

Clarion Area School District

Athletic Fee Policy and Guidelines

The Clarion Area School District collects an Athletic Activity Fee (AAF) to help fund athletic programs. Please read the information below, complete the form on the reverse side, and return with payment to the head coach.

Athletic Activity Fee Policy

1. Each Clarion Area student-athlete is required to pay an annual one-time AAF of \$100.00 before the student may begin regular practice for any Clarion Area athletic team.
2. The one-time fee will be assessed for the first sport. No additional fee will be charged for participation in additional sports. Upon payment of the AAF, the student athlete will be registered to participate in athletics for the remainder of the school year at no additional cost.
3. There is an annual family cap of \$200.00.
4. Students who meet federal guidelines for the free lunch program may request to have the AAF waived. No student will be ineligible to participate in the athletic program solely due to an inability to pay the AAF. Parents can make application for a fee waiver by signing the bottom of the attached form or request an alternative form of payment by contacting the Principal or Athletic Office directly. AAF waiver information and Alternative payment arrangements shall be confidential.
5. The AAF must be paid prior to the first regular season practice.
6. Payment of the AAF does not guarantee playing time nor does it imply influence on any matters related to the function of the CAHS athletic department.
7. There will be no refunds of the AAF after an athlete has completed the sports physical and participation in the first regular practice. This rule will be waived where it becomes necessary for a coach to “cut” athletes from the team.
8. The AAF covers varsity, junior varsity and/or junior high level athletic activities.
9. AAF Checks should be made payable to “Clarion Area School District”, **placed in sealed envelope and returned to the head coach.**

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Athletic Activity Fee Form

Please send completed form and a single check for your entire family in a **sealed envelope with the name of the student athlete printed in the envelope to the head coach. The envelope should state "Athletic Fee Enclosed"**. The head coach will turn it in to the Athletic Director.

Student's Name: _____
(Please print clearly)

Address: _____

Telephone Number: _____ Alt. Telephone
Number _____

Due August: Football, Soccer, Volleyball, Cross Country, Cheerleading, and Golf

Due October: Girls Jr Hi Basketball

Due November: Basketball, Softball, Outdoor Track, Jr Hi Volleyball

Sport my child will participate in

Please list each student athlete, Payment must be received prior to the first practice.

	Total Fee \$100.00 Individual	\$200.00 Family
Student Name(s)		
1. _____		4. _____
2. _____		
5. _____		
3. _____		6. _____

Enter Total of All Activities Fee \$ _____

Fee Waiver Request (Sign below only if you are requesting a fee waiver)

If your child currently participates in the Federal Free Lunch Program, the Federal Free School Lunch guidelines will be used to determine the income eligibility guidelines for exempting students from AAF. Please sign below so that verification may be obtained.

I am requesting a waiver based on eligibility guidelines for the Federal Free Lunch Program and give permission for the cafeteria manager to verify eligibility for the purpose of being granted this waiver.

Parent Signature _____

Date
