

MVRCS Student Action Club (SAC)

Please **MAIL** this form along with waiver (signed) on the reverse side & \$25.00 payment ASAP so it is received by Wednesday, September 8th or until session is full. Please write your child's name on the check. To avoid lost forms/payment please **do not** send forms to school with your child. Applications must be **mailed** to the address below. Thank you ☺

MVRCS
Attn: Mrs. Nicole Rubin
P.O Box 545, Malden, MA 02148

The session will run from September 20th – November 5th
All students will need to bring & wear a mouth guard when playing lacrosse.

Childs First Name _____ Last Name _____

Grade _____ Teacher _____ Age _____ Gender _____

I _____ **give my child** _____
Parent Signature *Child's Name*

permission to attend the Student Action Club (SAC). During the time my child will be attending the

SAC I can be reached at _____.
Phone Number w/ area code

Email: _____ Cell # _____

Additional emergency Number _____ Name/relation _____

The nonrefundable \$25 includes all the times/days you choose for your child's age group.

Please Circle the appropriate day & time your child will be attending.
If your child will be staying for both hours you **must** circle both hours.
(Ex. Boys are on Tuesday's & Thursday's time depends on their grade)

Tuesday, Boys:	Grades K-1	3:45-4:45 gym	4:45-5:45 art
	Grades 2-3	3:45-4:45 art	4:45-5:45 gym
Wednesday, Girls	Grades K-1	3:45-4:45 gym	4:45-5:45 art
	Grades 2-3	3:45-4:45 art	4:45-5:45 gym
Thursday, Boys	Grades 4-5-6-7	3:45 4:45 art	4:45-5:45 gym (mini league)
	Grades K-1-2-3	3:45-4:45gym (space very limited)	
Friday, Girls	Grades 4-5-6-7	3:45-4:45 art	4:45-5:45 gym (mini league)
	Grades K-1-2-3	3:45-4:45 gym (space very limited)	

Medical Concerns: (please list below)...This program is taken place after school therefore all medicine etc.. that the nurse has for your child is locked up by 3:30.

List Any Medical Conditions: