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

Name of Student				
Address	Ci	ty	Zip	
School	Grade	Home Phone		
Parent(s)/Guardian(s)		Cell Phone		
Sport(s)	Siblings in other so	blings in other school/sports		
Payment made by: Cash	Check #	PaySchools	Hardship	
I have reviewed the Avondale understand that the fee paid of team or Department of Athleti the ASD's Board of Education rules and/or the Michigan High	does not guarantee cs. I also understar n Student Policies,	playing time, contro nd that paying the fe the ASD Student At	ol over any conditions of the se does not in any way alter chlete Code, individual team	
A reduction in fee will be available free or Reduced Lunch Program to Participate (PTP) fee will be assessed at half the under hardship.	ram will qualify the vill be accessed, if t	athlete. If the family he family qualifies for	y qualifies for free lunch no or a reduced lunch, the PTP	
There will be no refunds of ending injury prior to the mid-phalf of the regularly scheduled Request for refunds must be no	point of the season contests. A physic	which precludes the cian's letter must ac	em from participating in one- company any such request.	
An athlete will not be allowed and the fee has been paid and			ss all signatures are affixed	
\$150 per high school athlete/p \$100 per middle school athlete \$500 per family cap, regardles	e/per sport with a ca	p of \$200 per middle	e school athlete.	
Pre-established fees for hocke	y, lacrosse, downh	ill skiing and bowling	J.	
CHECKS SHOULD OR MAY BE PAID ON-LII		E TO "AVONDLE SCI PaySchools Online Payment Processing System AT <u>wv</u>		
Copies of the Athletic Code www.avondale.k12.mi.us with h I agree to the Athletic Activit been informed the Code of Code	ard copies availab y Fee Contract an	ole in the school off d understand and a	fice.	
Student Signature	Parent Guardi	an Signature	Date	

Please complete and return to coach. 
Duplicate if you want a copy for yourself.