

Clare Public Schools
Athletic Participation Application
2019-2020 Fee
\$25 – 6th through 8th grade \$75 – 9th through 12th grade
 (Financial Aid is available for High School athletes only)

NAME OF STUDENT – ATHLETE: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

BIRTHDATE: ___/___/___ **TELEPHONE:** _____ **GRADE:** 6 7 8 9 10 11 12

TEAM: 6TH 7TH 8TH FRESHMAN JV VARSITY **SPORT:** _____

PAY TO PARTICIPATE POLICY AND AGREEMENT

1. Athletes **WILL NOT** be allowed to tryout or practice until a valid sports physical is on file with the school.
2. Financial Aid: **Financial Aid is available for high school athletes ONLY.** Please submit Financial Aid portion with this application.
3. Payment will be accepted at the school by cash, check, or money order (payable to Clare Public Schools). Coaches **CANNOT** accept applications or payments.
4. Payment of the participation fee is **NON REFUNDABLE** if the student voluntarily withdraws from the team, if there is a lack of playing time, ineligibility or if the student becomes ineligible during the season due to grades, if an athlete is removed from the team for disciplinary reasons, when a cancelled contest cannot be rescheduled, or when a full allotment of games cannot be scheduled.
5. Participation fee **DOES NOT** guarantee any playing time.
6. Student athletes will be expected to meet all MHSAA, District, School, Athletic Department, and Team rules, regulations, policies, and codes of conduct.
7. Pro-rated refunds will only be given to an athlete who suffers a season ending injury prior to the midpoint of the scheduled games, which precludes him/her from participating in one half of the regularly scheduled contests. A medical authorization letter from a physician must accompany such requests.
8. Maximum fee per athlete in a school year is \$150.00 for high school and \$50.00 for middle school.
 Check here if a fee has previously been paid to participate during this school year.
 Which sport? _____
9. A \$25.00 fee shall be assessed for any check returned due to insufficient funds.
10. Clare Public Schools does not provide accident or health insurance coverage for a student while participating in interscholastic athletic activities. It is the responsibility of the parent/guardian to provide accident insurance coverage for his/her son/daughter.

I HAVE REVIEWED THE “PAY TO PARTICIPATE” POLICIES AND AGREE TO FOLLOW ALL RULES, POLICIES, AND PROCEDURES STATED ABOVE AND AGREE TO THOSE CONDITIONS AND THE PAYMENT OF THE FEE:
 (\$25 – 6th through 8th grade) (\$75 – 9th through 12th grade)

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF STUDENT – ATHLETE: _____

DATE: ___/___/___

Check here if applying for financial assistance, and complete the Financial Aid Form. Assistance is determined solely upon eligibility for the free and reduced lunch program.

MAKE CHECKS PAYABLE TO CLARE PUBLIC SCHOOLS