



# ARMADA

## AREA SCHOOLS

### ATHLETIC PARTICIPATION APPLICATION

PARTICIPATION FEE: MIDDLE SCHOOL—\$80 FOR SCHOOL YEAR

HIGH SCHOOL—\$100 FOR SCHOOL YEAR

**Make checks payable to Armada Area Schools**



Armada Athletic Department- 23211 Prospect, Armada, MI. 48005 (586) 784-2161 Fax (586-784-8688)

School:  Armada HS  Armada MS SPORT: \_\_\_\_\_

Season:  FALL  WINTER  SPRING

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### PAY TO PARTICIPATE POLICY AND AGREEMENT

1. Athletes WILL NOT be allowed to practice until payment, application, and sports physical are received in the School Athletic Office.
2. Payment will be accepted by check or money order payable to Armada Area Schools. Please note the student's name and sport on the check. We are sorry but we will NOT accept cash and coaches CANNOT accept applications or payments. One check per student.
3. Self-funded sports will not be asked to pay this fee. (Bowling, Equestrian, Trap)
4. Financial Aid. Those in the Free and Reduced Lunch Program must pay 50% of the Participation Fee.
5. If the athlete is not selected for the team (is cut), the application and payment will be returned by mail to the address on the application.
6. If the athlete is selected for the team, the participation fee will be deposited.
7. Payment of the participation fee is NOT refundable (including after the first practice) unless a student is not selected for a team or if a team is canceled because of low participation and does not meet the required number of athletes.
8. Payment of the participation fee is NOT REFUNDABLE if the student voluntarily withdraws from the team, if there is a lack of playing time, ineligible or if the student becomes ineligible during the season due to grades, if an athlete is removed from a team for disciplinary reasons, when a canceled contest cannot be rescheduled, or when a full allotment of games cannot be scheduled.
9. Participation fee DOES NOT guarantee an athlete playing time.
10. Student athletes will be expected to meet all MHSAA, District, School, Athletic Department, and Team rules, regulations, policies and code of conduct. This expectation applies 365 days a year.
11. Refunds will only be given to an athlete who suffers a season ending injury prior to the first game of the season, which precludes them from participating in any of the regularly scheduled contests. A medical authorization letter from a physician must accompany such requests.

I HAVE REVIEWED THE "PAY TO PARTICIPATE" PROGRAM AND AGREE TO FOLLOW ALL RULES, REGULATIONS, POLICIES, AND PROCEDURES STATED ABOVE AND AGREE TO THOSE CONDITIONS AND THE PAYMENT OF THE FEE (\$80—MS, \$100— HS).

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Student \_\_\_\_\_ Print name of Parent/Guardian \_\_\_\_\_

#### **STUDENT/ATHLETES CANNOT PARTICIPATE UNTIL THE APPLICATION, FEE AND PHYSICAL HAVE BEEN RECEIVED BY THE ATHLETIC DEPARTMENT**

Parents: Please check the box if you are interested in working at games for compensation (i.e scorekeeper, ticket seller, etc)

Please print the name and phone number of interested parent NAME OF PARENT \_\_\_\_\_ Phone# \_\_\_\_\_

#### **TO BE COMPLETED BY OFFICE STAFF ONLY**

CHECK  MONEY ORDER CHECK #: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Free/Reduced Lunch \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Physical on file: \_\_\_\_\_

Fee Returned: \_\_\_\_\_ Reason: \_\_\_\_\_

Forms can be emailed to [mpetz@armadaschools.org](mailto:mpetz@armadaschools.org) or turned into the office