

Dear Cadillac Sport Parent/Guardian,

School Year: **2017-18**

Cadillac Area Public Schools aids in funding 18 different sports and 52 teams that we sponsor through the Athletic Department. The Board of Education is no longer in a financial position to be able to fully fund the Athletic Department, so in addition to program and budget reductions within the Athletic Department, there will again be an athlete participation fee for the 2017-18 school year. We have a **“One-Time”** athletic fee which will cover the entire school year for sports.

9th – 12th Grade \$130.00 per athlete – covers the entire school year for sports.
6th – 8th Grade \$50.00 per athlete – covers the entire school year for sports.

Make checks out to: CAPS Athletics

- 1. DEADLINES:** All fees for the fall sports must be paid by this time in each season:
Fall: September 15th
Winter: December 15th
Spring: April 15th
- 2. HARDSHIPS:** Financial hardships should be brought to the attention of the Athletic Director as soon as possible prior to the set deadline. **Payment schedules can be arranged through the AD.**
- 3. INJURIES:** Any athlete who has a season ending injury before the first meet/match/game will receive a full refund. Season ending injuries after the first meet/match/game will receive a pro-rated refund.
- 4. QUITTING THE TEAM:** There will be no refunds for an athlete leaving the team after the first meet/match/game.
- 5. SUSPENSION/REMOVAL FROM THE TEAM:** Athletes on suspension for part of the season for violation of school, Athletic Department or team rules, athletes removed from the team will not be issued a refund.

Questions regarding the Athletic Activity Fee should be directed to the Athletic Department at Cadillac High School, 400 Linden St., Cadillac, MI 49601. (231) 876-5805

Parent Email: _____

I understand that the fee I am paying **does not guarantee playing time**, control over any conditions of the team and is not refundable except as indicated above.

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Detach and bring to CHS Athletic Office. Make checks out to: **CAPS Athletics**

Athlete's Name: _____ Grade: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Sport(s): _____ Level: _____ Amount Paid: _____