

**AVONDALE SCHOOL DISTRICT DEPARTMENT OF ATHLETICS
PAY TO PARTICIPATE CONTRACT**

Name of Student _____

Address _____ City _____ Zip _____

School _____ Grade _____ Home Phone _____

Parent(s)/Guardian(s) _____ Cell Phone _____

Sport(s) _____ Siblings in other school/sports _____

Payment made by: Cash ___ Check # _____ PayPal ___ Hardship ___

I have reviewed the Avondale School District's (ASD) "Athletic Activity Fee Program" form and understand that the fee paid does not guarantee playing time, control over any conditions of the team or Department of Athletics. I also understand that paying the fee does not in any way alter the ASD's Board of Education Student Policies, the ASD Student Athlete Code, individual team rules and/or the Michigan High School Athletic Association Regulations.

A reduction in fee will be available to students with financial hardships. Approved participation in ASD's Free or Reduced Lunch Program will qualify the athlete. If the family qualifies for free lunch no Pay to Participate (PTP) fee will be assessed, if the family qualifies for a reduced lunch, the PTP fee will be assessed at half the amount due. The student should indicate their exemption status under hardship.

There will be no refunds of the participation fee unless the student athlete suffers a season ending injury prior to the midpoint of the season which precludes them from participating in one-half of the regular scheduled contests. A physician's letter must accompany any such request. Request for refunds must be made to the Director of Athletics, before the midpoint of the season.

An athlete will not be allowed to participate, including practice, unless all signatures are affixed and the fee has been paid and current physical is on file.

\$150 per high school athlete/per sport, with a cap \$300 per high school athlete

\$100 per middle school athlete/per sport, with a cap \$200 per high school athlete

\$500 per family cap, regardless of the number of student athletes and level of participation

Pre-established fees for gymnastics, hockey, downhill skiing, and figure skating

CHECKS SHOULD BE MADE PAYABLE TO "AVONDALE SCHOOL DISTRICT" OR MAY BE PAID ONLINE THROUGH PAYPAL <https://sites.google.com/a/avondaleschools.org/district/parents-students/paypal>

I agree to the Athletic Activity Fee Contract and understand and acknowledge that I have been informed that Code of Conduct is available to me. (Please complete and return to coach)

Student Signature

Parent/Guardian Signature

Date