## MADISON PUBLIC SCHOOLS W.C. POLSON MIDDLE SCHOOL ATHLETIC REGISTRATION FEES CONFIDENTIAL WAIVER FORM INTRAMURAL SPORTS

If a student receives free or reduced price lunch, the fee is automatically waived

| <b>DATE:</b> /   | _/                      |               |          |          |       |
|--|-------------------------|---------------|----------|----------|-------|
| STUDENT NAME:  |                         |               |          |          |       |
| SEASON:  |                         | □ Fall        | □ Winter | □ Spring |       |
| INTRAMURAL SPOI  | RT:                     |               |          |          |       |
| PARENT / GUARDIAN NAME (print):  PARENT / GUARDIAN SIGNATURE:  WAIVER REQUEST: Please describe below the nature of your athletic fee waiver request.  Please provide specific reason(s) for your request to waive the fee. You may include a separate letter or other appropriate documentation, if appropriate. |                         |               |          |          |       |
|  |                         |               |          |          |       |
|  |                         |               |          |          |       |
|  | For (                   | Office Use On | ly       |          | ••••• |
| REVIEWED BY:   | Building Principal or D |               | :/       | _/       |       |
| WAIVER REQUEST:  | : □ Approved            | ☐ Denied      |          |          |       |