



**WADSWORTH HIGH SCHOOL**  
**ATHLETIC ACTIVITY ASSESSMENT**



**High School Athletics**

**\$100.00 per sport**

Deadline for Payment is **BEFORE** the first regular season contest per sport

**SPORTS**

**FALL** – Cheerleading, Football, Soccer, Volleyball, Girls Tennis, Golf, Cross Country

**WINTER** – Cheerleading, Basketball, Wrestling, Swimming/Diving, Gymnastics, Bowling

**SPRING** – Track, Baseball, Softball, Boys Tennis, Lacrosse

*\*\*\*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.payschoolscentral.com](http://www.payschoolscentral.com). Checks should be made payable to *Wadsworth City Schools*.

\_\_\_\_ Cash      \_\_\_\_ Check Number      \_\_\_\_\_ Online Confirmation Number

\_\_\_\_ Online (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