

**West Bloomfield School District
DEPARTMENT OF ATHLETICS
ATHLETIC ACTIVITY FEE CONTRACT**

Name of Student _____

Address _____ City _____ Zip _____

School _____ Grade _____ Home Phone _____

Parent(s)/Guardian(s) _____ Day Phone _____

Sport(s) _____

I have reviewed the West Bloomfield School District "Athletic Activity Fee Program" and understand that the fee paid does not guarantee playing time, control over any conditions of the team or Department of Athletics. I also understand that paying the fee does not in any way alter the West Bloomfield School District Board of Education Student Policies, the District Student Athlete Code, individual team rules and/or the Michigan High School Athletic Association Regulations.

There will be no refunds of the participation fee unless the student athlete suffers a season ending injury prior to the mid-point of the season which precludes them from participating in one-half of the regularly scheduled contests. A physician's letter must accompany any such request. Request for refunds must be made to the Director of Athletics, before the mid-point of the season.

An athlete will not be allowed to participate, including practice, unless all signatures are affixed and the fee has been paid.

First Sport: \$300.00

Second Sport: \$150.00

Third Sport: \$100.00

Fourth Sport: \$50.00

Family Cap: \$800.00

Pre-established fees for hockey and lacrosse.

Copies of the Athletic Code of Conduct continue to be available at the District's website

<http://www.wbsd.org>

I agree to the Athletic Activity Fee Contract and understand and acknowledge that I have been informed the Code of Conduct is available to me.

Student Signature: _____

Parent Guardian: _____

Signature Date: _____

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