



# WADSWORTH HIGH SCHOOL



## ATHLETIC ACTIVITY ASSESSMENT- SPRING SEASON 2016-2017 School Year

High School Spring Athletics

\$100.00 per sport

**SPORT**

Baseball

Tennis (Boys)

Track (Boys & Girls)

Softball

**FIRST REGULAR SEASON CONTEST**

March 25, 2017

March 27, 2017

March 28, 2017

March 29, 2017

**\*\*\*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/scrimmages 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 via online with your Visa/Mastercard by visiting [www.payforit.net](http://www.payforit.net). Checks should be made payable to *Wadsworth City Schools*.

\_\_\_\_\_ Cash      \_\_\_\_\_ Check Number      \_\_\_\_\_ Pay For It Confirmation Number

\_\_\_\_\_ Pay For It (If you pay online, please check this box, list confirmation number, sign the form below - return it 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