



WADSWORTH HIGH SCHOOL



ATHLETIC ACTIVITY ASSESSMENT- FALL SEASON 2017-2018 School Year

High School Fall Athletics

\$100.00 per sport

SPORT

Golf (Boys & Girls)
Tennis (Girls)
Soccer (Boys)
Soccer (Girls)
Volleyball
Football & Cheerleading
Cross Country (Boys & Girls)

FIRST REGULAR SEASON CONTEST

August 5, 2017
August 14, 2017
August 19, 2017
August 23, 2017
August 24, 2017
August 25, 2017
August 26, 2017

Deadline for Payment is before the first regular season contest per sport

****District Wide Family Cap \$500.00 – This includes any student living in the same household – It will be the responsibility of the parent/student to notify the Wadsworth High School Athletic Office if the cap is reached. A waiver form will need to be completed by the parent or guardian.*

- Check or money order should be made payable to **Wadsworth City Schools**.
- All cash/check payments must be made at the Wadsworth High School Athletic Office only. (All payments for Middle School athletes must be paid for at the middle school.)
- Coaches are not permitted to collect activity assessment fees.
- **Any athlete who does not have payment in full completed by the due date will not be allowed to play in any contests until payment is made.**
- Once payment is made, there will be **NO REFUNDS**.
- **Payment of the fee carries no guarantee of game/contest participation.**
- Parents with students trying out for teams that will be making cuts due to participant limitations should wait until after tryouts before making any payment.

Student Name: _____

Grade: _____

Sport: _____

Amount Paid: _____

Fees may be paid by check, cash or money order. You may also pay online with your Visa/Mastercard by visiting www.payforit.net. Checks should be made payable to **Wadsworth City Schools**.

_____ Cash _____ Check Number _____ Pay For It Confirmation Number

_____ Pay For It (Check this box if paid online- sign the form below & return to the WHS Athletic Office)

I, as parent/or legal guardian of the above participant, have read and understood the policies and rules set forth for the activity assessment fee.

Signature of Parent/Legal Guardian

Date