

Triad Local Schools ATHLETIC Pay to Participate

This form must be returned with a check or money order payable to Triad Local Schools **BEFORE** the first official practice as set by the OHSAA.

School Year (for which information is given) _____

Student's Name _____

Student's grade for the above listed school year _____

Street address _____ P.O Box # _____

City _____ State _____ Zip _____

Home phone number or parent's contract number _____

High School Athletics	Cost	Middle School Athletics	Cost
H.S. Baseball	\$60.00	M.S. Basketball	\$60.00
H.S. Basketball	\$60.00	M.S. Cheerleading- Basketball	\$60.00
H.S. Cheerleading-Basketball	\$60.00	M.S. Cheerleading- Football	\$60.00
H.S. Cheerleading-Football	\$60.00	M.S. Football	\$60.00
H.S. Cross Country	\$60.00	M.S. Track and Field	\$60.00
H.S. Football	\$60.00	M.S. Volleyball	\$60.00
H.S. Golf	\$60.00	M.S. Wrestling	\$60.00
H.S. Soccer	\$60.00		
H.S. Softball	\$60.00		
H.S. Track and Field	\$60.00		
H.S. Volleyball	\$60.00		
H.S. Wrestling	\$60.00		

Please check the activity and/or activities in which your son/daughter will be participating during the above listed school year. Please use a new form for each student.

(Circle One Below)

CASH CHECK MONEY ORDER in the amount of \$ _____ is enclosed. Make check or money order payable to: Triad Local Schools

Parent/Guardian Signature

Date