# Armada Area Schools

## ATHLETIC PARTICIPATION APPLICATION

Participation Fee: Middle School $80.00 - $10 reduction in fees for each additional sport ($80, $70, $60 etc.)
High School $125.00 - $25 reduction in fees for each additional sport ($125, $100, $75 etc.)

Armada Athletic Department, 23655 Armada Center Road, MI 48005 (586) 784-2415 Fax:(586)784-9592

**SCHOOL:** ☐ **Armada HS** ☐ **Armada MS**

**SEASON:** ☐ **FALL** ☐ **WINTER** ☐ **SPRING** **SPORT:** _____

**Name of Student:** _____

**Address:** _____ **City:** _____ **Zip:** _____

**Birthdate:** ____/____/____ **Telephone:** _____ **Grade:** _____

**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. 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, Dance, Roller Hockey, Equestrian)
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 any 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.
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 him/her 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, POLICIES, AND PROCEDURES STATED ABOVE AND AGREE TO THOSE CONDITIONS AND THE PAYMENT OF THE FEE ($80 MIDDLE SCHOOL -- $125 HIGH SCHOOL)

_____ Signature of Student _____ Date _____ Signature of Parent /Guardian _____ 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 #

**For office use**

☐ Check ☐ Money order Check #- _____ Amount: $ _____ **MAKE CHECK PAYABLE TO: Armada Area Schools**

Received by: _____ Date: _____ Physical: _____

Fee returned: _____ Reason: _____