

ACTIVITY DISCLOSURE STATEMENT

School Sponsored Activity

*Utah law and Utah High School Activities Association require development of an Activity Disclosure for school-sponsored groups or programs in grade 9 through 12 involving contest, performance, events, or other activities which require students to miss class time or take place outside of the regular school day. A copy of this disclosure must be provided to both students and parents.
(Utah Code § 53G-4-409 and UHSAA Joint Statement, Required Standard 1)*

School _____

Name of Team _____

Are tryouts required? Yes No

When and where will tryouts be held?

Maximum number of students who will be involved or selected to participate

Beginning and Ending Dates of Season _____

In-Season Activities:

Tentative schedule of events, performances, games, or other activities which are planned during the time-period or season associated with the group including dates, times, and places if available or attach a copy of schedule.

Out of Season Activities:

Tentative schedule of events, performances, games, camps, clinics, or other activities which are planned outside of the activity season including dates, times, and places.

Individual Fees/Costs per Student for Participation
Charges may not exceed amount listed in fee schedule.

No fee may be charged in connection with any school sponsored activity unless the fee has been approved by the local board. Students unable to pay fees may seek a fee waiver through the school administration.

Item	Description	Fee Amount	Principal Approval	Director Approval
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>

Add items as outlined in maximum fee amounts of the District fee schedule with a description and each fee amount.
Attach additional sheet if necessary

Employee Responsible for Activity: _____ Phone _____ E-mail _____

Principal Signature: _____ Director Signature: _____