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)

o Sport & Insurance Fee = $265 o Sport & Insurance Fee = $250 o Insurance/Club= $15

o 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: