

**LEARWOOD MIDDLE SCHOOL
PAY TO PARTICIPATE REGISTRATION**

**\$150 for first student
\$50 for second student
Fee capped at \$200 per family**

YEAR: _____

Student Name: _____ Grade: _____

Address: _____ Phone: _____

Email Address: _____

Fall Season

Winter Season

Spring Season

Sport: _____

Fee: _____

Check enclosed in the amount of: _____

**Check, Visa, or MasterCard ONLY. No cash please.
Checks payable to "Learwood Middle School"**

For payment by VISA or MasterCard, please complete authorization below.

Cardholder's Name (as appears on card): _____

Billing Address: _____

(Street) *please print*

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp: _____

Security Code (last three digits that appear on back of card): _____

Authorized amount: _____ Daytime Phone: _____

X _____
(Cardholder's Signature)

- Enclose this form with payment in envelope marked "Pay to Participate" along with student's name on the front. Payments may be dropped off in the main office. Receipts will be returned to email address provided above.
- Payments may be mailed along with this form to Learwood Middle School: Attention Pay to Participate. For return receipt by mail, a self-addressed stamped envelope must be enclosed. Thank You.

Parents/Guardians: Please read and sign below.

I have read the Information Bulletin outlining the guidelines as set forth by the Avon Lake City Schools Athletic Department regarding the Avon Lake City Schools Pay-To-Participate Fees. I agree to abide by these regulations and to allow my child to participate in the Avon Lake City Schools Interscholastic Athletic Program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____