

Hamilton Local Schools

Pay To Participate Activity Fee

White Copy: School Office
 Yellow Copy: Treasurers
 Office with attached Fee
 Pink Copy: Parent/Guardian

The following activities require a \$75.00 per season activity fee. Student's participating in more than one activity during the same season will only be required to pay a total of \$75.00 per season. Student athletes who wish to participate in more than one activity during the same season must have the written approval of the Director of Athletics. Competitive Marching Band and Drama participants who wish to participate in more than one activity during the same season must have written approval from the Band and/or Drama Director.

HIGH SCHOOL

MIDDLE SCHOOL

FALL SEASON

- Band – Competitive Marching
- Cheerleading FB (One time yearly fee)
- Cross Country
- Football
- Golf
- Volleyball
- Soccer
- Tennis – Girls

- Cheerleading FB (One time yearly fee)
- Cross Country
- Football
- Volleyball

WINTER SEASON

- Basketball
- Cheerleading BBK (One time yearly fee)
- Drama – School Play
- Wrestling

- Basketball
- Cheerleading BBK (One time yearly fee)
- Drama – School Play
- Wrestling

SPRING SPORTS

- Baseball
- Softball
- Track & Field
- Tennis - Boys

- Baseball
- Softball
- Track & Field

This Pay to Participate Activity Fee was instituted to help defray the cost of our extra curricular activity programs. Activities related to the graded course of study and those that meet predominately during the school day, are not affected by the Pay to Participate Program. There is a **\$225.00** maximum per student per year and a family maximum of **\$450.00** per year.

The Pay to Participate Activity Fee must be paid in full before any athlete or student can participate in the first game, scrimmage, or competition during any season. This fee is non-refundable except in cases where the student becomes physically unable to perform as designated by a physician. Such evidence shall be in writing as submitted by the attending physician and shall include diagnosis and expected length of disability. Refunds qualifying under this section will be pro-rated.

STUDENT NAME: _____ SPORT/ACTIVITY: _____ GRADE: _____

I have received the Hamilton Local School District Pay to Participate Activity Fee Plan and understand that this fee does not guarantee playing or participating time. I also understand that this fee is non-refundable except as indicated in the policy. I further understand that paying this fee does not alter Hamilton Local School District policies, Ohio High School Athletic Association regulations, District Extra-curricular Code of Conduct, and individual team or activity rules.

 (Student Signature) (Parent/Guardian Signature) (Date)

*Make checks payable to Hamilton Local Schools

FOR OFFICE USE ONLY

 (Sport/Activity) \$ _____ (Total Received) (Check #) (Received by) _____ (Date)

WAIVED DUE TO SECOND ACTIVITY DURING SAME SEASON

 (Paid Activity) (Paid Activity) (Approved By) _____ (Date)