



DEER PARK INDEPENDENT SCHOOL DISTRICT



ATHLETIC PARTICIPATION FEE PAYMENT FORM

Secondary students participating in baseball, basketball, cross-country, football, golf, soccer, softball, swimming, tennis, track, and volleyball must pay a \$50 extracurricular participation fee. The fee will be assessed once regardless of how many activities the student participates in. Families/households with multiple students participating will pay no more than \$100 even if more than two students participate. Please return this form with payment during pre-registration for high school and open house for junior high school. If you cannot attend pre-registration or open house, return as soon as possible but no later than one week before the student's first competition. Payment after pre-registration or open house should be made to your child's school

List all high school and junior high school students in your family/household participating in one or more of the activities listed above.

Student Legal Name _____ School _____

Student Legal Name _____ School _____

Student Legal Name _____ School _____

Student Legal Name _____ School _____

Name of Parent/Guardian _____

Address _____ City _____ Zip Code _____

Phone: Home _____ WK _____

Please check the appropriate box below:

- Enclosed is full payment of \$50 for one student participating in extracurricular activities.
- Enclosed is full payment of \$100 for family/household students participating in extracurricular activities.

I understand and agree to all of the following:

- Payment of this fee does not guarantee a position or playing time on a specific team.
- Refunds will be made only to those students who try out for a team and do not make the team. After being cut from a team, the student may request a refund if they are not going to tryout for any other team. Students who leave their team for any other reason including disciplinary removal will not be issued a refund. Request for refunds should be received by the director of athletics no later than 30 days after the student was cut.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Amount Paid _____ Receipt Number _____ Initials _____