract between the City of Palo Alto and me. I further understand that this release is binding on my heirs or anyone making a claim. I sign of my own free will.

Signature of Parent or Legal Guardian: _____

Date: _____

SPORT	GENDER	GRADE	CODE	MAX	FEE
CROSS COUNTRY	COED	6-8	61658	60	\$195
GOLF	COED	6-8	61679	6	\$300
FLAG FOOTBALL	COED	6	61665	20	\$195
	COED	7	61666	20	\$195
	COED	8	61667	20	\$195
VOLLEYBALL	GIRLS	6	61674	24	\$195
	GIRLS	7	61675	24	\$195
	GIRLS	8	61676	24	\$195
7 & 8 BASKETBALL	BOYS	7	61651	22	\$195
	GIRLS	7	61652	22	\$195
	BOYS	8	61654	22	\$195
6 BASKETBALL	GIRLS	8	61655	22	\$195
	BOYS	6	62055	34	\$195
	GIRLS	6	62056	22	\$195
TRACK & FIELD	COED	6-8	61685	70	\$195
WRESTLING	COED	6-8	61688	20	\$195
TENNIS	COED	6-8	61682	16	\$195

PAYMENT:

Payment due at time of registration	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Credit Card #:	

Exp. Date: ____/____	
Authorized Signature:	

<input type="checkbox"/> CHECK	Check #: _____
*Payable to the City of Palo Alto	
ONLINE: www.cityofpaloalto.org/enjoy	
WALK IN: Lucie Stern Community Center 1305 Middlefield Road, Palo Alto, CA 94301	
FAX: 650-321-5612	
REFUNDS: Cancellation requests must be submitted 5 business days prior to the 1 st week of practice. A \$12 per program registration fee will be charged for all cancellations.	