

**ROCHESTER COMMUNITY SCHOOLS - DEPARTMENT OF ATHLETICS
2017-18 PAY TO PARTICIPATE CONTRACT**

MIDDLE SCHOOL

Rochester Community Schools will continue to assess a fee to all 7th & 8th grade students participating in interscholastic athletics for the 2017-18 school year as outlined below. The Pay to Participate fee is assessed on a "per athlete per sport per season" basis. (Fall and Winter Cheer count as 2 separate sports.) Please review the *Pay to Participate Information Sheet* and *Parent & Athlete Concussion Information Sheet* which are available on our website: www.rochester.k12.mi.us.

Both the contract and proof of payment/fee must be returned to the coach by the deadline date announced at the 1st day of practice/tryouts. The student athlete may not practice or participate in contests until the contract and fee are received.

(Please Print)

Name of Student _____ Birthdate _____

Address _____ City _____ Zip _____

School _____ Grade _____ Home Phone No. _____

Parents/Guardians _____ Day Phone _____

Parent Email Address _____

- | | | | |
|--------------------------|-----------------|---|---------------------|
| <input type="checkbox"/> | \$100.00 | 1st sport participation | Sport: _____ |
| <input type="checkbox"/> | \$100.00 | 2nd sport participation | Sport: _____ |
| <input type="checkbox"/> | \$ 55.00 | 3rd sport participation | Sport: _____ |
| <input type="checkbox"/> | \$ 0.00 | 4th sport participation | Sport: _____ |

To pay the fee online follow the link on the district athletic web page
<https://www.rochester.k12.mi.us/pages/20076/athletics>

If you have questions please call Liz Cross, Athletic Secretary at 248-726-3138

If you choose to pay by check make them payable to Rochester Community Schools.

Refunds - 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 Building Athletic Director of your respective school before the mid-point of the season.

Acceptance and Acknowledgment

I have reviewed the Rochester Community Schools' "Pay to Participate Program" and fully accept the conditions set forth. I also acknowledge understanding of the District Student Athlete Code of Conduct and have received and carefully reviewed the Michigan Department of Community Health Parent & Athlete Concussion Information Sheet.

X _____
Student's Signature Date

X _____
Parent/Guardian Signature Date

SIGNED CONTRACT MUST BE RETURNED TO COACH OR ATHLETIC DIRECTOR

Office Use Only Method of Payment: Online / Check

Amount Paid: _____ Check # _____ Received by: _____ Date: _____
Coach's Signature