

**Utica Community Schools
Athletic Participation Application**

2019-2020 Fee

9th through 12th grade - \$165.00

7th through 8th grade - \$145.00

NAME OF STUDENT – ATHLETE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDATE: ___/___/___ TELEPHONE: _____ GRADE: 7TH 8TH 9TH 10TH 11TH 12TH

TEAM [] 7TH [] 8TH [] 9TH [] JV [] VARSITY SPORT: _____

SCHOOL: [] Eisenhower High School [] Bemis Junior High School [] Jeannette Junior High School
[] Henry Ford II High School [] Davis Junior High School [] Malow Junior High School
[] Stevenson High School [] Eppler Junior High School [] Shelby Junior High School
[] Utica High School [] Heritage Junior High School

PAY TO PARTICIPATE POLICY AND AGREEMENT

1. Athletes **WILL NOT** be allowed to tryout or practice until a valid sports physical is on file with the school.
2. Self-funded sports will not be asked to pay this fee (i.e., bowling, ice hockey, roller hockey, lacrosse, sideline cheer, dance).
3. Financial Aid: Those in the Free Lunch Program will have the participation fee waived and those in the Reduced Lunch Program must pay 25% of the participation fee.
4. Once the athlete is selected for the team, the participation fee must be paid one (1) week prior to the first contest (see payment due date schedule).
5. Payment can be made online through PaySchools or will be accepted at the school by check or money order payable to **“Utica Community Schools”**. One check per student. We are sorry but we cannot accept cash or credit cards at the school building. Coaches **CANNOT** accept applications or payments.
6. Payment of the participation fee is **NOT REFUNDABLE** if the student voluntarily withdraws from the team, if there is a lack of playing time, ineligibility or if the student becomes ineligible during the season due to grades, if an athlete is removed from a team for disciplinary reasons, when a cancelled contest cannot be rescheduled, or when a full allotment of games cannot be scheduled.
7. Participation fee **DOES NOT** guarantee an athlete any playing time.
8. Student athletes will be expected to meet all MHSAA, District, School, Athletic Department, and Team rules, regulations, policies, and code of conduct.
9. Pro-rated refunds will only be given to an athlete who suffers a season ending injury prior to the mid-point of the scheduled games, which precludes him/her from participating in one-half of the regularly scheduled contests. A medical authorization letter from a physician must accompany such requests.
10. Fee for each additional sport **per student** will be [\$140.00 for 9th through 12th grade] - [\$120 for 7th through 8th grade].
11. Maximum fee per family in a school year is \$500.00.
 Check here if fee has been previously paid to participate during this school year. Which sport? _____
(Does not include self-funded sports.)
12. A \$25.00 fee shall be assessed for any check returned due to insufficient funds.

I HAVE REVIEWED THE “PAY TO PARTICIPATE” PROGRAM AND AGREE TO FOLLOW ALL RULES, POLICIES, AND PROCEDURES STATED ABOVE AND AGREE TO THOSE CONDITIONS AND THE PAYMENT OF THE FEE
[\$165.00 for 9th through 12th grade] - [\$145.00 for 7th through 8th grade]

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF STUDENT - ATHLETE

PARENT/GUARDIAN PRINT NAME HERE

DATE: ___/___/___

[] Check here if applying for financial assistance, and complete the Financial Aid Form. Assistance is determined solely upon eligibility for the free and reduced lunch program.

MAKE CHECKS PAYABLE TO UTICA COMMUNITY SCHOOLS



ATHLETIC DEPARTMENT
Financial Assistance Form

Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs. **We must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

_____ **Yes!** I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Utica Community Schools Athletic Department.**

_____ **NO!** I DO NOT want information from my Free and Reduced Price School Meals Application shared.

If you checked yes, please fill out the form below. Your information will be shared only with the Utica Community Schools Athletic Department.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information call Sharon Reinhold @ 586-797-1078
Return to school of student's participation.

