

Amherst Schools Participation Fee Guidelines 2022-2023

Please Read All Information Carefully

1. The extracurricular activities listed on page two require a \$300.00 participation fee. Note: This is a one-time participation fee for the academic year. For students one and two in a family, the fee for participation will be three hundred dollars (\$300.00) per student. Any additional students living in the same household will pay one hundred fifty dollars (\$150.00) per additional student. Please make the check or money order payable to Amherst Exempted Village Schools. Visa and Master Card are accepted via Pay For It or in person at the high school. **Please note there is no**
2. The fee must be paid in full on or before the date listed on the attached sheet. Steele participation fees should be paid at the high school office and AJH participation fees at the junior
3. All forms and fees must be returned in a sealed envelope to the Athletic Department at the high school or junior high school.
4. The participation fee **does not** guarantee any student playing time.
5. Fees are non-refundable with the following exceptions:
 - a. A sport or activity is cancelled due to insufficient numbers.
 - b. The student does not make the team.
 - c. A student suffers a season-ending injury prior to the first game.
 - d. The student moves out of the district prior to the first game.
 - e. The student becomes academically ineligible before the first mandatory practice set by OHSAA.
6. No refunds will be issued after the season starts (First mandatory OHSAA practice dates). Activities will be offered only when qualified coaches and advisors are available.
7. If the minimum number designated for a particular sport or activity is not reached by the deadline date, that particular activity will be cancelled.
8. All questions should be referred to Casey Wolf, Steele High School Athletic Director at 440-988-1325, or Brad Draga, Amherst Junior High Athletic Director, at 440-988-0324.

Form Must Be Returned to the Athletic Department



Amherst School District Pay to Participate Registration

Full Payment--Due At Registration (\$300/Student for the 1st & 2nd Student, & \$150/Add. Student)

Student Name _____ **Grade** _____
(Please Print) _____ **(Last)** _____ **(First)** _____
Gender _____

Parent/Guardian _____
Name _____
Address _____

Email/Phone _____
Email _____ **Cell** _____ **Home** _____

High School

	Fall	Winter	Spring		
<input type="checkbox"/>	Boys & Girls Cross Country	<input type="checkbox"/>	Boys Basketball	<input type="checkbox"/>	Baseball
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Girls Basketball	<input type="checkbox"/>	Softball
<input type="checkbox"/>	Football	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Boys Tennis
<input type="checkbox"/>	Boys & Girls Golf	<input type="checkbox"/>	Swimming & Diving	<input type="checkbox"/>	Track & Field
<input type="checkbox"/>	Boys & Girls Soccer	<input type="checkbox"/>	Wrestling		
<input type="checkbox"/>	Girls Tennis	<input type="checkbox"/>	Academic Team		
<input type="checkbox"/>	Volleyball				
<input type="checkbox"/>	Marching Band				
<input type="checkbox"/>	Drama				

Junior High:

	Fall	Winter	Spring		
<input type="checkbox"/>	Boys & Girls Cross Country	<input type="checkbox"/>	Boys Basketball	<input type="checkbox"/>	Softball
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Girls Basketball	<input type="checkbox"/>	Track & Field
<input type="checkbox"/>	Football	<input type="checkbox"/>	Wrestling		
<input type="checkbox"/>	Volleyball				

THE PAY TO PARTICIPATE FEE IS DUE NO LATER THAN:

Fall Sports(AJH) Aug. 19
Winter Sports (AJH) Girls BB Oct 21, Wres Nov 4, Boys BE Dec. 10
Spring Sports Mar 16

Select Payment Method (No CASH Please)

<input type="checkbox"/>	Check (Payable to "Amherst Board of Education")
<input type="checkbox"/>	Money Order
<input type="checkbox"/>	Visa/Mastercard
<input type="checkbox"/>	Pay Online

Form Must Be Returned to Athletic Department

**Pay-to-Participate Responsibility
Acknowledgement of Receipt**

By signing this letter, you are accepting responsibility for the fees that are related to your son or daughter playing an extra-curricular sport here at AJH.

Fall fees due: August 19.

Winter fees due: Girls basketball Oct. 21 Wrestling Nov. 4, Boys Basketball Dec. 16

Spring fees due: March 16

Date _____

Parent/Guardian Signature _____

Amherst Exempted Village School
District Athletic Association
Insurance Waiver - Injury Risks Form

I understand that, usually, a student must have school insurance to be able to take part in any school athletic program, however since our family is covered by some other hospitalization program we do not have the school insurance on the child. This form is signed below to indicate our willingness to waiver any responsibility that the school might have for injury suffered during practice, games or scheduled meets of the sports program of the Amherst Exempted Village Schools.

My son/daughter has been properly informed as to the possibility of serious injury in the activity in which he/she is involved.

Student's Name _____

Parent/Guardian Signature _____

_____ We Have School Insurance

The Amherst Schools
Student Information

Student's Name: _____
(Last) (First)

Date of Birth: _____ Grade: _____ Phone: _____

Mailing Address: _____ / _____ / _____
(Street Address) (City) (Zip)

Lives With: Father Mother Both Guardian Grandparent

Father's Name _____ Occupation: _____
(First & Last)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Name _____ Occupation: _____
(First & Last)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Part I or II MUST Be Completed

Part I (To Grant Consent)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Local Hospital: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery

Facts concerning the student's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

Part II (Refusal to Grant Consent)

I **DO NOT** Give Consent for emergency medical treatment of my student. In the event of illness or injury requiring emergency treatment, I wish to school authorities to take the following action.

Course of Action **MUST BE STATED:**

Date: _____ Signature of Parent/Guardian: _____

