

## Athletic Participation Fee, Transportation Agreement and Letter of Understanding



## One form needed for each Student Athlete - PLEASE PRINT

Student:			Age:	Da	Date of Birth:		Grade:
Parent/Guardian Name:							
Address:					City:		Zip:
Phone: Other Pho			ne Contact:				
Sport:	Student ID #:				Previous Sport:		
I have reviewed this form and over any conditions of the team, in any way alter Troy School Disindividual team rules and regula	club or A trict polic	thletic De	partment. I a	ilso	understand that p	aying	the fee does no
Troy School District will not provide <b>we</b> ccontests will be <b>drop-off only</b> for all event and/or practice.							
I acknowledge that it is my respond	-	-	t/guardian to a	rran	ge return transporte	ation f	for my student
*Some exceptions may apply for speci	ific sports.						
Please check one of the foll							
PLEASE NOTE: Athletic Partic	ipation Fe	ee is paid	through the	ath	<b>letics link</b> on <i>Pay</i>	schoo	ols *
High School Student A	thlete - \$1	175.00/pe	er sport (for 1s	t & 2	<sup>nd</sup> sport) <b>\$350.00 m</b>	ıaxim	<b>um</b> per student
Middle School Student	Athlete -	\$75.00/p	<b>er sport</b> (for 1	st & 2	2 <sup>nd</sup> sport) <b>\$150.00</b> r	naxin	<b>num</b> per student
	e-time anr	nual fee p	er household	has	been met.		
Please list all other students in household (Grades 6-12) who are participating in sports:							
Request for Waiver - A		nust be <b>a</b> p	<b>oproved</b> for th	e "Fr	ee and/or Reduced	Lunck	h Program"
A student will NOT BE allowed affixed and the athletic fee by			or issued a	unif	orm, unless all s	ignat	ures are
Student Athlete Signature	.:						
School which Student Athl	lete Atte	nds:					
Parent Signature:							

\*All payments must be made through *Payschools*, available through the TSD website (www.troy.k12.mi.us). If unable to make payment through *Payschools*, please contact the TSD Athletic Office at 248-823-5154 to make arrangements to drop off payment.