

Fremont Public Schools  
Department of Athletics  
Pay to Participate Contract  
2014-15

(Please Print)

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Day Phone \_\_\_\_\_

SPORT: \_\_\_\_\_

I have reviewed the Fremont Public Schools "Pay to Participate Program" and understand that the fee paid does not guarantee playing time, control over any conditions of the team of Department of Athletics. I also understand that paying the fee does not in any way alter the Fremont Board of Education Student Policies, the District Student Athletic Code, (which I have read), 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 medical authorization letter must accompany any such request. Request for refunds must be made to the Department of Athletics, 231 924-7329 before the mid-point of the season.

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

- **\$100 per high school athlete for the 2014-15 school year.**
- **\$100 per middle school athlete for the 2014-15 school year.**

**Make checks payable to Fremont Public Schools. Credit cards will be accepted. Checks and contract are to be returned to the Athletic Department.**

\_\_\_\_\_  
Student's Signature                      Date                      Parent/Guardian Signature                      Date

Thank you for all of your cooperation and we look forward to a very successful season.

**PLEASE RETURN AT THE TIME OF PAYMENT**

Office Use Only:

Amount Paid: \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_