

**Calvert County Public Schools**

**Middle School Athletic Fee**



One-Time Clinic Fee - \$35

- Checks should be made payable to your middle school.
- The fee must be paid prior to participation.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Sport \_\_\_\_\_ School \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent's Signature \_\_\_\_\_