

2024-2025 AAPS Pay to Participate Registration Form

Student Information:

First Name: _____ Last Name: _____

Gender: M F Other Birth Date: _____

Address: _____ City: _____ Zip Code: _____

Grade: _____ School: _____ Sport(s): _____

Phone: _____ Email: _____

High School (Select 1 Fee for Payment)

- Sport & Insurance Fee = \$265
- Sport & Insurance Fee = \$250
- Insurance/Club = \$15
- Middle School Sport Fee = \$150.00

Payer Information:

First Name: _____ Last Name: _____

Gender: M F Other Birth Date: _____ Address: _____

City: _____ Zip Code: _____ Phone: _____

Email: _____

Payment Method:

Check (Payable to AAPS) # _____ Credit Card (enter information below)

Rec & Ed Scholarship ID# _____ Waiver Code _____

Credit on Rec & Ed Account Cash

Credit Card Payment Information

Cardholder Name:

VISA MasterCard AMEX

Card Number:

Expiration Date: CVV #:

Total Fee (Required) \$:

Signature: