



# WADSWORTH HIGH SCHOOL



## ATHLETIC ACTIVITY ASSESSMENT- FALL SEASON 2017-2018 School Year

**High School Fall Athletics**

**\$100.00 per sport**

**SPORT**

*Golf (Boys & Girls)*  
*Tennis (Girls)*  
*Soccer (Boys)*  
*Soccer (Girls)*  
*Volleyball*  
*Football & Cheerleading*  
*Cross Country (Boys & Girls)*

**FIRST REGULAR SEASON CONTEST**

*August 5, 2017*  
*August 14, 2017*  
*August 19, 2017*  
*August 23, 2017*  
*August 24, 2017*  
*August 25, 2017*  
*August 26, 2017*

**Deadline for Payment is before the first regular season contest per sport**

*\*\*\*District Wide Family Cap \$500.00 – This includes any student living in the same household – It will be the responsibility of the parent/student to notify the Wadsworth High School Athletic Office if the cap is reached. A waiver form will need to be completed by the parent or guardian.*

- Check or money order should be made payable to **Wadsworth City Schools**.
- All cash/check payments must be made at the Wadsworth High School Athletic Office only. (All payments for Middle School athletes must be paid for at the middle school.)
- Coaches are not permitted to collect activity assessment fees.
- **Any athlete who does not have payment in full completed by the due date will not be allowed to play in any contests until payment is made.**
- Once payment is made, there will be **NO REFUNDS**.
- **Payment of the fee carries no guarantee of game/contest participation.**
- Parents with students trying out for teams that will be making cuts due to participant limitations should wait until after tryouts before making any payment.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Sport: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Fees may be paid by check, cash or money order. You may also pay online with your Visa/Mastercard by visiting [www.payforit.net](http://www.payforit.net). Checks should be made payable to **Wadsworth City Schools**.

\_\_\_\_\_ Cash      \_\_\_\_\_ Check Number      \_\_\_\_\_ Pay For It Confirmation Number

\_\_\_\_\_ Pay For It (Check this box if paid online- sign the form below & return to the WHS Athletic Office)

I, as parent/or legal guardian of the above participant, have read and understood the policies and rules set forth for the activity assessment fee.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date