



Rochester Community Schools – Athletics Department  
**2023-2024 PAY TO PARTICIPATE CONTRACT**  
 HIGH SCHOOL

All RCS students are assessed a fee to participate in interscholastic athletics during the 2023-2024 school year as outlined below. The Pay to Participate fee is based on a “per athlete, per sport” basis each academic year. Please review the *Pay to Participate Information* and the *Parent & Athlete Concussion Information* on the District website at [www.rochester.k12.mi.us](http://www.rochester.k12.mi.us). Students may not participate in scheduled athletic contests until the all forms are uploaded to Final Forms, including this contract, and proof of online payment (Eleyo Pay to Participate receipt).

“Eleyo” is the District’s online payment software. Set up your household profile and pay your student’s Pay to Participate fee online at <https://rochesteronline.ce.eleyo.com>.

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Parent Email (for receipt): \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

**\$195** 1<sup>st</sup> sport: \_\_\_\_\_

**\$135** 2<sup>nd</sup> sport: \_\_\_\_\_  
 List name of 1<sup>st</sup> sport: \_\_\_\_\_

**\$80** 3<sup>rd</sup> sport: \_\_\_\_\_  
 List 1<sup>st</sup> and 2<sup>nd</sup> sports: \_\_\_\_\_

**Refunds:** There are no refunds of the participation fee unless the student-athlete suffers a season-ending injury before the midpoint of the season that precludes him/her from participating in one-half of the regularly scheduled contests. A medical authorization letter must accompany any such request. Refund requests should be made to building Athletic Director of the student’s respective school before the midpoint of the season.

**Acceptance & Acknowledgement**

I have reviewed the Rochester Community Schools’ “Pay to Participate” Program and fully accept the conditions set forth. I also acknowledge understanding of the District Student Athletic Code of Conduct and have received and carefully reviewed the Michigan Department of Community Health Parent & Athlete Concussion Information Sheet.

X \_\_\_\_\_  
 Student Signature Date

X \_\_\_\_\_  
 Parent/Guardian Signature Date

**SIGNED CONTRACT MUST BE RETURNED TO COACH OR ATHLETIC DIRECTOR**

**Office Use Only**      Payment Method:      Online / Reference #