

FREMONT PUBLIC SCHOOLS PAY TO PLAY PROGRAM FOR ATHLETICS

Name of Student _____ Birth Date _____
Address _____ City _____ Zip _____
School _____ Grade _____ Home Phone _____
Name of Parents/Guardians _____ Day Phone _____
Sport/Activity _____

I have read the Fremont Public Schools pay-to-participate letter. I understand that the fee paid does not guarantee playing time or control over any conditions of any team, club or student activity. I also understand that paying the fee does not in any way alter the Fremont Public Schools Student Policies (including the Athletic Code of Conduct and the Extra Curricular Activities Policy), individual team or activity rules and/or Michigan High School Athletic Association Regulations.

I have read and understand the refund policy stated in the "Pay to Participate Program for Athletics/Activities."

An athletic/participant will not be allowed to participate unless all signatures are affixed and the following fee has been paid:

High School

\$100 per student per year.
\$250 maximum per family per year.

Middle School

\$100 per student per year.
\$250 maximum per family per year.

For office use only:

☐ Free Lunch
Participant

☐ Reduced Lunch
Participant

Make checks payable to Fremont Public Schools

High School Students:

Money and Form are to be turned in to LeAnna Perkins, Athletic Secretary

Middle School Students:

Money and Form are to be turned in to Jeanine Meeuwenberg, Secretary

Student's Signature Date Parent/Guardian Signature Date

Thank you for your cooperation. We look forward to a very successful season.

PLEASE RETURN THIS COPY AT THE TIME OF PAYMENT

For Office Use Only:

Amount Paid: _____ Check # _____ Cash _____

Received by: _____ Date: _____