

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

**Athletic Year 2016-2017**

**This form and required payment must be submitted to the Athletic Department on or before your son/daughter first athletic competition.**

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Sport #1 \_\_\_\_\_ Sport #2 \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Please list any siblings that will be participating in athletics at the high school this year.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1 Sport= \$100

2 Sports = \$125

Family Fee= \$200

Please be advised that the above participation fee does not include the cost of athletic equipment, supplies, fund raising, and other associated team fees.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For office use only

Amount \_\_\_\_\_

Method of Payment:

\_\_\_ Cash

\_\_\_ Check

Check# \_\_\_\_\_

\_\_\_ Other