



Rochester Community Schools – Athletics Department
2018-19 PAY TO PARTICIPATE CONTRACT
 HIGH SCHOOL

All RCS students in grades 9 - 12 are assessed a fee to participate in interscholastic athletics during the 2018-19 school year as outlined below. The Pay to Participate fee is based on a "per athlete, per sport" basis each academic year. Please review the *Pay to Participate Information* and the *Parent & Athlete Concussion Information* on the District website at www.rochester.k12.mi.us. Students may not practice nor participate in contests until the contract and proof of payment are submitted to the coach by the deadline announced on the first day of practice/tryouts.

Payment Methods:

- **CREDIT CARD - ONLINE** (NO sport code needed!) at:
<https://www.digitalsignup.com/Home.aspx?SoftwareId=IASzLQ5ta2oU9YVXx08a3Q==>
- **CHECK** payable to Rochester Community Schools

Student Name: _____

Birthdate: _____ School: _____ Grade: _____

Address: _____

City and Zip: _____

Parent Email (for receipt): _____

Parents/Guardians: _____

Best Phone Number: _____

\$195 1st sport: _____

\$135 2nd sport: _____
 List name of 1st sport: _____

\$80 3rd sport: _____
 List 1st and 2nd sports: _____

Questions? Please call Amy Ritt, Athletics Secretary, at (248) 726-3138, or email: aritt@rochester.k12.mi.us.

Refunds: There are no refunds of the participation fee unless the student-athlete suffers a season-ending injury before the midpoint of the season that precludes him/her from participating in one-half of the regularly scheduled contests. A medical authorization letter must accompany any such request. Refund requests should be made to building Athletic Director of the student's respective school before the midpoint of the season.

Acceptance & Acknowledgement

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 Athletic Code of Conduct and have received and carefully reviewed the Michigan Department of Community Health Parent & Athlete Concussion Information Sheet.

X _____

X _____

Student Signature

Date

Parent/Guardian Signature

Date

SIGNED CONTRACT MUST BE RETURNED TO COACH OR ATHLETIC DIRECTOR

Office Use Only

Payment Method:

Online / Check