LEWISTON SCHOOLS

Pay to Participate Program

With the adoption of the 2010-2011 budget in June 2010, the Lewiston School Board approved an athletic fee which will help to offset athletic budget expenses and maintain the athletic programs for the school year. This pay to participate fee will be applied to any high school and junior high school student-athlete (grades 7th through 12th) who wishes to participate in Lewiston School District athletics.

All student-athletes participating in interscholastic athletics, including cheerleading, will be required to pay to participate. This fee will be **charged per athlete for every sport played during the school year.**

Lewiston Senior High School (grades 9 – 12) . . . . . . . . . . . . . . . . . . $60.00 fee
Sacajawea Junior High and Jenifer Junior High Schools (grades 7-8) . . . . . $25.00 fee

1. **Agreement:** A Pay to Participate Agreement form MUST be submitted with payment prior to the first event or competition. Failure to submit the agreement and fee prior to the first event or competition will result in student ineligibility.

2. **Fees:** Fees may be paid by check, cash or money order. Checks/money orders should be made payable to: **Lewiston High School Athletics, Sacajawea Junior High Athletics or Jenifer Junior High Athletics.**

3. **Payments:** Payments may be made at the high school athletic office or junior high schools’ main offices.

4. **Refunds:** No refunds will be given if a student quits the team or a student becomes academically ineligible or is removed for disciplinary reasons. Refunds will be made if there are insufficient numbers for the team, your child does not make the team, you move out of the district prior to the first event/competition, or your child is injured. In case of injury, a doctor’s written note is needed and the refund will be pro-rated.

Any questions regarding the Pay to Participate Agreement and fees should be directed to Mr. Corey Williams, Lewiston Senior High School Athletic Director, by calling (208) 748-3104.

**PAYMENT OF THIS PARTICIPATION FEES DOES NOT GUARANTEE PLAYING TIME. IT ONLY PROVIDES AN OPPORTUNITY FOR A STUDENT TO PARTICIPATE ON A TEAM.**
LEWISTON SCHOOLS
Sports/Athletic Pay to Participate Agreement

Form must be completed for each athlete.

____________________________________       ______________________________
Athlete’s Last Name (please print)         First Name

____________________________________________
DOB               Address                   City/Zip

____________________________________________
School          Grade            Home Phone       Cell Number

Parent(s)/Guardian(s)                     Sport(s)

I have reviewed the Lewiston School’s Pay to Participate Program information and understand that the fee does not guarantee playing time. The fee only provides an opportunity for my son/daughter to participate on a team. I also understand that paying this fee does not in any way alter the Lewiston School Board’s student policies, student athletic code (which I have read), individual team rules and/or the Idaho High School Athletic Association’s regulations.

An athlete will not be allowed to participate in any athletic event or competition unless all signatures are affixed to this document and the fee has been paid.

All students participating in interscholastic athletics, including cheerleading, will be required to pay to participate. The following fees will be charged per athlete for every sport played during the school year.

Lewiston Senior High School (grades 9 – 12). . . . . . . . . . . $60.00 fee
Sacajawea Junior High and Jenifer Junior High Schools (grades 7–8). . . . . . . $25.00 fee

Make checks/money orders payable to: Lewiston High School Athletics, Sacajawea Junior High Athletics or Jenifer Junior High Athletics. Agreement forms and fees are to be turned into the high school athletic office or the junior highs’ main offices prior to the first event or competition.

____________________________________________  _________________________
Student’s Signature                      Date

____________________________________________  _________________________
Parent/Guardian’s Signature            Date

Office Use Only:

Amount Paid:___________     Check No.:___________     Cash:___________

Received By:________________________    Date:_________________