

**Utica Community Schools  
Athletic Participation Application**

**2023-2024 Fee**

**9<sup>th</sup> through 12<sup>th</sup> grade - \$165.00**

**7<sup>th</sup> through 8<sup>th</sup> grade - \$145.00**

NAME OF STUDENT – ATHLETE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE: \_\_\_\_\_ GRADE: 7<sup>TH</sup> 8<sup>TH</sup> 9<sup>TH</sup> 10<sup>TH</sup> 11<sup>TH</sup> 12<sup>TH</sup>

TEAM  7<sup>TH</sup>  8<sup>TH</sup>  9<sup>TH</sup>  JV  VARSITY SPORT: \_\_\_\_\_

SCHOOL:  Eisenhower High School  Bemis Junior High School  Jeannette Junior High School  
 Henry Ford II High School  Davis Junior High School  Malow Junior High School  
 Stevenson High School  Eppler Junior High School  Shelby Junior High School  
 Utica High School  Heritage Junior High School

**PAY TO PARTICIPATE POLICY AND AGREEMENT**

1. Athletes **WILL NOT** be allowed to tryout or practice until a valid sports physical is on file with the school.
2. Self-funded sports will not be asked to pay this fee (i.e., bowling, ice hockey, roller hockey, lacrosse, sideline cheer, dance).
3. Financial Aid: Those in the Free Lunch Program will have the participation fee waived and those in the Reduced Lunch Program must pay 25% of the participation fee.
4. Once the athlete is selected for the team, the participation fee must be paid one (1) week prior to the first contest (see payment due date schedule).
5. Payment can be made online through PaySchools.
6. Payment of the participation fee is **NOT REFUNDABLE** if the student voluntarily withdraws from the team, if there is a lack of playing time, ineligibility or if the student becomes ineligible during the season due to grades, if an athlete is removed from a team for disciplinary reasons, when a cancelled contest cannot be rescheduled, or when a full allotment of games cannot be scheduled.
7. Participation fee **DOES NOT** guarantee an athlete any playing time.
8. Student athletes will be expected to meet all MHSAA, District, School, Athletic Department, and Team rules, regulations, policies, and code of conduct.
9. Pro-rated refunds will only be given to an athlete who suffers a season ending injury prior to the mid-point of the scheduled games, which precludes him/her from participating in one-half of the regularly scheduled contests. A medical authorization letter from a physician must accompany such requests.
10. Fee for each additional sport **per student** will be [\$140.00 for 9<sup>th</sup> through 12<sup>th</sup> grade] - [\$120 for 7<sup>th</sup> through 8<sup>th</sup> grade].
11. Maximum fee per family in a school year is \$500.00.  
 Check here if fee has been previously paid to participate during this school year. Which sport? \_\_\_\_\_  
**(Does not include self-funded sports.)**
12. A \$25.00 fee shall be assessed for any check returned due to insufficient funds.

I HAVE REVIEWED THE "PAY TO PARTICIPATE" PROGRAM AND AGREE TO FOLLOW ALL RULES, POLICIES, AND PROCEDURES STATED ABOVE AND AGREE TO THOSE CONDITIONS AND THE PAYMENT OF THE FEE

[\$165.00 for 9<sup>th</sup> through 12<sup>th</sup> grade] - [\$145.00 for 7<sup>th</sup> through 8<sup>th</sup> grade]

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF STUDENT - ATHLETE

\_\_\_\_\_  
PARENT/GUARDIAN PRINT NAME HERE

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check here if applying for financial assistance, and complete the Financial Aid Form. Assistance is determined solely upon eligibility for the free and reduced lunch program.



# Athletic Department Financial Assistance Form

## Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Application for Free and Reduced-Price School Meals, your child may qualify for other programs. For the following program, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

Yes! **I DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with:

Pay to Participate (Athletics).

If you checked "Yes" to the box above, please fill out the form below. Your information will be shared only with the Utica Community Schools Athletic Department.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
  - (2) fax: (202) 690-7442; or
  - (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).
- Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

This institution is an equal opportunity provider.



**UTICA COMMUNITY SCHOOLS**

**PARENT PERMISSION FOR AN ATHLETIC TRIP BY AUTOMOBILE**

**(To be signed by Parent regardless of Student's age)**

I hereby give my son/daughter \_\_\_\_\_ [Student's name], a member of the \_\_\_\_\_ [Level/Team] permission to be driven to and from athletic contests with an adult (at least 18 years old) such as a relative or another athlete's parent as coordinated by the Utica Community Schools District's Athletic Department or my son/daughter's coach(es). In giving my permission, I understand that my son/daughter will be transported by privately-owned automobiles driven by an adult. I understand that under the current interpretation of Michigan No-Fault Insurance law, my automobile insurance may apply to my son/daughter in case of injury while riding in another person's automobile. I understand that the driver and/or owner of the private automobile is responsible for any liability driving to or from athletic trips just as he/she would be at any other time in the operation of the automobile.

In consideration for the participation of my son/daughter on the team above, I hereby agree to indemnify and hold harmless the Utica Community Schools, its employees and agents, Board of Education and Board members, from any and all claims that my son/daughter may make arising from or related to his/her transportation to and from athletic contests referred to above. This indemnification shall be construed broadly in favor of the District. This agreement shall remain in effect as long as the Student is enrolled in the District or until rescinded in writing by the Parent.

\_\_\_\_\_  
[Parent signature regardless of Student's age] [date]

**TO BE SIGNED BY STUDENT IF 18 YEARS OLD OR OLDER**

I hereby give my consent to be driven to and from athletic contests with an adult (at least 18 years old) such as a relative or another athlete's parent as coordinated by the Utica Community Schools Athletic Department or my coach(es). In giving my permission, I understand that I will be transported by privately-owned automobiles driven by an adult. I understand that under the current interpretation of Michigan No-Fault Insurance law, any automobile insurance I may have may apply in case of injury while riding in another person's automobile. I understand that the driver and/or owner of the private automobiles responsible for any liability driving to or from athletic trips just as he/she would be at any other time in the operation of the automobile.

In consideration of my participation on the team above, I hereby release and agree to hold harmless and indemnify the Utica Community Schools, its employees and agents, Board of Education and Board members, from any and all claims that I may have arising from or related to being transported by privately-owned automobiles to and from athletic contest referred to above. This release and indemnification shall be construed broadly in favor of the District. This agreement shall remain in effect as long as the Student is enrolled in the District or until rescinded in writing by the Student.

\_\_\_\_\_  
[Student Signature if 18 years old or older] [date]