

Heritage Athletic Department

3465 N. Center Rd
Saginaw, MI 48603

**Registration Fee - Payment Plan Contract
2019-2020**

Student's Name: _____ Student's Grade: _____↑

Sport: _____ ↑ Freshman JV Varsity (circle one)

Parent/Guardian Name: _____

Phone: _____ Email: _____

I agree to pay Heritage High School Athletic Department using installment payments in the amount and dates I have indicated below. I understand that if I default on this contract my student may not be permitted to continue to participate in the Heritage Athletic Program until the debt is paid in full. The balance owed will be on my student's school account until final payment is made. Athletes are responsible for the registration fee once they have participated in the first practice. **The fee will be charged regardless if an athlete leaves the team by their own or parent's choice or if they are removed for disciplinary reason.**

Please complete this chart

Yearly fee - \$100

Payment Date	Payment Amount

Payments using **Cash or Checks** payable to **Heritage High School** can be made at the Cashier's Office.

Credit card payments can be made online via your student's skyward account under the fee management section.

I agree the above schedule of payments is an acceptable resolution to eliminate the outstanding balance owed on my student's Registration Fee. Final payment is due by last day of the first sport season the athlete participates in.

Parent/Guardian Signature

Date

Student Signature

Date

Athletic Director approval

Date

Athletic Office payment record

Payment 1 - \$ _____ Date: _____

Payment 3 - \$ _____ Date: _____

Payment 2 - \$ _____ Date: _____

Payment 4 - \$ _____ Date: _____