

**Volusia County School District  
Pay to Participate Payment Form**

**School** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Athletic Year 2020-2021**

This payment form must be approved and signed by the school's **Athletic Director** before payments are submitted. Please print and sign where prompted to.

Student's Name \_\_\_\_\_ Alpha ID \_\_\_\_\_

Sport \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone number (\_\_\_\_\_) \_\_\_\_\_

By signing below I acknowledge that my athlete owes \$75.00 for his/her participation in one sport. If my child plays a second or third sport, I am aware there is a onetime additional \$25.00 fee.

Please be advised that this participation fee does not include the cost of athletic equipment, supplies or other associated fees.

I also acknowledge that this fee does not guarantee playing time.

I agree to pay the amount in full **prior to the first contest** for each sport.

**AMOUNT DUE** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director/ Principal's Signature

\_\_\_\_\_  
Date