

Salmon Bay Ultimate Frisbee Contact Form

Player Name: _____

Parent Name:	Email: Phone #:
Parent Name:	Email: Phone #:
In case of emergency during practice or game call:	Phone #:

What medications will your child have at practice and games? Circle one or add an item below.

Inhaler EpiPen :

To help the coaches plan for the season please answer the following as best you can (I know things will come up and plans may change, but at least here is a start):

Elementary practice is on Fridays after school.

Middle School - My player will attend practice most weeks on:

Tuesdays

Thursdays

Both Days

****Return this form to Sam or Jodi****

Spring Payment Form

Player's Name: _____

Check #: _____

Fee:

Middle School: \$100

Elementary: \$75

Scholarship Request: Please pay what your family can afford.

Checks made out to FOSB. Thank you!

How is this fee spent?

-DiscNW League Fees

-Coaching Stipends

-Spring Reign/Tournament Fees

-Supplies: Discs, cones, first aid equipment, etc...

-End of season celebration

-Ren Fitness/ Other opportunities that arise

Elementary Players Only

What size of Salmon Bay t-shirt does your player want? (Youth Sizes)

X-Small_____ Small_____ Medium_____ Large_____ X-Large_____

Classroom Teacher: _____