

PAY-TO-PARTICIPATE CONTRACT 2016/2017

(Please Print)

Last Name: _____ First Name: _____ Birth date: _____

Address: _____ City: _____ Zip Code: _____

School: _____ Grade: _____ Home Phone: _____

Parents/Guardians: _____ Daytime Phone: _____

Sport: _____ Parent E-mail: _____

I have reviewed the Lake Orion Community Schools "Pay to Participate Program" and understand that **the fee does not guarantee playing time**. Nor does it imply that the fee payer will have influence on any matters relative to the function of the Athletic Department. I also understand that paying this fee does not in any way alter the Lake Orion Board of Education's Student Policies, the district's Student Athletic Code (which I have read), individual team rules and/or the Michigan High School Athletic Association's regulations.

There will be no refund of the participation fee unless the student athlete suffers a season-ending injury prior to the mid-point of the "first season of competition" and it precludes the athlete from participating in one-half or more of the regularly scheduled contests. **A medical authorization letter must accompany all such requests**. Requests for refunds must be made to the Athletic Department (248-693-5458) before the midpoint of the athlete's first season of competition.

An athlete will not be allowed to participate in any athletic contest unless all signatures are affixed to this document and the fee has been paid.

- \$325 per high school athlete for the school year
- \$250 per middle school athlete for the school year
- \$720 maximum fee per family for the school year
- Reduced fees for students who qualify

Please make all checks or money orders payable to Lake Orion Community Schools. Credit card payments can be made online through PaySchools which is accessed through the district website. **The Pay-To-Participate Contract must be turned in to the athletic office for all methods of payment.**

_____ Check here if paid through PaySchools

Student's Signature

Date

Parent/Guardian

Date

THIS FORM MUST ACCOMPANY PAYMENT

Office Use Only:

Pay School Payment: _____ Amount Paid: _____ Date: _____

Check # _____ Amount Paid: _____ Date: _____ Received by: _____