

AVON HIGH SCHOOL
Pay to Participate FORM
Season: _____ Year: _____

Student Name: _____
Last First MI

Student Grade (Check One):

9th 10th 11th 12th

Participating in (Check One):

Boys

Girls

Sport: _____

THIS ATHLETE HAS ALREADY PAID FOR TWO SPORTS THIS ACADEMIC YEAR. THIS FORM MUST COMPLETED AND SUBMITTED IF YOU HAVE REACHED THE ATHLETE OR FAMILY CAP.

Amount Enclosed: \$ 175.00

Check Number: # _____

(Checks should be made out to the "Avon Public Schools".
Please include the following in the MEMO section of the check:
For: AHS - <sport name>)

- I have contacted one of the following district personnel regarding my extenuating financial situation. (The High School principal or assistant principals, the Athletic Coordinator at Avon High School, the Guidance Counselor, or the Director of Guidance)

I understand that decisions regarding who makes the team, positions played, and how much playing time an athlete receives will be made by the coaching staff and are not related to the payment of the fee. By signing below, I have read the information on the BOE policies on PAY TO PARTICIPATE – Please see:
www.avon.k12.ct.us/avonhigh/athletics

Parent (Guardian) Name -Print

Parent (Guardian) Signature

Date

Please SEAL Form (and check) in an envelope with Student name and Sport written on front of envelope. Return to the Main Office before the first official Game.