

CHARLES RIVER SCHOOL
Dover, Massachusetts 02030

Please return to CRS office by August 1, 2010. Thank you.

Dear Parents of Children in Grades 5-8,

Please check the appropriate boxes below for participation in the fall, winter and spring sports programs. This form must be returned to the school office **before your child may participate in the sports program.** Thank you.

FALL SPORTS

NAME

____ Soccer (Grades 5-8) _____
____ Field Hockey (Grades 5-8) _____

WINTER SPORTS

NAME

____ ASA Cooperative Activities (Grade 5) _____
____ Girls Basketball (Grade 6) _____
____ Boys Basketball (Grade 6) _____
____ Girls Basketball (Grades 7-8) _____
____ Boys Basketball (Grades 7-8) _____

SPRING SPORTS

NAME

____ Girls Lacrosse Instructional Program (Gr. 4-8) _____
____ Girls Lacrosse Team (Gr. 5-8) _____
____ Boys Lacrosse Instructional Program (Gr. 4-8) _____
____ Boys Lacrosse Team (Gr. 6-8) _____
____ Tennis (coed, Grades 7-8) _____
Tennis team members will be selected on a try-out basis.

After-School Study

In addition to our after-school sports program, a quiet, supervised study will be offered from approximately 3:10-4:15 p.m., Mondays, Tuesdays and Thursdays and from approximately 1:40-2:50 p.m. on Wednesdays for fourth graders as well as students in Grades 5-8 who are not participating in the sports program for the season or for a particular day. My child _____ will attend the after-school study as indicated below.

Fall Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Winter Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Spring Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Signed _____

Date _____