

# Westport Middle-High School Athletic Department

## Athletic User Fee Waiver Form



**NOTE: Please refer to the User Fee Waiver Guidelines, as outlined in the Westport Middle-High School Student-Athlete/Family Handbook, before completing this form.**

**This form must be returned with a copy of your previous year's tax return, documenting dependents and income OR with a copy of your completed Free and Reduced Lunch Application.**

Student-Athlete Name: \_\_\_\_\_ Foster Child: \_\_\_ Yes \_\_\_ No  
 Parent/Guardian/Caregiver Name: \_\_\_\_\_

Gross Monthly Income  
 from ALL sources  
 (Before Deductions)

\$ \_\_\_\_\_

Names of ALL Household Members:	TYPES of INCOME TO REPORT
_____	<b><u>Earnings from Work</u></b>
_____	wages/salaries/tips    strike benefits    business income
_____	worker's compensation    unemployment income
_____	<b><u>Pension/Retirement/Social Security</u></b>
_____	pension                      SSI                      Retirement
_____	veterans' benefits    social security benefits
_____	<b><u>Other Income</u></b>
_____	disability benefits    draws on savings    interest/dividends
_____	estate income    net royalties/annuities
_____	contributions for others outside your household
_____	public assistance payments
_____	welfare payments

***I certify that all of the above information is true and correct and that all income is reported on this Waiver Form.***

\_\_\_\_\_  
 Printed Name of Parent/Guardian/Caregiver

\_\_\_\_\_  
 Signature of Parent/Guardian/Caregiver

\_\_\_\_\_  
 Date

Street Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Best Telephone No. to reach you at: \_\_\_\_\_

Work Telephone: \_\_\_\_\_