Tawas Area Schools

ATHLETIC PARTICIPATION FEE
Letter of Understanding

Athlete's Name _____
First *MI* *Last*

SPORT _____ Level _____

Our signatures below indicate that we have reviewed the Tawas Area Schools Athletic Participation Fee Guidelines and understand the payment of these fees does not guarantee the athlete playing time or control over any conditions of the team or Athletic Department. We also understand paying the fee does not in any way alter the Tawas Area School Board of Education Student Policies, the District Athletic Code, individual rules and/or the Michigan High School Athletic Association regulations. We have read and understand the "Athletic Code" in the Student Handbook Page 26. We have reviewed the Refund Process and understand the criteria and requirements.

_____ _____
Athlete Signature *Date* *Parent/Guardian Signature* *Date*

☐ Exemption

These rates are explained in the Exemption Process. If you believe you qualify for and exemption, please check the box and sign release below.

RELEASE: I authorize the Tawas Area Schools Food Service Program to release the necessary information to the Tawas Area Schools Athletic Department regarding my family's Free or Reduced Lunch Status.

_____ _____
Parent/Guardian Signature *Date*

FOR OFFICE USE ONLY

Paid Check # _____

Or _____

Food Service Acknowledgement:

Free/Reduced Qualification YES _____ NO _____ Approved By: _____