

ID NUMBER \_\_\_\_\_



SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ANN ARBOR PUBLIC SCHOOLS DEPARTMENT OF ATHLETICS

Athletic Participation Fee and Letter of Understanding

**MIDDLE SCHOOL PAY TO PARTICIPATE FEE \$50.00/year (covers all 5 seasons)**

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      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 Waiver Application.

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

**Which Sports Do You Intend to Play? (Please circle all that apply)**

Season 1	Season 2	Season 3	Season 4	Season 5
Soccer	Wrestling	Boy's Basketball	Volleyball	Track
Field Hockey	Girl's Basketball	Synchronized Swimming		Softball
Cross Country			Swim Team	Baseball
				Tennis (6 <sup>th</sup> Gr)

**Make Checks Payable to Ann Arbor Public Schools (AAPS)**

In addition to the Pay to Participate Fee, we would like to make a donation of \$ \_\_\_\_\_ to the Athletic Scholarship Fund. (Donation will be used to Fund Scholarships for the Pay to Participate Fees)

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)

**OFFICE USE: RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_