ID NUMBER_____ **SCHOOL**_____**YEAR**____

ANN ARBOR PUBLIC SCHOOLS DEPARTMENT OF ATHLETICS

High School Athletic Participation Fees and Letter of Understanding

☐ Interscholastic Sport Fee for 1st Sport: **$ 150.00** ☐ Interscholastic Sport Fee for Additional Sport(s)**: $ 75.00**	☐ Athletic Benefit Fee: **$30.00**

I have reviewed this form and understand that the fee paid does not guarantee playing time, control over any aspects of the team or Department of Athletics. I also understand that paying this fee does not in any way alter Ann Arbor Public Schools Board of Education Code of Conduct, Student Athlete Code of Conduct, individual team rules and/or the Michigan High School Athletic Association Regulations.

An athlete will not be allowed to participate until all signatures are affixed and the fee has been paid. All athletes will be expected to pay the appropriate fee before the first sport they are participating in begins. The fee is non-refundable after the first practice.

_____/_____/_____ _____/_____

Student Name (Please Print First and Last Name) / Birthdate/ Grade Student Signature / Date

_____ _____

Parent/Guardian Name (Please Print First and Last Name) Parent/Guardian Signature / Date

_____/ (_____)_____

Home Address (Street City State Zip) / Home Telephone Number

Students who qualify for free and reduced lunch may be eligible to be exempt from part or all of the Pay to Participate fee. Students not eligible for free/reduced lunch but who need assistance may submit a Pay to Participate Scholarship Application.

Are you requesting a waiver of the fee? Yes No (If yes, please submit the scholarship application)

Which Sport(s) Do You Intend to Play? (Please circle all that apply)

Baseball	Dance	Ice Hockey	Tennis
Basketball	Equestrian*	Lacrosse	Track
Bowling	Field Hockey	Soccer	Volleyball
Cheerleading	Figure Skating	Softball	Water Polo
Cross Country	Football	Swimming	Wrestling
Crew	Golf	Synchronized Swimming	Sports Medicine* // Team Manager*

Make Checks Payable to Ann Arbor Public Schools (AAPS)

PRINT FIRST AND LAST NAME OF PAYER: _____

PAYMENT METHOD/AMOUNT: AMOUNT PD: $_____ FEE WAIVER: yes no ☐ CHECK #_____ ☐ CASH ☐ CREDIT CARD

Credit Card Payments: I agree to pay above amount according to the card issuer's agreement and adhere to the AAPS athletic participation refund policy

Card # :_____ Exp. Date:_____ VISA MC AMEX SECURITY CODE #:_____

Cardholder Signature:_____ (Sign your name exactly as it appears on the card)

SCHOOL OFFICE USE: *RECEIVED BY:*_____ *DATE:*_____