

**Volusia County School District
Pay to Participate Payment Form**

School _____
Address _____

Athletic Year 2017-2018

This payment form must be approved and signed by the school's **Athletic Director** before payments are submitted. Please print and sign where prompted to.

Student's Name _____ Alpha ID _____

Sport _____

Parent/Guardian Name _____

Address _____

Home Phone Number (_____) _____

Cell Phone number (_____) _____

By signing below I acknowledge that my athlete owes \$75.00 for his/her participation in one sport. If my child plays a second or third sport, I am aware there is an additional \$25.00 fee.

Please be advised that this participation fee does not include the cost of athletic equipment, supplies or other associated fees.

I also acknowledge that this fee does not guarantee playing time.

I agree to pay the amount in full **prior to the first contest** for each sport.

AMOUNT DUE _____

Parent/Guardian Signature

Date

Athletic Director/ Principal's Signature

Date