

Clare Public Schools
Athletic Participation Application
2009-2010 Fee- 7th & 8th grades \$25, 9th through 12th \$75

NAME OF STUDENT – ATHLETE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

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

TEAM 7th 8th 9th JV VARSITY SPORT: _____

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. Financial Aid: Financial Aid available for high school students **ONLY**, please submit Financial Aid portion with this application.
3. Payment will be accepted at the school by check or money order payable to “Clare Public Schools.” We are sorry but we will **NOT** accept cash or credit cards. Coaches **CANNOT** accept applications or payments.
4. Payment of the participation fee is **NON 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 the team for disciplinary reasons, when a cancelled contest cannot be rescheduled, or when a full allotment of games cannot be scheduled.
5. Participation fee **DOES NOT** guarantee an athlete any playing time.
6. Student athletes will be expected to meet all MHSAA, District, School, Athletic Department, and Team Rules, regulations, policies, and code of conduct.
7. 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.
8. Maximum fee per athlete in a school year is \$150.00
 Check here if fee has been previously paid to participate during this school year. Which sport? _____
9. 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 (\$25- 7th and 8th grades, \$75- 9th through 12th grades)

SIGNATURE OF PARENT/GUARDIAN _____

PARENT GUARDIAN PRINT NAME HERE _____

SIGNATURE OF STUDENT – ATHLETE _____

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 CLARE PUBLIC SCHOOLS